



## Corporate Medical Policy

# Infrared Heating Pad System in the Home Setting

**File Name:** infrared\_heating\_pad\_system\_in\_the\_home\_setting  
**Policy Number:** DME0154  
**Origination:** 8/2005  
**Last CAP Review:** 9/2009  
**Next CAP Review:** 9/2011  
**Last Review:** 9/2009

### Description of Procedure or Service

---

Monochromatic infrared energy treatment is a therapy that utilizes infrared light therapy through contact with the skin for potential use in multiple conditions including cutaneous ulcers, diabetic neuropathy, 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. 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 devices have been investigated as a treatment of multiple conditions including cutaneous ulcers, diabetic neuropathy, musculoskeletal and soft tissue injuries, including temporomandibular disorders, tendonitis, capsulitis, and myofascial pain. 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 concentration of the potent vasodilator, nitric oxide.

This policy does not refer to infrared therapy received as a modality in the office setting (CPT code 97026).

### Policy

---

**BCBSNC does not provide coverage for Infrared Heating Pad Systems in the home setting. It is considered investigational. BCBSNC does not provide coverage for investigational services.**

### Benefits Application

---

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

### When Infrared Heating Pad Systems in the Home Setting are covered

---

Not applicable.

## Policy: Infrared Heating Pad System in the Home Setting

### When Infrared Heating Pad Systems in the Home Setting are not covered

---

Skin contact monochromatic infrared energy is considered 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.

### Policy Guidelines

---

The available literature regarding skin contact monochromatic infrared energy as a technique to treat cutaneous conditions is inadequate to draw clinical conclusions. This technology is considered investigational given the insufficient evidence to evaluate the therapeutic value of treatment or the impact on net health outcome.

### Billing/Coding/Physician Documentation Information

---

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: E0221, A4639*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Scientific Background and Reference Sources

---

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.22, 11/06/2004.

Medical Policy Advisory Group - 9/2005

Centers for Medicare and Medicaid Services. National Coverage Determination for Infrared Therapy Devices. Manual Section Number 270.6. Retrieved 6/25/07 from [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=270.6&ncd\\_version=1&basket=ncd%3A270%2E6%3A1%3AInfrared+Therapy+Devices](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=270.6&ncd_version=1&basket=ncd%3A270%2E6%3A1%3AInfrared+Therapy+Devices)

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.22, 12/12/06

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.22, 3/13/08

### Policy Implementation/Update Information

---

8/04/2005 New policy issued. Infrared heating pad systems used in the home setting are considered investigational.

10/8/05 Medical Policy Advisory Group review on 9/8/05. No changes to policy coverage criteria.

## **Policy: Infrared Heating Pad System in the Home Setting**

- 10/22/07 Rationale added to Policy Guidelines section to support continued investigational status of this policy, "There is insufficient medical and scientific evidence to permit the Plan to evaluate the therapeutic value of treatment with monochromatic infrared energy." References updated. Speciality Matched Consultant Advisory Panel review meeting 9/20/07. No change to policy statement. (adn)
- 10/26/09 Definition of technology added to Description section. The statement in the When Not Covered section was revised to read: Skin contact monochromatic infrared energy is considered 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. Speciality Matched Consultant Advisory Panel review meeting 9/28/09. No change to policy statement. (adn)

---

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.