



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Cold Therapy	<b>Guideline #</b>	UM_DME 03
		<b>Original Effective Date</b>	11/20/08
<b>Section</b>	Durable Medical Equipment	<b>Revision Date</b>	2/13/19

### COVERAGE POLICY

- A. The use of passive (e.g., AirCast Cryo Cuff, and Polar Care Cub Unit) or active cold therapy devices (therapy units with mechanical pumps or portable refrigerators) is not a covered benefit in postoperative care of patients undergoing musculoskeletal surgery.
- B. All other applications of passive cooling devices are considered not a covered benefit.
- C. The use of active or passive devices that combine cooling and heating is not a covered benefit.
- D. Alternative forms of cooling modalities exist, such as ice bag or ice packs, which may be employed in the treatment of specific sites.

### COVERAGE LIMITATIONS AND EXCLUSIONS

The following are descriptions of devices that are not covered for indications listed: water circulating heat or cold pad with a pump, pump for water circulating pad, and pad for water circulating heat unit.

### ADDITIONAL INFORMATION

Cooling Devices (Cold Therapy/Cryotherapy) are used for the treatment of edema and pain associated with the inflammatory response following musculoskeletal and orthopedic trauma, either from injury or surgery. Cold therapy can be delivered by using either passive or active units. Passive devices include ice bag, ice cups, ice packs, AirCast Cryo Cuff, and Polar Care Cub Unit. Cold therapy units with mechanical pumps and portable refrigerators are considered active units (MCG 2018, Apollo 2018).

### CLINICAL/REGULATORY RESOURCE

**A. CMS: Local Coverage Determination for Cold therapy (L33735):**

Water circulating cold pad with pump (E0218) will be denied as not reasonable and therefore not covered by Medicare.

**B. CMS: Local Coverage Article: Cold Therapy (A52460):**

A device in which ice water is put in a reservoir and then circulated through a pad by means of gravity is not considered durable medical equipment (DME).

Code E0218 describes a device which has an electric pump that circulates cold water through a pad.

**B. Medi-Cal Determination (E0218):**

E0218 WATER CIRC COLD PAD W PUM		
Procedure Level : <b>Level II HCPCS code</b>	Procedure Type : <b>HCPCS Code</b>	
Effective Date : <b>07/28/1997</b>	End Date : <b>12/31/2069</b>	Follow Up Days : <b>0</b>
Gender : <b>Both</b>	Min Age : <b>0</b>	Max Age : <b>99</b>
Medi-Cal Max Allowable Amount : <b>\$0.00</b>	Split Bill professional percentage : <b>0.0%</b>	
<b>This procedure is not a covered benefit. No TAR or medi-reservation required.</b>		

**C. Cryo units and cryotherapy machines (MCG, 2018)**

Cryotherapy is discussed in relation to arthroscopic knee surgery and total knee arthroplasty. Evidence is considered insufficient, conflicting or poor. Additional research is recommended.

**D. Medical Review Criteria Guidelines for Managing Care (Apollo, 2018):**

The application of external sources of cold (e.g., ice packs or water circulating cold pads) to injuries is an accepted treatment to reduce pain and swelling.

Continuous postoperative cryotherapy or continuous-flow cold therapy are systems that automatically provide cryotherapy postoperatively or post-injury. Active circulating cooling and compression devices are commercially available without a prescription.

These devices are not covered by Medicare or the other health plans as DME due to an investigational status.

**DEFINITION OF TERMS**

N/A

**REFERENCES**

1. Apollo Medical Review Guidelines for Managing Care, 17<sup>th</sup> edition, 2018. DM 102-Hot or cold packs/devices.
2. CMS Local Coverage Determination (LCD): Cold Therapy (L33735). Accessed on 12/11/18 at:  
<https://med.noridianmedicare.com/documents/2230703/7218263/Cold+Therapy+LCD+and+PA>
3. Local Coverage Article: Cold Therapy Policy Article (A52460). Accessed 12/11/18 at:  
[https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52460&ver=5&LCDId=33735&ContrId=389&ContrVer=1&CtrctrS elected=389\\*1&Ctrctr=389&s=9&DocType=Active&kq=1360210188&ua=highwire&displayPDFNote=Y&bc=AggAAAQAIAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52460&ver=5&LCDId=33735&ContrId=389&ContrVer=1&CtrctrS elected=389*1&Ctrctr=389&s=9&DocType=Active&kq=1360210188&ua=highwire&displayPDFNote=Y&bc=AggAAAQAIAAAA%3d%3d&)

4. MCG Health Ambulatory Care 21<sup>st</sup> edition, 2018. A-0700: Cryo units and cryotherapy machines.

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