

MEDICAL POLICY



SUBJECT: CRYOTHERAPY (COLD THERAPY) DEVICES	EFFECTIVE DATE: 09/16/99 REVISED DATE: 02/01/01, 06/27/02, 06/26/03, 05/27/04, 04/27/06, 04/26/07, 04/24/08, 04/23/09, 04/29/10, 06/24/11, 06/28/12
POLICY NUMBER: 1.01.21 CATEGORY: Equipment/Supplies	ARCHIVED DATE: 06/27/13 EDITED DATE: 06/26/14, 06/25/15, 06/23/16, 6/22/17, 6/28/18
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- If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.*
- If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.*
- If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

POLICY STATEMENT:

Based upon our criteria and review of the peer-reviewed literature, the use of active or passive cryotherapy devices for any indication has not been medically proven to be effective and is considered **not medically necessary**.

DESCRIPTION:

Cryotherapy is “cold therapy” and refers to the placement of cold packs or compresses to promote comfort while helping to prevent inflammation and swelling. The devices can provide either passive or active cooling. Passive cooling devices are usually a garment such as a vest or cuff in which ice water can be circulated and compression controlled by the use of a hand pump or use gravity. Some types of passive cooling devices can be fitted with a mechanical pump which allows the temperature of the circulating water to be maintained at a more constant temperature (e.g., Cryo/Cuff[®]). Active cooling devices have separate pumps which combine focal compression with cold to provide optimal control of swelling, edema, hematoma, hemarthrosis, and pain (e.g., Game Ready[™]).

RATIONALE:

The majority of the published randomized studies of cooling devices failed to adequately describe the cooling regimens or include the relevant control group of standard ice pack treatment. When cooling devices and ice packs were used with the same regimen, no differences in health outcomes were observed. Currently available evidence is insufficient to determine whether continuous cooling with these devices results in improved health outcomes when compared to usual ice pack exchange in the home environment. Thus, the available scientific literature is insufficient to document that the use of passive cooling systems is associated with a benefit beyond convenience; these devices are considered not medically necessary.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: No specific code(s)

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HCPCS: E0218 Water circulating cold pad with pump
 E0236 Pump for water circulating pad

ICD10: M17.0-M17.9 Osteoarthritis of knee (code range)
 M23.50 Chronic instability of knee, unspecified knee
 Several

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*Key Article

KEY WORDS:

Cold therapy, Cryotherapy, Game Ready™, Ice therapy.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Cold Therapy. Please refer to the following LCD website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33735&ver=8&CtrctrSelected=137*1&Ctrctr=137&s=41&DocType=Active&bc=AggAAAIAIAAAA%3d%3d&