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SHP Infrared Light Therapy and Low-Level Laser Therapy

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Refer to SHP Miscellaneous Assistive Devices for Home Use Durable Medical Equipment 34 for Infrared heating pad systems.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Infrared light therapy is a noninvasive laser delivered through a device emitting single wavelength, nonvisible, low-level infrared light energy via flexible pads applied to the skin.

Infrared Gloves (Prolotex Therapy Glove) are used to promote circulation for Raynaud's syndrome and other diseases that promote poor circulation.

Low-level laser therapy, also known as cold laser therapy or photobiomodulation is a non-invasive therapy that uses a light to help reduce inflammation and promote healing.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of the following infrared light therapies as they are not shown to improve health outcomes upon technology review:
 - Infrared gloves
 - Infrared therapy and low-level laser treatment for musculoskeletal pain (ie low back, next and arthritis)
- There is insufficient scientific evidence to support the medical necessity of low-level laser therapy for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Treatments

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- Low-level laser therapy is medically necessary for prevention of oral mucositis for **ALL** of the following
 - Individual undergoing cancer treatment associated with increased risk of oral mucositis, including chemotherapy and/or radiotherapy.
- Infrared Light Therapy is **NOT COVERED** for **ANY** of the following
 - Infrared gloves
 - Infrared therapy and low-level laser treatment for musculoskeletal pain (ie low back, next and arthritis)

Document History

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- Revised Dates:
 - 2022: September
 - 2021: February
 - 2020: January, November
 - 2015: July
 - 2014: July
 - 2012: July
 - 2008: July

- Reviewed Dates:
 - 2021: November
 - 2019: November
 - 2018: August, October
 - 2017: November
 - 2016: July
 - 2013: July
 - 2011: July
 - 2010: July
 - 2009: July
- Effective Date: December 2007

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 0552T - Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 97026 - Application of a modality to 1 or more areas; infrared
 - HCPCS E1399 - Durable medical equipment, miscellaneous

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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CPT® : 0552T, 97026
HCPCS: E1399

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