

## Medical Policy



### Cold Pad/Cold Pressure Therapy

#### Description

A cold pad/cold pressure therapy keeps cold pressure in place where it is applied to reduce swelling and soothe pain.

#### Policy Guidelines

##### Medicare Member Coverage Criteria:

Refer to Medicare's medical policy (L33735) and article (A52460) for coverage criteria.

##### Non-Medicare Member Coverage Criteria:

Cold pad/cold pressure therapy describes a device in which ice water is put in a reservoir and then circulated through a pad by means of gravity. This device is not considered reasonable and necessary due to the availability of more conservative treatments.

Other devices (not all-inclusive) which are also NOT considered to be primarily medical in nature or DME are: single use packs which generate cold temperature by a chemical reaction; packs which contain gel or other material which can be repeatedly frozen; simple containers into which ice water can be placed.

#### HCPCS Level II Codes and Description

A9273	Hot Water bottle, ice cap or collar, heat and//or cold wrap, any type
E0218	Fluid circulating cold pad with pump, any type
E0236	Pump for water circulating pad

#### 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.

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.

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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 practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local coverage Determinations (LCD), as applicable.

### References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.

National Government Services, Inc. Jurisdiction B DME MAC, Cold Therapy. Local Coverage Determination No. L33735; Last accessed/reviewed November 7, 2024.

National Heritage Insurance Company (NHIC), Cold Therapy. Local Coverage Determination No. L33735. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Chico, CA: NHIC; revised October 1, 2015.

### Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	

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01	08-2007	Added electronic controlled therapy	Rosanne Brugnoni	Ken Fasse	n/a	
02		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008	
03	12-22-09	Annual Review- No changes	Susan Glomb	Ken Fasse	Dec.2009	
04	11-19-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Nov.2010	
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
06	11-16-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
07	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
08	11-28-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Nov 12	
09	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
10	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	12-11-15	Annual Review. Updated Medicare reference number.	Lisa Wojno	Dr. B. Almasri		
12	11-21-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
13	11-13-17	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 2017	

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14	11-14-18	Annual Review. Updated HCPCS codes as applicable.	Lisa Wojno	Dr. C. Lerchin	November 2018	
15	11-11-19	Annual Review. Revised E0218 description.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019
16	11-6-20	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 6, 2020	November 6, 2020
17	11-16-21	Annual changes. Added NCD/LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 16, 2021	11-16-21
18	11-4-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-4-22	11-4-22
19	11-7-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-7-23	11-7-23
20	11-7-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-7-24	11-7-24