Medical Policy



Heating Pad

Description

A standard electric heating pad (E0210) is a flexible device containing electric resistive elements producing heat. It must have a fabric cover. It must have a timing device for automatic shut-off. It may include heat-retaining material (e.g., gel, fluid, vegetable matter). If so, the heat retaining materials must be contained in an enclosed pouch or bag in or around the heating elements. The heating pad must be certified by Underwriters Laboratories. A heating pad that includes a cover or other element that utilizes water vapor (humidity) drawn from the air to create moisture when heated is billed using this code.

A moist electric heating pad (E0215) is a flexible device containing electric resistive elements producing heat. It must have a fabric cover. It must have a timing device for automatic shut-off. It must have a component that absorbs and retains liquid water. The water containing element must be protected from contact with the electrical components and the water must be in direct contact with the skin on application. The heating pad must be certified by Underwriters Laboratories. A cover or other element that utilizes water vapor (humidity) drawn from the air to create moisture when heated does not meet the definition of this code. Water must be added to the device to meet the description of this code.

A water circulating heat pad with pump (E0217) is a flexible pad containing a series of channels through which water is circulated by means of an electrical pumping mechanism. The water is heated in an external reservoir. The pump, pad, and all accessories needed for the pad to be functional are included in the code. The device must be certified by Underwriters Laboratories.

A hydrocollator unit (E0225, E0239) is a container which is filled with water and then heated. Bags of silicone dioxide or other material are placed in the heated water. These packs/pads are then applied to the body part over towels. They are used to heat the body part prior to physical therapy.

Code E0249 is a durable replacement pad used with a water circulating heat pump system (E0217). It is made of rubber, heavy plastic, or durable fabric. It can be cleaned and is designed for long term use. A replacement pad made of other material that is designed for shorter term use must be billed using code A9999 (Miscellaneous DME supply or accessory, not otherwise specified).

Heating pads that do not meet the coding criteria described above for E0210, E0215 or E0217 must be billed with code E1399.

Policy

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A **standard electric heating pad** is **reasonable and necessary** to relieve certain types of pain, decrease joint and soft tissue stiffness, relax muscles, or reduce inflammation.

Policy Guidelines

The equipment must be prescribed by the member's treating physician.

A heating pad is not reasonable and necessary to treat pain due to peripheral neuropathy, including but not limited to diabetic neuropathy.

It has not been established that a moist electric heating pad or water circulating heat pad with pump is reasonable and necessary compared to a standard electric heating pad; therefore, it is considered not reasonable and necessary.

The safety and effectiveness of using a heat lamp (E0200, E0205) in the home setting is not established and are therefore considered not reasonable and necessary.

HCPCS Level II Codes and Description

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
E0221	Infrared heating pad system
E0225	Hydrocollator unit, includes pads
A4639	Replacement pad for infrared heating pad system, each
E0236	Pump for water circulating pad
E0238	Non-electric heat pad, moist
E0249	Pad for water circulating heat unit, for replacement only

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.



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Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; October 2015.

National Government Services, Inc. Jurisdiction B DME MAC, Heating Pads and Heating Lamps. Local Coverage Determination No. L33784; revised date January 1, 2020; Accessed 11-4-2020.

Noridian Healthcare Solutions, LLC. Heating Pads and Heating Lamps. Local Coverage Determination No. L33784. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised January 1, 2020. Reviewed November 4, 2020.

Applicable URAC Standard

Core 8	Staff operational tools and support

Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:

Medical Policy



Heating Pad

A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01	July2007	Information in the Sources of Information and Basis for Decision area was removed. Items remain non-covered.	Susan Glomb	Ken Fasse		
02		Annual Review	Susan Glomb	Ken Fasse	Dec.2008	
03	12-22-09	Annual Review/no changes	Susan Glomb	Ken Fasse	Dec.2009	
04	01-05-10	E0249 narrative changed to Pad for water circulating heat unit, for replacement only.	Susan Glomb	Ken Fasse		
05	12-01-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
06	05-05-11	Policy updated to reflect current Medicare policy.	Susan Glomb	Dr. B. Almasri		
07	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
08	11-08-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
09	11-29-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
10	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
11	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
12	12-7-15	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	12-7-15	

13	12-02-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
14	12-8-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017	
15	12-01-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	December 2018	
16	11-18-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2019	11-18-19
17	11-4-2020	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2020	