

Near-infrared Spectroscopy

Table of Content

[Purpose](#)
[Description & Definitions](#)
[Criteria](#)
[Coding](#)
[Document History](#)
[References](#)
[Special Notes](#)
[Keywords](#)

Effective Date 7/2021
Next Review Date 6/15/2024
Coverage Policy Medical 330
Version 2

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 [StO ₂]); 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 [StO ₂]); 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 [StO ₂]); 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:

- 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).

(2023). CFR - Code of Federal Regulations Title 21. Volume 8. CITE: 21CFR882.1935. PART 882 -- NEUROLOGICAL DEVICES. Sec. 882.1935 Near Infrared (NIR) Brain Hematoma Detector. Identification. A Near Infrared (NIR) Brain Hematoma Detector is a noninvasive device that employs near-infrared spectroscopy that is intended to be used to evaluate suspected brain hematomas. (3.28.2023). Retrieved 6.14.2023). <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=882.1935>

(2023). Near-Infrared Spectroscopy (INVOS® Cerebral/Somatic Oximeter) (Covidien) for Adult Cerebral Indications. Hayes, a symplr company. ARCHIVED. (2.17.2014). Retrieved 6.14.2023. <https://evidence.hayesinc.com/report/htb.INVOSAdult>

(2023). Near-Infrared Spectroscopy (INVOS® Cerebral/Somatic Oximeter) (Covidien) for Adult Cerebral Indications. Hayes, a symplr company. ARCHIVED. (8.6.2009). Retrieved 6.14.2023. <https://evidence.hayesinc.com/report/htb.INVOSPediatric>

(2023). Noncontact Normothermic Wound Therapy. ACG: A-0351 (AC). (2023). MCG< Informed Care Strategies. Retrieved 6.14.2023. <https://careweb.careguidelines.com/ed26/index.html>

(2023). Near-Infrared Spectroscopy in Wound and Flap Management . L39385. (2.12.23). Centers for Medicare and Medicaid Services. CMS.gov. Retrieved 6.14.2023. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39385&ver=6&keyword=Near-Infrared%20Spectroscopy%20in%20Wound%20and%20Flap%20Management&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

(2023). Provider Manual. Covered Services and Limitations. (5.19.2022). https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-12/Physician%20Chapter%20IV%20%28updated%205.19.22%29_Final.pdf

(2023). Procedure Fee Files & CPT Codes. Virginia's Medicaid Program. Department of Medical Assistance Services. An Agency of Commonwealth of Virginia. Retrieved 6.14.2023. <https://www.dmas.virginia.gov/providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT>

(2023). Carelon. Search by code and key word. (2023). Retrieved 6.14.2023. https://guidelines.carelonmedicalbenefitsmanagement.com/?s=near+infrared&et_pb_searchform_submit=et_search_process&et_pb_search_cat=11%2C1%2C96&et_pb_include_posts=yes

(2023). National Comprehensive Cancer Network. NCCN. Search by code and key word. (2023). Retrieved 6.14.2023. <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=near%20infrared>

(2023). Near-Infrared Spectrometry, Solutions, residents and the future: Q&A with The PSF President Bernard T. Lee, MD, MBA, MPH, American Society of Plastic Surgeons. (10.1.2022). Retrieved 6.14.2023. <https://www.plasticsurgery.org/for-medical-professionals/publications/plastic-surgery-resident/news/solutions-residents-and-the-future-qanda-with-the-psf-president-bernard-t-lee-md-mba-mp>

(2023). Arnold, J., Marmolejo, V., Interpretation of Near-Infrared Imaging in Acute and Chronic Wound Care. Diagnostics. PubMed. National Library of Medicine. (4.26.2021). Retrieved 6.14.2023. <https://pubmed.ncbi.nlm.nih.gov/33925990/>

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