

Cooling Devices

Date of Origin: 03/2012

Last Review Date: 08/28/2024

Effective Date: 09/01/2024

Dates Reviewed: 02/2013, 01/2014, 01/2015, 10/2016, 09/2017, 09/2018, 09/2019, 09/2020, 09/2021, 07/2022, 08/2023, 08/2024

Developed By: Medical Necessity Criteria Committee

I. Description

Cold and compression therapy have long been accepted in the medical community as effective tools for reducing pain, swelling, and inflammation following surgery or musculoskeletal and soft tissue injury. Ice packs and various wraps have been commonly used. Continuous cooling devices are also available and can be subdivided into those providing passive cold therapy, and those providing active cold therapy using a mechanical device or motorized pump. Examples of cooling devices available on the market include, but are not limited to the following:

- The CryoCuff and Polar Care Cub are passive cooling devices.
- The AutoChill, the Hot/Ice Thermal Blanket, and the Game Ready Accelerated Recovery System are a few of the active cooling devices available.

There are limited studies available supporting the use of active cooling devices over standard ice packs or passive cooling devices. Several randomized studies have found no significant difference in the amount of narcotic use, transfusion requirements, or hospital length of stay in patients who used cold therapy versus those without. One study comparing active cold therapy devices to ice packs found no difference in daytime pain. There was less awakening from nighttime pain with the active cooling device. Currently, there is insufficient evidence in the literature to support the use of active cooling devices.

II. Criteria: CWQI HCS-0022

- A. Moda Health will cover the use of passive cooling devices for postoperative care following musculoskeletal surgery.
- B. Moda Health will **NOT** cover the use of active cooling devices for postoperative care in the home setting for any indication including but not limited to musculoskeletal surgery. The available scientific literature is insufficient to document that the use of active cooling devices is associated with a greater benefit as compared to standard least costly ice packs or passive cooling devices. Active cooling devices are considered experimental and investigational.

III. Information Submitted with the Prior Authorization Request:

1. Chart notes from the provider's office with documentation of the requested procedure or injury.

IV. CPT or HCPC codes covered if criteria met:

Codes	Description
E1399	DME, Miscellaneous (covered if used for passive cooling device)

V. CPT or HCPC codes NOT covered:

Codes	Description
E0218	Fluid circulating cold pad with pump (not covered for active cooling device)
E0236	Pump for water circulating pad (not covered for active cooling device)
E1399	DME, Miscellaneous (Not covered if used for active cooling device)
E0650	Pneumatic compressor; non-segmental home model (not covered for cold therapy units)
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure (not covered for cold therapy units)
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure (not covered for cold therapy units)
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (not covered for cold therapy units)

VI. Annual Review History

Review Date	Revisions	Effective Date
02/2013	Annual Review: Added table with review date, revisions, and effective date.	03/1/2013
01/2014	Annual Review: Updated references	01/22/2014
01/2015	Annual Review: No change	01/28/2015
10/2016	Annual Review: No change	10/26/2016
09/2017	Annual Review: Updated to new template	09/27/2017
09/2018	Annual Review: No change	09/26/2018
09/2019	Annual Review: No changes	10/01/2019
09/2020	Annual Review: No changes	10/01/2020
09/2021	Annual Review: No changes	10/01/2021
07/2022	Annual Review: No changes	08/01/2022
08/2023	Annual Review: No changes	09/01/2023
08/2024	Annual Review: No changes	09/01/2024

VII. References

- 1) Bleakley C, McDonough S, MacAuley D. The use of ice in the treatment of acute soft-tissue injury. Am J Sports Med. 2004; 32:251-261.
- 2) Barber FA, McGuire DA, Click S. Continuous-flow cold therapy for outpatient arterial cruciate ligament reconstruction

- 3) Leutz DW, Harris H. Continuous cold therapy in total knee arthroplasty. Am J Knee Surg. 1995;8(4):121-123.
- 4) Hayes, Inc. Health Technology Brief. Cold Therapy Device (CryoCuff, Aircast., Inc.) for Treatment of Musculoskeletal and Postoperative Orthopedic Trauma. Lansdale, PA: Hayes Inc., May 25, 2007.
- 5) Woolf SK, Barfield WR, Merrill KD, McBryde AM Jr., Comparison of a continuous temperature-controlled cyrotherapy device to a simple icing regimen following outpatient knee arthroscopy. J Knee Surg. 2008;21(1):15-9
- 6) CMS Noridian Local Coverage Determination (LCD) for Cold Therapy (L33735) , revision effective date, 01/01/2017, accessed on September 27, 2017 at: <https://med.noridianmedicare.com/documents/2230703/7218263/Cold+Therapy+LCD+and+PA/19737930-628f-4baf-9897-9da8212908fc>
- 7) Noridian Local Coverage Article: Cold Therapy – Policy Article (A52460) accessed on 9/27/2017 at: https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52460&ver=5&LCDId=33735&ContrId=389&ContrVer=1&CntrctrSelected=389*1&Cntrctr=389&s=9&DocType=Active&kq=1360210188&ua=highwire&displayPDFNote=Y&bc=AggAAAQAIAAAAA%3d%3d&
- 8) Waterman B, Walker JJ, Swaims C et al. The efficacy of combined cryotherapy and compression compared with cryotherapy alone following anterior cruciate ligament reconstruction. J Knee Surg 2012; 25(2):155-60.
- 9) Physician Advisors

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
Noridian Local Coverage Determination (LCD) Cold Therapy (L33735)	
	https://med.noridianmedicare.com/documents/2230703/7218263/Cold+Therapy+LCD+and+PA/19737930-628f-4baf-9897-9da8212908fc

NCD/LCD Document (s):
Local Coverage Article: Cold Therapy – Policy Article (A52460) https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52460&ver=5&LCDId=33735&ContrId=389&ContrVer=1&CntrctrSelected=389*1&Cntrctr=389&s=9&DocType=Active&kq=1360210188&ua=highwire&displayPDFNote=Y&bc=AggAAAQAIAAAAA%3d%3d&

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor

F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
-----------	--	------------------------------------