Clinical Policy: Monochromatic Infrared Energy

Reference Number: IL.CP.MP.521 Coding Implications
Last Review Date: 09/21 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Monochromatic infrared energy (MIRE) therapy, or low-level infrared therapy, is a type of low-energy laser that uses light in the infrared spectrum. It usually refers to light at a wavelength of 880 nanometers. An example of an MIRE device includes, but may not be limited to, the Anodyne Therapy System

Policy/Criteria

It is the policy of health plans affiliated with Centene Corporation® that MIRE is **not a covered benefit:**

- **A.** Because it is considered experimental and investigational as a treatment technique for any indication, including but not limited to:
  - i. Cutaneous ulcers
  - ii. Lymphedema
  - iii. Diabetic neuropathy
  - iv. Peripheral neuropathy
  - v. Soft tissue pain
  - vi. Musculoskeletal conditions (temporomandibular disorders, tendonitis, capsulitis, knee pain, myofascial pain)
  - vii. Migraine headaches
- **B.** MIRE devices have been investigated as a treatment of multiple conditions and there is no evidence in the published peer-reviewed medical literature that infrared light therapy or low level light therapy an effective for any of the above conditions. The proposed mechanism of action is not known, although some sort of photobiostimulation has been proposed, as well as increased circulation related to an increase in plasma of the potent vasodilator, nitric oxide

< Tables should have the custom header color of RGB: R 0, G 84, B 140 with font in white. Remaining font black in Times New Romans 12; borders of tables should be black>

Background

The Anodyne Professional Therapy System is a MIRE device that received marketing clearance from the U.S. Food and Drug Administration (FDA) in 1994 through the 510(k) process. A device specifically for home use is also available. The labeled indication is for "increasing circulation and decreasing pain." MIRE can be delivered through pads containing a range 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 uniform manner in sessions lasting from 30 to 45 minutes.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description

HCPCS ®* Codes	Description

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Revisions Date	Approval Date
Original approval date	09/2021	09/2021

References

1. CMS.gov. Decision Memo for Infrared Therapy Devices (CAG-00291N)
2. Brown, Cynthia J., and Claire Peel. "Chapter 29. Rehabilitation." Hazzard's Geriatric Medicine and Gerontology, 6e. Eds. Jeffrey B. Halter, et al. New York, NY: McGraw-Hill, 2009.

3. Hsieh R-L, Liao W-C, Lee W-C. "Local and systemic cardiovascular effects from monochromatic infrared therapy in patients with knee osteoarthritis: A double-blind, randomized, placebo-controlled study." Evidence-based Complementary and Alternative Medicine. 2012
4. Hsieh RL, Lo MT, Lee WC, Liao WC. "Therapeutic effects of short-term monochromatic infrared energy therapy on patients with knee osteoarthritis: a double-blind, randomized, placebo-controlled study." The Journal of orthopaedic and sports physical therapy. 2012. 42(11), 947-56.
5. Nawfar SA, Yacob NBM. "Effects of monochromatic infrared energy therapy on diabetic feet with peripheral sensory neuropathy: A randomised controlled trial". Singapore medical journal. 2011. 52(9), 669-72.
6. Franzen-Korzendorfer H, Blackinton M, Rone-Adams S, McCulloch J. "The effect of monochromatic infrared energy on transcutaneous oxygen measurements and protective sensation: results of a controlled, double-blind, randomized clinical study." Ostomy/wound management. 2008. 54(6), 16-31.
7. Lavery LA, Murdoch DP, Williams J, Lavery DC. "Does anodyne light therapy improve peripheral neuropathy in diabetes? A double-blind, sham-controlled, randomized trial to evaluate monochromatic infrared photoenergy." Diabetes care. 2008. 31(2), 316-21.
8. Clifft JK, Kasser RJ, Newton TS, Bush AJ. "The effect of monochromatic infrared energy on sensation in patients with diabetic peripheral neuropathy: a double-blind, placebo-controlled study." Diabetes care. 2005. 28(12), 2896-900.
9. Gupta AK, Filonenko N, Salansky N, Sauder DN. "The use of low energy photon therapy (LEPT) in venous leg ulcers: a double-blind, placebo-controlled study." Dermatologic surgery : official publication for American Society for Dermatologic Surgery [et al.]. 1998. 24(12), 1383-6.
10. "Monochromatic Phototherapy for Diabetic Neuropathy" Technology Assessment Brief, HAYES Alert, February 2003.
11. "Low Level Light Therapy for Joint Pain" HAYES, Inc. Published: March 12, 2008
12. "Low Level Light Therapy for Peripheral Neuropathy" HAYES, Inc. Published: April 13, 2008
13. "Low Level Light Therapy for Soft Tissue Pain" HAYES, Inc. Published: April 28, 2008
14. Anodyne Therapy, LLC. Anodyne Therapy. Tampa, FL: Anodyne; 2004. Available at: http://www.anodynetherapy.com/. Accessed September 15, 2004.
15. Garza I, Schwedt TJ. Chronic migraine. UpToDate [online serial], Waltham, MA: UpToDate; reviewed April 2018.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.