

POLICY TITLE	SKIN CONTACT MONOCHROMATIC INFRARED ENERGY FOR THE TREATMENT OF CUTANEOUS ULCERS, DIABETIC NEUROPATHY, AND OTHER MISCELLANEOUS MUSCULOSKELETAL CONDITIONS
POLICY NUMBER	MP 1.094

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN.
	☑ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS.
	□ ASSURE APPROPRIATE LEVEL OF CARE.
	□ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS.
	□ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET.
	□ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	7/1/2025

POLICY RATIONALE DISCLAIMER POLICY HISTORY PRODUCT VARIATIONS DEFINITIONS CODING INFORMATION DESCRIPTION/BACKGROUND BENEFIT VARIATIONS REFERENCES

I. POLICY

Skin contact monochromatic infrared energy is considered **investigational** as a technique to treat cutaneous ulcers, diabetic neuropathy, and musculoskeletal conditions, including but not limited to temporomandibular disorders, tendonitis, capsulitis, and myofascial pain. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-Reference: MP 1.097 Low Level Laser Therapy

II. PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-managementguidelines/medical-policies

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III. DESCRIPTION/BACKGROUND

Monochromatic infrared energy treatment (MIRE[™]) is a therapy that uses infrared light therapy through contact with the skin for potential use in multiple conditions including cutaneous ulcers, diabetic neuropathy, and musculoskeletal and soft tissue injuries.

Monochromatic infrared energy (MIRE) refers to light at a wavelength of 880 nm. MIRE can be delivered through pads containing an array of 60 superluminous infrared diodes emitting pulsed near-infrared irradiation. The pads can be placed on the skin, and the infrared energy is delivered in a homogeneous manner in a session lasting from 30 to 45 minutes.

MIRE devices have been investigated as a treatment of multiple conditions including cutaneous ulcers, diabetic neuropathy, Bell's palsy, musculoskeletal and soft tissue injuries, including temporomandibular disorders, tendonitis, capsulitis, and myofascial pain. MIRE devices are also being developed for the treatment of baldness and snoring. The proposed mechanism of action is not known, although some sort of photobiostimulation has been proposed, as well as increased circulation related to an increase in plasma of the potent vasodilator nitric oxide.

IV. RATIONALE

Summary of Evidence

The available literature regarding skin contact monochromatic infrared energy (MIRE) as a technique to treat various cutaneous conditions consists of small, controlled trials and observational studies. MIRE has also been investigated for knee osteoarthritis. The current evidence from the studies with the strongest methodology, i.e., sham-controlled trials with a between-group design, shows no improvement in outcomes for patients treated with MIRE. This evidence does not support the efficacy of this technology. Well designed, prospective, randomized controlled trials with larger subject numbers are needed to determine with certainty whether MIRE is an effective treatment for cutaneous conditions. Similarly, MIRE therapy has been studied as a treatment for Bell's palsy. Results of case studies did not demonstrate any effectiveness as this therapy in managing Bell's palsy. As a result, this technology is considered investigational.

V. DEFINITIONS

PHOTOBIOSTIMULATION refers to a process associated with low-level laser therapy, which activates enzymatic processes in the cells, which increase cellular metabolism.

VI. DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as required by law or applicable

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MEDICAL POLICY

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clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These polices are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

VII. CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational; therefore, not covered;

Procedu	ure Codes				
A4639	E0221	97026			

VIII. REFERENCES

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IX. POLICY HISTORY

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MP 1.094	06/19/2020 Consensus Review. Policy statement unchanged. Product variation, benefit variation, and disclaimer updated. Coding and references reviewed.
	07/06/2021 Consensus Review. No change to policy statement. Product
	variation updated. References and coding reviewed.
	01/07/2022 Consensus Review. No change to policy statement.
	References updated.
	01/11/2023 Consensus Review. No change to policy statement. Update to
	background, and rationale. Updated references.
	01/26/2024 Consensus Review. No change to policy statement. Updated references.
	01/17/2025 Consensus Review. No change to policy statement.
	06/04/2025 Administrative Update. Removing the Benefit Variations and updating the Disclaimer.

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