Medical Policy

Cooling Devices Used in the Outpatient Setting

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Policy Number: 510
BCBSA Reference Number: 1.01.26
NCD/LCD: Local Coverage Determination (LCD): Cold Therapy (L33735)

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Active and passive cooling devices are NOT MEDICALLY NECESSARY.

Combination active cooling and compression (cryopneumatic) devices are INVESTIGATIONAL.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance for Medicare Advantage members living in Massachusetts can be found through the link below.

Local Coverage Determination (LCD): Cold Therapy (L33735)

For medical necessity criteria and coding guidance for Medicare Advantage members living outside of Massachusetts, please see the Centers for Medicare and Medicaid Services website for information regarding your specific jurisdiction at https://www.cms.gov.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>This is not a covered service.</th>
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Commercial PPO and Indemnity | This is not a covered service.
---|---
Medicare HMO Blue™ | This is not a covered service.
Medicare PPO Blue™ | This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

CPT Codes

There is no specific CPT code for this service.

HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>E0218</td>
<td>Water circulating cold pad with pump</td>
</tr>
<tr>
<td>E0236</td>
<td>Pump for water circulating pad</td>
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</tbody>
</table>

ICD-9 Diagnosis Codes

Investigational for all diagnoses.

Description

Cold and/or compression therapy following surgery or musculoskeletal and soft tissue injury has long been accepted in the medical field as an effective tool for reducing inflammation, pain, and swelling. Ice packs and various bandages and wraps are commonly used. Cooling devices use chilled water to decrease the local temperature of tissue. There are a variety of cooling devices available, ranging from gravity-fed devices that are manually filled with iced water, to motorized units that both cool and circulate the chilled water.

A variety of continuous cooling devices are commercially available and can be broadly subdivided into those providing active cold therapy using a mechanical device and those providing manually operated passive cold therapy. In active cooling devices, a motorized pump circulates chilled water and may also provide pneumatic compression. Active cooling devices are designed to provide a constant low temperature, which might provide additional benefit compared to the more variable temperature achieved with the intermittent replacement of ice packs. Passive cooling devices have no active mechanism such as a motorized pump, and they may also allow less variable cooling due to the larger volume of ice stored in the insulated tank and the use of circulated ice water.

Examples of cooling devices used in the outpatient setting include The CryoCuff® from Aircast, the Polar Care Cub from Breg, and the AutoChill® from Aircast. All cooling devices used in the outpatient setting are considered not medically necessary regardless of the commercial name, the manufacturer or FDA approval status.

Summary

The majority of the published randomized studies of passive cooling devices failed to adequately describe the cooling regimens or include the relevant control group of standard ice pack treatment. When passive 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 devices result 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 or active cooling systems is associated with a benefit beyond convenience; these devices are considered not medically necessary.

For combination active cryotherapy/compression (cryopneumatic) devices, 2 recent studies reported that narcotic use is decreased and that patient satisfaction is higher. However, no other outcome measures were improved, and one of the studies suffered from a low follow-up rate. Based on these new studies with active cryotherapy/compression devices and limited evidence of an improvement in clinical outcomes, active cryotherapy/compression devices are considered investigational. Additional study is needed to permit conclusions regarding the effect of this technology with greater certainty.

### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>11/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>11/2016</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>7/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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### Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

### References


