CMM-107~Infrared Light/Low Level Laser Therapy

MedSolutions, Inc. Clinical Decision Support Tool

Common symptoms and symptom complexes are addressed by this tool. Requests for patients with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician may provide additional insight.
CMM-107.1 Definition

✓ “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.

✓ “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.

CMM-107.2 General Guidelines

✓ 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.

CMM-107.3 Indications and Non-Indications

✓ 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.

✓ 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.

✓ 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 passive modalities, such as infrared light or low-level laser therapy, beyond three (3) weeks has not been shown to produce meaningful long term benefit and is considered not medically
necessary. Care at this point should be focused on transitioning the patient to active and self care strategies.

- 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.

### CMM-107.4 Procedure (CPT®) Codes

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<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
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<tr>
<td>97026</td>
<td>Application of a modality to 1 or more areas; infrared</td>
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This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary’s policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

### CMM-107.5 References


