



MEDICAL POLICY

Date Reviewed: 04/22/05, 08/25/06, 05/18/07, 05/15/08, 04/24/09, 04/28/10, 04/15/11

Subject: Infrared Therapy (Cold Laser, Low-Energy Laser, Low-Level Laser, monochromatic infrared energy (MIRE))

Description: Infrared therapy and cold laser (also known as low-energy or low-level laser) involves the application of a device that transmits energy through contact with the skin. It has been suggested that infrared therapy may be useful for the treatment of a variety of conditions, including pain symptoms, peripheral neuropathy, and improved wound healing.

Indications of Coverage:

None

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

Infrared therapy as a heat modality is considered incidental to other evaluation and management, chiropractic, and therapy services and is not reimbursed separately.

An infrared heating pad system for home use is considered a convenience item.

Infrared therapy (Anodyne Therapy System, etc) and cold laser (also known as low-energy or low-level laser) used to treat non-healing wounds, ulcerations, peripheral neuropathy, or lymphadema is considered experimental or investigational as there is insufficient peer-reviewed literature documenting the effectiveness of infrared therapy for the treatment of these conditions.

Documentation required:

Office/therapy notes

Rationale: Several journal articles have evaluated the evidence supporting the use of infrared therapy and all concluded that there was insufficient evidence to support its use. There is also no evidence that infrared therapy is more effective as a heat modality for the treatment of musculoskeletal pain. In the absence of multiple controlled clinical trials documenting the effectiveness of infrared therapy, the treatment is considered investigational.

References: Center for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD): Infrared Therapy Devices. NCD 270.6. Effective date: 10/24/06. Available at: www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd. Accessed: 14 Mar 11.

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Hashmi JT, Huang YY, Osmani BZ, Sharma SK, Naeser MA, Hamblin MR. Role of low-level laser therapy in neurorehabilitation. *PM R*. 2010 Dec; 2 (12 Suppl 2):S292-305.

Samson DJ, Lefevre F, Aronson N. Wound-Healing Technologies: Low-Level Laser and Vacuum-Assisted Closure. Evidence Report/Technology Assessment No. 111. AHRQ Publication No. 05-E005-2. Rockville, MD: Agency for Healthcare Research and Quality. December 2004.

Wang G. Low level laser therapy (LLLT). Technology Assessment. Olympia, WA: Washington State Department of Labor and Industries, Office of the Medical Director; May 3, 2004.

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Approved by the Medical Director