

**MONOCHROMATIC PHOTOTHERAPY (ANODYNE
THERAPY/MIRE THERAPY/ LOW LEVEL LIGHT THERAPY)**

Effective Date: October 1, 2015

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Date Of Origin: September 21, 2004

Status: Current

I. POLICY/CRITERIA

Monochromatic Phototherapy (skin contact monochromatic infrared energy) or other types of low level light therapy **is not a covered benefit** because it is considered investigational as a treatment technique for any indication, including but not limited to cutaneous ulcers, lymphedema, diabetic neuropathy, peripheral neuropathy, soft tissue pain and musculoskeletal conditions, such as temporomandibular disorders, tendonitis, capsulitis, knee pain and myofascial pain.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern..*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the*

Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Low-level infrared therapy is a type of low-energy laser that uses light in the infrared spectrum.

The Anodyne Therapy System is a type of low-level infrared therapy (or monochromatic phototherapy), developed by Integrated Systems Physiology Inc. of Aurora, CO, that has been promoted for augmenting wound healing, for reversing the symptoms of peripheral neuropathy in people with diabetes, and for treating lymphedema. The manufacturer states that the Anodyne Therapy System increases circulation and reduces pain by increasing the release of nitric oxide.

Several meta-analyses have examined the evidence supporting the use of low-level (cold) lasers, including low-level infrared lasers, for treatment of chronic non-healing wounds. These meta-analyses are unanimous in concluding that there is insufficient evidence to support low-level laser in the treatment of chronic venous ulcers or other chronic non-healing wounds.

There is no evidence that infrared light therapy or low level light therapy is any more effective than other heat modalities in the symptomatic relief of musculoskeletal pain. There are no published studies of the effectiveness of low-level infrared therapy for treatment of diabetic peripheral neuropathy.

There is no evidence in the published peer-reviewed medical literature on the effectiveness of infrared therapy for the treatment of lymphedema.

Definitive patient selection criteria have not been established for treatment of diabetic neuropathy with monochromatic phototherapy and there is insufficient evidence to conclude that monochromatic phototherapy reduces the severity of diabetic neuropathy. The only available study using this technology for treatment of patients with diabetic neuropathy was uncontrolled, and therefore, although improvements in sensation were reported after treatment, the contribution of phototherapy to these positive outcomes cannot be determined.

V. CODING INFORMATION

ICD-10 Diagnosis:

None

CPT/HCPCS Codes:Not Covered

- 97026 Application of a modality to one or more areas; infrared
- A4639 Replacement pad for infrared heating pad system, each
- E0221 Infrared heating pad system
- S8948 Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes

VI. REFERENCES

- Boulton, A., et. al., "Neuropathic Diabetic Foot Ulcers", New England Journal of Medicine, 351; 1, July 1, 2004. pp. 48-55.
- "Infrared Therapy", Aetna Clinical Policy Bulletins. Available on the World Wide Web @ <http://www.aetna.com/cpb/data/CPBA0604.html> (Retrieved August 13, 2004, June 22, 2006, June 18, 2015 & June 30, 2016).
http://www.aetna.com/cpb/medical/data/600_699/0604.html (Retrieved June 29, 2017 & June 5, 2018).
- "Low Level Light Therapy for Joint Pain" HAYES, Inc. Published: March 12, 2008
- "Low Level Light Therapy for Peripheral Neuropathy" HAYES, Inc. Published: April 13, 2008
- "Low Level Light Therapy for Soft Tissue Pain" HAYES, Inc. Published: April 28, 2008
- "Monochromatic Infrared Energy (MIRE) Device for the Treatment of Cutaneous Ulcers, Diabetic Neuropathy and Miscellaneous Musculoskeletal Conditions" Blue Cross Blue Shield Blue Care Network of Michigan Joint Medical Policy.
<http://www.bcbsm.com/mprApp/MedicalPolicyDocument?fileId=2106332> (Retrieved June 29, 2017)
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- "Monochromatic Infrared Energy Therapy" Humana Medical Coverage Policy HGO-0433-009. http://apps.humana.com/tad/tad_new/Home.aspx (Retrieved June 29, 2017 & June 5, 2018).
- "Monochromatic Phototherapy for Diabetic Neuropathy" Technology Assessment Brief, HAYES Alert, February 2003.
- "Pulsed Monochromatic Light Therapy for Wound Healing" HAYES, Inc. April 2002, Updated Search April 2004 and directory report April 2005.
- "Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions", The Regence Group Medical Policy. Available on the World Wide Web @ <http://www.regence.com/trgmedpol/dme/dme63.html> (Retrieved August 13, 2004 and June 22, 2006).

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