1. **Purpose**

   The purpose of this policy is to establish criteria for the medically necessary use of infrared light and low level laser therapy.

2. **Definitions**

   2.1. Infrared light therapy is the use of an invisible band of radiation at the lower end of the visible light spectrum. With wavelengths from 750 nm to 1 mm, infrared starts at the end of the microwave spectrum and ends at the beginning of visible light. Infrared light therapy is performed with light emitting diodes and is used to treat a variety of painful conditions. The treatment involving focused low-intensity beams on the skin is termed low-level laser therapy. The use of infrared light/low level laser devices requires supervision and should be reported for each 15 minute time period.

3. **Statement of Policy**

   3.1. The determination of medical necessity for the use of infrared light and low level laser therapy is always made on a case-by-case basis.

   3.2. Infrared light therapy utilizes light emitting diodes (LED) and may be considered **medically necessary** for a patient who has reported pain or documented loss of function which has resulted from disease, injury or surgery.

   3.3. Low-level laser therapy may be considered **medically necessary** for a patient who has reported pain or documented loss of function which has resulted from disease, injury or surgery.

   3.4. Any treatment plan involving the use of infrared light or low-level laser therapy should ultimately result in a reduction in the patient's pain and/or an improved ability to carry out activities of daily living. The use of infrared light or low-level laser therapy beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and clinical signs of functional improvement is considered **not medically necessary**.

   **Note:** Certain types of infrared light/low level laser devices may be considered experimental or investigational, and may be excluded from coverage in accordance with corresponding health plan policy.
4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding infrared light and low level laser therapy and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


- Oken O, Kahraman Y, Ayhan F, Canpolat S, Yorgancioglu ZR, Oken OF. The short-term efficacy of laser, brace, and ultrasound treatment in lateral epicondylitis:
a prospective, randomized, controlled trial.  *J Hand Ther.* 2008 Jan-Mar;21(1):63-7; quiz 68.


4.2. Related Triad Medical Policies:

- **TMMP 18 - Medical Necessity**
- **TMMP 10 - The Use of Physical Modalities and Therapeutic Procedures**

5. **Attachments**

5.1. **Provider Manual**

**Table of Revisions**
**Title/Subject:**

**TMMP 107 - INFRARED LIGHT/LOW LEVEL LASER THERAPY (97026)**

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