

Infrared Therapy Devices (NCD 270.6)

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Policy Summary

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Overview

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.

Nationally Non-Covered Indications

Effective for services performed on and after October 24, 2006, the Centers for Medicare & Medicaid Services has determined that 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.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
97026	Application of a modality to 1 or more areas; infrared

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HCPSC Code	Description
A4639	Replacement pad for infrared heating pad system, each
E0221	Infrared heating pad system

References

CMS National Coverage Determinations (NCDs)

[NCD 270.6 Infrared Therapy Devices](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33631 Outpatient Physical and Occupational Therapy Services	A56566 Billing and Coding: Outpatient Physical and Occupational Therapy Services	NGS	CT, IL, MA, ME, MN, NH, NY (Entire State), RI, VT, WI,	CT, IL, MA, ME, MN, NH, NY (Downstate), NY (Queens), NY (Upstate), RI, VT, WI
L34049 Outpatient Physical and Occupational Therapy Services	A57067 Billing and Coding: Outpatient Physical and Occupational Therapy Services	CGS	KY, OH	KY, OH
L33413 Therapy and Rehabilitation Services	A57156 Billing and Coding: Therapy and Rehabilitation Services	First Coast	FL, PR, VI	FL, PR, VI
L35036 Therapy and Rehabilitation Services (PT, OT)	A57703 Billing and Coding: Therapy and Rehabilitation Services (PT, OT)	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34427 Outpatient Occupational Therapy	A53064 Billing and Coding: Outpatient Occupational Therapy	Palmetto	AL, GA, NC, TN, SC, VA, WV	
L34428 Outpatient Physical Therapy	A53065 Billing and Coding: Outpatient Physical Therapy	Palmetto	AL, GA, NC, TN, SC, VA, WV	

LCD	Article	Contractor	HHH MAC
L34560 Home Health Occupational Therapy	A53057 Billing and Coding: Home Health Occupational Therapy	Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX
L34564 Home Health Physical Therapy	A53058 Billing and Coding: Home Health Physical Therapy	Palmetto	AL, AR, FL, GA, IL, IN, KY, LA, MS, NC, NM, OH, OK, SC, TN, TX
L33942 Physical Therapy - Home Health	A57311 Billing and Coding: Physical Therapy - Home Health	CGS	CO, DC, DE, IA, KS, MD, MO (Entire State), MT, ND, NE, PA, SD, UT, VA, WV, WY

LCD	Article	Contractor	DME MAC
L33825 Infrared Heating Pad Systems	A52477 Infrared Heating Pad Systems	CGS	AL, AR, CO, FL, GA, IL, IN, KT, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AL, AS, AZ, CA (Entire State), CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO (Entire State), MP, MT, ND, NE, NH, NJ, NV, NY (Entire State), OR, PA, RI, SD, UT, VT, WA, WY

CMS Transmittal(s)

[Transmittal 1792, Change Request 9861, Dated 02/03/2017 \(ICD-10 Coding Revisions to National Coverage Determination \(NCDs\)\)](#)

UnitedHealthcare Commercial Policy

[Warming Therapy and Ultrasound Therapy for Wounds](#)

Other(s)

[Decision Memo for Infrared Therapy Devices \(CAG-00291N\), CMS Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
11/11/2020	Policy Summary <i>Nationally Non-Covered Indications</i> <ul style="list-style-type: none">Replaced reference to “UnitedHealthcare” with “Centers for Medicare & Medicaid Services” Applicable Codes <ul style="list-style-type: none">Revised description for CPT code 97026 Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG156.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LGAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).