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# CMS Manual System

## Pub. 100-03 Medicare National Coverage Determinations

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 62

Date: DECEMBER 15, 2006

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### CHANGE REQUEST 5421

#### SUBJECT: Infrared Therapy Devices

**I. SUMMARY OF CHANGES:** On October 24, 2006, the Centers for Medicare & Medicaid Services announced a National Coverage Determination stating the use of infrared and/or near-infrared light and/or heat, including monochromatic infrared energy, is non-covered for the treatment, including 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 in Medicare beneficiaries.

#### NEW/REVISED MATERIAL

**EFFECTIVE DATE\*:** October 24, 2006

**IMPLEMENTATION DATE:** January 16, 2007

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual not updated.)  
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	1/Table of Contents
N	1/270.6/ Infrared Therapy Devices (Effective October 24, 2006)

**III. FUNDING:** No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

#### IV. ATTACHMENT:

<input checked="" type="checkbox"/>	Manual Instruction
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\*Unless otherwise specified, the effective date is the date of service.

**Medicare National Coverage  
Determinations Manual  
Chapter 1, Part 4 (Sections 200 – 310.1)  
Coverage Determinations**

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**Table of Contents**  
*(Rev. 62, 12-15-06)*

*270.6 - Infrared Therapy Devices (Effective October 24, 2006)*

**270.6 – Infrared Therapy Devices (Effective October 24, 2006)**  
**(Rev.62, Issued: 12-15-06, Effective: 10-24-06, Implementation: 01-16-07)**

**A. General**

*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.*

**B. Nationally Covered Indications**

*N/A*

**C. 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.*

**D. Other**

*N/A*

*(This NCD was last reviewed November 2006)*