

Near-infrared Spectroscopy, Medical 330

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<u>Effective Date</u>	7/2021
<u>Next Review Date</u>	6/2025
<u>Coverage Policy</u>	Medical 330
<u>Version</u>	3

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses the medical necessity of Near-infrared Spectroscopy.

Description & Definitions:

Near-infrared spectroscopy studies, both contact and non-contact, exam wound using near-infrared light waves to identify if blood and oxygen are being supplied to the area.

Criteria:

Near-infrared spectroscopy is considered **not medically necessary** for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
0493T	Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement) – Deleted 1/1/2023 refer to 93998

0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure) (New 1/1/2024)
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound – Deleted 1/1/2024 refer to 0640T or 0859T
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound - Deleted 1/1/2024 refer to 0640T or 0859T
76499	Unlisted diagnostic radiographic procedure
93998	Unlisted noninvasive vascular diagnostic study

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- N/A

Reviewed Dates:

- 2024: June – no changes references updated
- 2023: June
- 2022: June

Effective Date:

- July 2021

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

§ 870.2700 Oximeter. (2008, Jun 23). Retrieved May 31, 2024, from Code of Federal Regulations: <https://www.ecfr.gov/current/title-21/section-870.2700>

(2023, Sep 21). Retrieved May 29, 2024, from MCG: <https://careweb.careguidelines.com/ed27/index.html>

(2024). Retrieved May 31, 2024, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522near-infrared%2520spectroscopy%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522>

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<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=near-infrared&gsc.sort=>

(2024). Retrieved May 31, 2024, from UpToDate:

https://www.uptodate.com/contents/search?search=near%20infrared%20spectroscopy%20laceration&source=SEMANTIC&searchType=PLAIN_TEXT&sp=0&searchOffset=1

(2024). Retrieved May 31, 2024, from Google - Specialty Guideline Search:

https://www.google.com/search?q=Professional+recommendation+for+near-infrared+spectroscopy+for+wound+healing&safe=strict&sca_esv=361416631b2a74db&sca_upv=1&rlz=1C1GCEJenUS1093US1093&sxsr=ADLYWltyS5ANJji9fKl3UzL5zBu4bbuQ%3A1717174217824&ei=yf9ZZsLxMbf

LCD: Near-Infrared Spectroscopy in Wound and Flap Management (L39385). (2023, Feb 12). Retrieved May 31, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39385&ver=6&>

NCD: Infrared Therapy Devices (270.6). (2006, Oct 24). Retrieved May 31, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncid=315&ncdver=1&keyword=Near-infrared&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Near-infrared Spectroscopy, SHP Medical 330, CONTACT, NON-CONTACT, WOUND, NIRS, SnapshotNIR, INVOS, OxyVu