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 (LED) and is used to treat a variety of painful conditions.*

   2.2. “Low Level Laser Therapy” is a treatment involving focused low-level lasers or light-emitting diodes to alter cellular function.*

   *The use of infrared light and/or 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 **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 perform age appropriate activities of daily living. The use of infrared light or low-level laser therapy, beyond two to three (2-3) weeks without a clinical 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:


• Harkless L. DeLellis S. Carnegie D. Burke T. Improved foot sensitivity and pain reduction in patients with peripheral neuropathy after treatment with


4.2. Related Triad Medical Policies:

• TMMP 18 - Medical Necessity
• TMMP 10 - Use of Passive and Active Care
• TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures

CPT Codes
This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97026</td>
<td>Application of a modality to 1 or more areas; infrared</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/10/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §4.1 correction in year of publication in second bullet of scientific references and minor correction in Description (AMA CPT Guide).</td>
</tr>
</tbody>
</table>
### Title/Subject:
**TMMP 107 - INFRARED LIGHT / LOW LEVEL LASER THERAPY**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes to policy text.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.4 replaced ‘carry out’ with ‘perform age appropriate’. §4.2 added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures. Removed §5. Attachments and §5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table</td>
</tr>
<tr>
<td>08/09/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Definitions section: text changes: “Low Level Laser Therapy is a…</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes to policy text.</td>
</tr>
<tr>
<td>08/17/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

**Triad’s Medical Policies** are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.