Cold Therapy Devices

Policy Number:	**M20130715055**
Effective Date:	**9/1/2013**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☐Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth coverage determination information for **cold therapy devices**.

Policy:

Background:
Cold therapy, or cryotherapy, is widely used in the field of physical medicine and postoperative rehabilitation after orthopedic surgery and is often used in conjunction with other rehabilitation treatments to reduce inflammation and relieve pain. Its purpose is to promote vasoconstriction and relieve edema, muscle spasm, and inflammation, ultimately reducing pain. Currently available evidence has not determined whether continuous cooling devices results in improved health outcomes when compared to traditional ice pack exchange in the home. The available scientific literature is insufficient to document that the use of passive cooling systems is associated with a benefit beyond convenience.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined below.

Commercial (excluding Large group and Self-Funded):
Cold Therapy Devices are considered not reasonable and necessary, utilizing the criteria below.

Medicare Advantage:
There is currently a Local Coverage Article (LCA) and a Local Coverage Determination (LCD) for cold therapy. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:
MediSource, MediSource Connect, Child Health Plus and Essential Plan do not cover **cold compression therapy** devices except for mechanical scalp-cooling services. There are currently New York state Medicaid criteria for mechanical scalp-cooling services. Please refer to the links listed in the Reference section for State Product members.

Clinical Indications:

- **NOT COVERED** for **ANY** of the following
    - For Commercial products (excluding Large Group and Self-Funded); Cold Therapy Devices including scalp cooling devices are not medically necessary

Pre-Authorization Required? Yes ☒ No☐

Pre-authorization is required for this service except for members enrolled in a large group product

Definitions

Cold Compression Therapy is the use of ice in conjunction with compression.

Cold Therapy or Cryotherapy involves the therapeutic application of cold.

Cold Therapy Devices provide cold and compression. Examples of cold therapy devices include, but are not limited to:

- Polar Care 500 (BREG, Inc.)
- Game Ready Systems (Cool Systems Inc.)
- Kold Blue (TLP Industries, UK)

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory References

Adie S, Naylor JM, Harris IA. Cryotherapy after total knee arthroplasty a systematic review and meta-analysis of randomized controlled trials. J Arthroplasty. 2010 Aug;25(5):709-15.

Chou R. Subacute and chronic low back pain: Management. In: Up-to-date, Post TW (Ed), Up-to-date, Waltham, MA. (Accessed on March 24, 2026.)

Ruffilli A, Buda R, Castagnini F, et al. Temperature-controlled continuous cold flow device versus traditional icing regimen following anterior cruciate ligament reconstruction: a prospective randomized comparative trial. Arch Orthop Trauma Surg. 2015 Oct;135(10):1405-10.

Symplr Inc. Comparative Effectiveness Review Cold Compression Therapy for Patients Undergoing Total Knee Arthroplasty. Houston, TX: March 2019.

Symplr Inc. Health Technology Assessment: Cold Compression Therapy for Patients Undergoing Orthopedic Procedures to Major Joints (Other than Knee). Houston, TX: November 2019.

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. Local Coverage Article: Cold Therapy - Policy Article (A52460). Available at https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52460&ver=16&keyword=cold%20therapy&keywordType=starts&areaId=s65&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1 Accessed February 6, 2026.

Centers for Medicare and Medicaid (CMS) [web site] Medicare Coverage Database Local Coverage Determination (LCD) for Cold Therapy (L33735). Available at https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33735&ver=19&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=BC%7cSAD%7cRTC%7cReg&PolicyType=Both&s=%26mdash%3b-&Cntrctr=389*1&KeyWord=cold&KeyWordLookUp=Title&KeyWordSearchType=Exact&kq=true&bc=EAAAABAAAAAA& Accessed February 6, 2026.

New York State Department of Health [web site]. New York State Medicaid Program Physician Procedure Codes. Section 23- Mechanical Scalp-cooling services. Version April 2026. Available at:

https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Procedure_Codes_Sect2.pdf Accessed July 17, 2026.

NYS Insurance Law amendment: Rpld §3216 sub§ (i) 12-b, amd §§3221 & 4303, Ins L; amd §4, Chap of 2024 (as proposed in S.2063-A & A.38-A) Available at: https://www.nysenate.gov/legislation/bills/2025/S774

Bill Search and Legislative Information | New York State Assembly Accessed February 6, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
9/1/2026	Health Care Services	Revised
6/1/2026	Health Care Services	Reviewed
3/1/2026	Health Care Services	Revised
8/1/2025	Health Care Services	Revised- Formatting only
1/1/2025	Health Care Services	Reinstated
1/1/2025	Health Care Services	Discontinued
8/1/2024	Health Care Services	Reviewed
1/1/2024	Health Care Services	Revised
8/1/2023	Health Care Services	Reviewed
8/1/2022	Health Care Services	Reviewed
9/1/2021	Health Care Services	Revised
10/1/2020	Health Care Services	Reviewed
12/1/2019	Medical Management	Revised
1/1/2019	Medical Management	Reviewed
2/1/2018	Medical Management	Reviewed
3/1/2017	Medical Management	Revised
3/1/2016	Medical Management	Revised
4/1/2015	Medical Management	Revised
2/1/2014	Medical Management	Revised