Medical Policy

Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions

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Policy Number: 507
BCBSA Reference Number: 1.01.22

Related Policies
- Low-Level Laser Therapy, #522

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Skin contact monochromatic infrared energy is INVESTIGATIONAL as a technique to treat cutaneous ulcers, diabetic neuropathy, and musculoskeletal conditions, including but not limited to temporomandibular disorders, tendonitis, capsulitis, and myofascial pain.

Medicare HMO Blue™ and Medicare PPO Blue™ Members

BCBSMA does not cover the use of infrared and/or near-infrared light and/or heat, including monochromatic infrared energy for the following indications for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:

- For the treatment, including the symptoms such as pain arising from these conditions, of diabetic and/or non-diabetic peripheral sensory neuropathy, wounds and/or ulcers of the skin and/or subcutaneous tissues.

National Coverage Determination (NCD) for Infrared Therapy Devices (270.6)

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)

This is NOT a covered service.
Commercial Members: PPO, and Indemnity
This is NOT a covered service.

Medicare Members: HMO Blue<sup>SM</sup>
This is NOT a covered service.

Medicare Members: PPO Blue<sup>SM</sup>
This is NOT a covered service.

**CPT Codes / HCPCS Codes / ICD-9 Codes**
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

**CPT Codes**

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<th>CPT codes:</th>
<th>Code Description</th>
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<tr>
<td>97026</td>
<td>Application of a modality to 1 or more areas; infrared</td>
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**HCPCS Codes**

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<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>A4639</td>
<td>Replacement pad for infrared heating pad system, each</td>
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<tr>
<td>E0221</td>
<td>Infrared heating pad system</td>
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**ICD-9 Diagnosis Codes**

Investigational for all diagnoses.

**Description**

Monochromatic infrared energy treatment is a therapy that uses infrared light therapy through contact with the skin for potential use in multiple conditions including cutaneous ulcers, diabetic neuropathy, and musculoskeletal and soft tissue injuries.

Monochromatic infrared energy (MIRE) refers to light at a wavelength of 880 nm. MIRE can be delivered through pads containing an array of 60 superluminous infrared diodes emitting pulsed near-infrared irradiation. The pads can be placed on the skin, and the infrared energy is delivered in a homogeneous manner in a session lasting from 30–45 minutes.

An example of a MIRE device for the treatment of multiple conditions including cutaneous ulcers, diabetic neuropathy, musculoskeletal and soft tissue injuries, including temporomandibular disorders, tendonitis, capsulitis, and myofascial pain include the Anodyne Professional Therapy System from Anodyne Therapy LLC. All monochromatic infrared energy as a technique to treat cutaneous ulcers, diabetic neuropathy, and miscellaneous musculoskeletal conditions are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.
Summary
The available literature regarding skin contact MIRE as a technique to treat various cutaneous conditions is inadequate to draw clinical conclusions. This technology is considered investigational given the insufficient evidence to evaluate the impact on net health outcome.

Policy History

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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References