

## 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)

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N/A

**Applicable to Vendors?** Yes  No

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### Purpose and Applicability:

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

## Policy:

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### Commercial and Self-Funded:

**Cold Therapy Devices** are considered not reasonable and necessary, therefore deemed not medically necessary.

Scalp cooling devices are not considered medically necessary.

### 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.

Scalp cooling devices are not considered medically necessary.

### 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 including scalp cooling devices.

### 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 above.

**Pre-Authorization Required?** Yes  No

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Pre-authorization is required for this service.

## Definitions

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**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

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### 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: Nonpharmacologic and pharmacologic treatment. In: Up-to-date, Post TW (Ed), Up-to-date, Waltham, MA. (Accessed on June 2, 2022.)

Hayes Inc. Comparative Effectiveness Review Cold Compression Therapy for Patients Undergoing Total Knee Arthroplasty. Lansdale, PA: March 2019.

Hayes Inc. Health Technology Assessment Cold Compression Therapy for Patients Undergoing Orthopedic Procedures to Major Joints (Other than Knee). Lansdale, PA: 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&areald=s65&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1> Accessed May 17, 2023

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=%26dash%3b-&Cntrctr=389\\*1&KeyWord=cold&KeyWordLookUp=Title&KeyWordSearchType=Exact&kq=true&bc=EAAABAAAAAA&](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=%26dash%3b-&Cntrctr=389*1&KeyWord=cold&KeyWordLookUp=Title&KeyWordSearchType=Exact&kq=true&bc=EAAABAAAAAA&) Accessed May 17, 2023

***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

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Signature / Approval on File? Yes  No

Revision Date	Owner	Notes
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