

Medical Policy



An Independent Licensee of the
Blue Cross and Blue Shield Association.

Title: Equipment for Cold Therapy

Professional

Original Effective Date: July 1, 2004

Revision Date(s):

Current Effective Date: July 1, 2004

Institutional

Original Effective Date: August 1, 2005

Revision Date(s):

Current Effective Date: August 1, 2005

DESCRIPTION

Cold and/or compression therapy following surgery or musculoskeletal and soft tissue injury has long been accepted in the medical field as an effective tool for reducing inflammation, pain, and swelling. Ice packs are commonly used. In addition, a variety of continuous cooling devices are commercially available and can be broadly subdivided into those providing passive cold therapy, and those providing active cold therapy using a mechanical device (e.g. Cryo/Cuff™, AutoChill® system, Polar Care Cub, Cryotherapy Cold Water Therapy System, ArcticFlow Cold therapy system, Versa-Cool™, OPTI-ICE™, Cold Therapy System).

POLICY

Ice packs and cooling devices including water circulating pads and pumps for cold therapy is a covered service for the facility but not separately billable. This guideline reflects existing hospital billing practices. If billed by an ambulatory surgery center (ASC), the charges will be denied as content of service.

Ice packs and cooling devices including water circulating pads and pumps for cold therapy are considered patient convenience for home use and denied not covered.

CODING

CPT/HCPCS

E0218 Water circulating cold pad with pump

E0236 Pump for water circulating pad

DIAGNOSIS

These diagnoses are otherwise subject to medical policy as stated above

None

REFERENCES

Determined by the Orthopedic (01-07-04) Liaison committee and approved by the Medical Advisory Committee in April 2004.