OVERVIEW
This medical policy documents the coverage determination for Monochromatic Infrared Energy (MIRE). 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.

This policy is applicable to Commercial Products only; For BlueHiP for Medicare, see related policy for BlueHiP for Medicare National and Local Coverage Determinations.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Commercial Products
Skin contact monochromatic infrared energy is considered not medically necessary as a technique to treat cutaneous ulcers, diabetic neuropathy, and musculoskeletal conditions and any other conditions including, but not limited to, temporomandibular disorders, tendonitis, capsulitis, and myofascial pain as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND
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 to 45 minutes. 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. MIRE devices are also being developed for the treatment of baldness and snoring. 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.

Regulatory Status
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 of the potent vasodilator nitric oxide.
potent vasodilator nitric oxide. The Clarimedix system (Clarimedix), received 510(k) clearance in 2006 (K062635) listing the SMI™ SpectroPad (a.k.a. Anodyne Therapy System) as a predicate device. Clarimedix is indicated for use for the treatment of chronic pain by emitting energy in the infrared spectrum for the temporary relief of minor muscle and joint pain, arthritis and muscle spasm; relieving stiffness; promoting relaxation of muscle tissue; and to temporarily increase local blood circulation where applied. The HealthLight™ infrared therapy device (Bioremedi Therapeutic Systems) received marketing clearance from the FDA in 2011 (K101894) listing the SMI SpectroPad as a predicate device. The Bioremedi HealthLight System is available by prescription only and is indicated for heat therapy, i.e., temporarily relieves minor pain, stiffness, and muscle spasm and temporarily increases local blood circulation.

The available literature regarding skin contact MIRE as a technique to treat cutaneous conditions is inadequate to draw clinical conclusions. The evidence does not support the efficacy of this technology.

**CODING**

**Commercial Products**
The following codes are not medically necessary:

**E0221** Infrared heating pad system

**A4639** Replacement pad for infrared heating pad system, each

**RELATED POLICIES**

BlueCHIP for Medicare National and Local Coverage Determinations Policy

**PUBLISHED**

Provider Update, Sep 2020
Provider Update, December 2019
Provider Update, Sep 2018
Provider Update, July 2017
Provider Update, November 2016
Provider Update, August 2015
Provider Update, June 2014
Provider Update, January 2013

**REFERENCES**


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