

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Monochromatic Infrared Energy (MIRE)

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>11/3/2005</b>	<b>Policy Last Updated:</b>	<b>12/6/2011</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### **Description:**

Monochromatic infrared energy (MIRE) refers to light at a wavelength of 880 nanometers. 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.

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.<sup>1</sup> The available literature regarding skin contact MIRE as a technique to treat cutaneous conditions is inadequate to draw clinical conclusions.

### **Medical Criteria:**

Not applicable.

### **Policy:**

MIRE 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. There are insufficient peer reviewed, scientifically controlled studies in the literature which demonstrate superior health outcomes over other techniques.

### **Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable "not medically necessary" benefits/coverage.

### **Coding:**

The following codes are not medically necessary when used for MIRE therapy.

There is no CPT code that **specifically** describes the use of skin contact MIRE therapy. However, when the technique is offered in a clinic or physical therapy session, a provider might submit using the nonspecific CPT code 97026 (application of a modality to one or more areas; infrared). Devices may also be used in the home setting. In this situation, the HCPCS code E0221 (infrared heating pad system) might be reported. <sup>1</sup>

**97026**

**E0221** Infrared heating pad system

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

**Published:**

Policy Update, Oct 2007

Provider Update, Oct 2008

Provider Update, Oct 2009

Provider Update, Dec 2010

Provider Update, February 2012

**References:**

<sup>1</sup>Blue Cross and Blue Shield Association: 1.01.22 Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions. Reviewed with literature search/August 2009. Accessed 7/26/2010, 11/16/2011.

[http://blueweb.bcbs.com/global\\_assets/special\\_content/medical\\_policy/policymanual/policy.html?pnum=10122](http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=10122)

CMS Manual System Pub. 100-03 Medicare National Coverage Determinations:Centers for Medicare & Medicaid Services (CMS) Transmittal 62.Date: DECEMBER 15, 2006.Nationally Non-Covered Indications for monochromatic infrared energy. Accessed 7/23/2010  
<https://www.cms.gov/transmittals/downloads/R62NCD.pdf>

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