Policy Number	**DME101.045**
Policy Effective Date	**04/15/2026**

Infrared Therapy Devices

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Related Policies (if applicable)
None

Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For Illinois only: Illinois Public Act 103-0458 [Insurance Code 215 ILCS 5/356z.61] (HB3809 Impaired Children) states all group or individual fully insured PPO, HMO, POS plans amended, delivered, issued, or renewed on or after January 1, 2025 shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment.

Coverage

The use of infrared therapy devices and any related accessories, including but not limited to infrared and/or near-infrared light and/or heat and monochromatic infrared energy, **is considered not medically necessary**.

Policy Guidelines

There is no CPT code that specifically describes the use of skin contact monochromatic infrared energy (MIRE) therapy. However, when the technique is offered in a clinic or physical therapy session, the nonspecific CPT code 97026 might be reported. Devices may also be used in the home setting. In this situation, the HCPCS code E0221 might be reported.

Description

Infrared therapy devices are used to treat an area of the skin and adjacent subcutaneous tissues of a patient with infrared therapy energy, using an array of juxtaposed infrared diodes affixed to a flexible pad to retain skin contact. The devices can also produce local warming, though this may be a secondary effect. The use of infrared therapy devices has been proposed for a variety of disorders; including treatment of diabetic neuropathy, other peripheral neuropathy, skin ulcers and wounds, and similar related conditions, including conditions such as pain arising from these conditions. A wide variety of devices are currently available.

Rationale

This policy is based on a review of coverage guidance from the Centers for Medicare and Medicaid Services (CMS) (1) which states:

"…there is sufficient evidence to conclude the use of infrared therapy devices, and any related accessories is not reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act (the Act). The use of infrared and/or near-infrared light and/or heat, including monochromatic infrared energy, is non-covered for the treatment, including the symptoms such as pain arising from these conditions, of diabetic and/or non-diabetic peripheral sensory neuropathy, wounds and/or ulcers of the skin and/or subcutaneous tissues."

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	97026
HCPCS Codes	A4639, E0221

*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

References

National Coverage Determination

1. Centers for Medicare and Medicaid Services. National Coverage Determination for Infrared Therapy Devices (270.6) (October 24, 2006) (Version 1). Available at <https://www.cms.gov> (accessed March 3, 2026).

Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been changed since this medical policy document was written. See Medicare's National Coverage at <https://www.cms.hhs.gov>.

Policy History/Revision

Date	Description of Change
04/15/2026	Document updated. Coverage unchanged. No new references added.
10/01/2025	Document updated with literature review. Coverage criteria revised to be consistent with coverage guidance from the Centers for Medicare and Medicaid Services. Added reference 1; others removed. Title changed from: Skin Contact Monochromatic Infrared Energy (MIRE).
02/15/2025	Reviewed. No changes.
03/15/2024	Document updated with literature review. Coverage unchanged. Reference 17 added.
06/01/2023	Reviewed. No changes.
12/01/2022	Document updated with literature review. Coverage unchanged. Added reference 9.
09/15/2021	Reviewed. No changes.
09/15/2020	Document updated with literature review. Coverage unchanged. Added reference 3.
10/15/2019	Reviewed. No changes.
08/15/2018	Document updated with literature review. Coverage unchanged.
03/01/2017	Reviewed. No changes.
04/15/2016	Document updated with literature review. Coverage unchanged.
05/15/2015	Reviewed. Coverage unchanged. Title changed from: Skin Contact Monochromatic Infrared Energy (MIRE) as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions.
03/01/2014	Document updated with literature review. Coverage unchanged. Title changed from “Skin Contact Monochromatic Infrared Energy (MIRE) Devices”.

04/15/2008	Policy reviewed
02/01/2007	Revised/updated entire document