

Cold and Heat Therapy Devices



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
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Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	§110 Durable Medical Equipment – General		
NCD	Durable Medical Equipment Reference List Infrared Therapy Devices Pneumatic Compression Devices Scalp Hypothermia During Chemotherapy to Prevent Hair Loss	280.1 270.6 280.6 110.6		
LCD LCA	Scalp Cooling for the Prevention of Chemotherapy-Induced Alopecia	L39573	JJ - Palmetto GBA (Part A/B MAC)	AL, GA, TN
LCD LCA	Scalp Cooling for the Prevention of Chemotherapy-Induced Alopecia	L39573	JM - Palmetto GBA (Part A/B MAC)	NC, SC, VA, WV
LCD LCA	Cold Therapy Heating Pads and Heat Lamps Infrared Heating Pad Systems Pneumatic Compression Devices	L33735 L33784 L33825 L33829	DME A - Noridian Healthcare Solutions, LLC (DME MAC) DME B - CGS Administrators, LLC (DME MAC) DME C - CGS Administrators, LLC (DME MAC) DME D - Noridian Healthcare Solutions, LLC (DME MAC)	CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT IL, IN, KY, MI, MN, OH, WI AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, SC, TN, TX, VA, WV, PR, U.S. VI AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY, American Samoa, Guam,

				Northern Mariana Islands
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Description

Cold therapy devices combine cold temperatures and compression to decrease discomfort and swelling following injury or surgery to an extremity. The theory behind cold therapy is that by decreasing the temperature of the tissue, which produces vasoconstriction, pain is lessened, muscle spasm is decreased and inflammation is reduced.

Active cold therapy devices and combined heat and cold therapy devices utilize pneumatic or mechanical pumps that may be battery or electric powered. The intended function of the pump is to provide cyclical compression and cooling or heating to the affected area. The devices generally consist of two basic parts: a wrap or wrap system and a control unit or pump, which is filled with ice and/or water. The control unit or pump circulates the cooled or heated water through the wrap system to the affected area.

Passive cold therapy devices operate by gravity or a hand pump without the use of a battery or electricity. Generally, they consist of a cuff or wrap and a cooler. Ice water is placed in the reservoir (cooler). The cooler is placed above the affected body area or joint and then utilizes gravity to fill the cuff and compress the joint.

Heating devices are used for a variety of indications including joint pain and muscle spasms. The application of heat may ease pain by dilating the blood vessels and decreasing painful stiffness of soft tissues surrounding the injured area.

Examples of **active cooling** or **heating devices** and/or **combination compression and cooling devices** include, but may not be limited to:

- **AirCast Cryo/Cuff IC Cooler System** – Therapy system consisting of a cuff, a cooler and a hose. The hose exchanges cooled ice water between the cooler and the cuff which covers the injured area. Unlike the AirCast Cryo/Cuff Gravity Cooler, this system contains a built-in pneumatic pump, and provides cold and compression by either gravity or motorized electrical power.
- **BioCryo Cold Compression System** – A cold compression system that uses a cold gel pack insert, rather than ice and water. A pneumatic compression pump provides the intermittent compression.
- **DonJoy IceMan Clear3 Cold Therapy System** and **DonJoy Iceman Classic3 Cold Therapy Unit** – Utilize a semi-closed loop system with a mechanical pump that allows cooled water to circulate at a constant flow rate, providing consistent cold distribution throughout the pad.

- **Game Ready GRPRO 2.1** – System that *combines* cold and intermittent pneumatic compression therapies. It includes a computer that controls treatment time, level of compression and temperature. The unit continuously cycles liquid through circumferential wraps for consistent, long lasting cold treatment, even over large surface areas.
- **Hot/Ice Thermal Blanket** – Provides heat/cold therapy by the application of rubber pads (blankets) that are connected by a hose to a main cooling unit (the **JetStream Cold/Hot Therapy Unit**). The pads receive fluid that has circulated from the main unit and can be either hot or cold. The **Deroyal CoolJet Cold Therapy Unit** is similar to the JetStream; however, it only has the option for cold therapy.
- **Polar Care Cube, Polar Care Glacier, and Polar Care Kodiak Cold Therapy Systems** – Provide cold therapy via a battery powered pump to a reusable pad, which is applied to the area of the body to be treated. These devices differ on the length of continuous treatment they may provide.
- **Polar Care Wave** – Combines motorized cold therapy with intermittent active compression.
- **ThermoComp Cold Therapy** – Provides continuous cold therapy at preprogrammed intervals without the need to add water or ice; power provided by an electric motor. This device does not provide pneumatic compression.
- **ThermoComp Compression Therapy, VascuTherm 4 and VPulse** – Devices that *combine* cold therapy with intermittent compression.
- **ThermoComp Contrast Therapy** – Provides contrast therapy with 20 minutes of cold therapy followed by 10 minutes of heat therapy; power is supplied by an electrical pump.
- **VascuTherm 5** – System that *combines* cold *or* heat with intermittent pneumatic compression therapy. It may also provide thermal contrast therapy consisting of 20 minutes of cold therapy followed by 10 minutes of heat therapy while also delivering intermittent pneumatic compression.
- **VitalWrap System** – This system consists of 3 components: a control unit, a tubing set and a thermal fabric wrap. The control unit, which includes a fluid reservoir, manages the temperature of water used by the system to supply heat or cold to the fabric wrap attached to the body. Compression is delivered through the wrap itself.

Examples of passive cold therapy devices include, but may not be limited to:

- **AirCast Cryo/Cuff Gravity Cooler** – Therapy system consisting of a cuff, a cooler and a hose. The hose exchanges cooled ice water between the cooler and the cuff which covers the injured area. Elevating the cooler fills and pressurizes the cuff. Compression is controlled by gravity and is proportional to the elevation of the cooler.
- **Cryo Pneumatic Knee Splint and Cryo Pneumatic Shoulder** – This device combines cold therapy with pneumatic compression. The cold therapy is provided by a removable/reusable gel pack, and the compression is controlled by a pump bulb that can be detached once the desired compression is

achieved. Similar systems include the **Cryo Pneumatic Knee Orthosis w/Hinge** and **Cryo Pneumatic Knee Orthosis w/ROM Hinge**.

- **Elasto-Gel Cold/Hot Therapy Wrap** – Reusable gel packs, which may be cold or heated, are inserted into a wrap, which may be applied to the extremities, head, neck, low back or sinuses.
- **Polar Care (PC) Cub Unit** – Cold therapy system which includes a PC Cub cooler, manual pump and wrap on pads. The pads are held in place with elastic straps or an ACE wrap. The built-in hand pump circulates the cold water through the polar pad, while at the same time increases the compression around the joint.

Examples of **passive heating devices** include, but may not be limited to:

- **Heat Lamp** – Lamp that emits infrared light and produces topical heat to the skin.
- **Heating Pad** – Pad that has an electric or infrared heating element and is used to apply topical heat to the skin.
- **Paraffin Bath** – A container that holds and heats a mixture of mineral oil and paraffin into which the individual may either continuously immerse the treated body part (such as the hand or foot) for 20-30 minutes or repetitively dip and remove the treated area from the paraffin.

The **VibraCool Cryovibration** system, promoted as a treatment for joint or muscle pain, plantar fasciitis or tendonitis, consists of a vibration unit with specially designed ice packs, secured via an adjustable neoprene strap. The high-frequency vibration is purported to massage muscles and improve blood flow while the ice decreases pain, swelling and inflammation.

Scalp hypothermia, via a cooling cap, has been proposed for preventing alopecia (hair loss) for an individual undergoing chemotherapy. This may be accomplished via passive (manual) caps that require chilling/freezing, or via automatic machine-based cooling systems. Examples of cooling caps include, but may not be limited to, the **Arctic Cold Cap**, **Chemo Cold Cap**, **Penguin Cold Cap Therapy System**, **Warrior Caps** and **Wishcap Cold Cap**. Examples of machine-based cooling systems include, but may not be limited to, the **DigniCap Cooling System** and **Paxman Scalp Cooling System**.

The **Ebb CoolDrift Versa** (formerly Cereve Sleep System) was granted US Food & Drug Administration (FDA) approval as a purported method for the treatment of insomnia. The system is a cooling device comprised of 3 components: the bedside unit, the forehead pad, and headgear. The device pumps chilled fluid through the forehead pad, at individually selectable temperatures.

The **Cooral Oral Cooling System** was granted De Novo clearance by the FDA and is proposed for use in an individual with cancer who is undergoing chemotherapy to prevent oral mucositis. It consists of a single-use mouthpiece connected to a portable cryotherapy system that circulates sterile cold water through the oral device.

For information regarding the use of **hot or cold packs, diathermy, infrared heat or paraffin baths as a physical therapy modality**, please refer to [Physical Therapy and Occupational Therapy](#) Medical Coverage Policy.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

Please refer to the above CMS guidance for **cold and heat therapy devices**.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

Cold Therapy Devices/Heating Devices/Combined Heat and Cold Therapy Devices

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
No code(s) identified		
CPT® Category III Code(s)	Description	Comments
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	

0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	
HCPCS Code(s)	Description	Comments
A4265	Paraffin, per pound	
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	
E0205	Heat lamp, with stand, includes bulb, or infrared element	
E0210	Electric heat pad, standard	
E0215	Electric heat pad, moist	
E0217	Water circulating heat pad with pump	
E0218	Fluid circulating cold pad with pump, any type	
E0221	Infrared heating pad system	
E0225	Hydrocollator unit, includes pads	
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	
E0236	Pump for water circulating pad	
E0239	Hydrocollator unit, portable	
E0249	Pad for water circulating heat unit, for replacement only	
E0650	Pneumatic compressor, nonsegmental home model	

References

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Change Summary

- 01/01/2024 New Policy.
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