

Policy: MP155

Section: Medical Benefit Policy

Subject: Cooling Devices for Joint Surgery or Injury

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Cooling Devices for Joint Surgery or Injury

II. Purpose/Objective:

To provide a policy of coverage regarding Cooling Devices for Joint Surgery or Injury

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

Cooling devices, both passive and active, for use after joint surgery or injury are devices through which fluid flows into a blanket or cuff, providing cooling to an affected area. Passive devices (e.g.; Cryocuff, Polar Care Cub, etc.) utilize an insulated jug filled with cold water attached to a cuff. The cooled water is circulated by gravity by raising and lowering the jug. Active units (e.g. AutoChill, Game Ready, etc) utilize a motorized pump to circulate the cold water and may also incorporate a heating/refrigeration unit and provide pneumatic compression.

MEDICARE BUSINESS SEGMENT

Cold therapy devices are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met.

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- SWO
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

A fluid circulating cold pad with pump (E0218) will be denied as not reasonable and necessary.

EXCLUSIONS:

Unless mandated, there is insufficient evidence in the published, peer-reviewed medical literature to support that active or passive cooling devices when used to control swelling, edema, hematoma, hemarthrosis and pain provide any additional benefit over conventional ice packs. These devices are considered convenience items, and therefore are **NOT COVERED**.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Cooling Devices

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

HCPCS/CPT Codes

E0218 Water circulating cold pad with pump
E0236 Pump for water circulating pad
E0249 Pad for water circulating heat unit.
E1399 Durable medical Equipment, miscellaneous
A9270 Non-covered item or service

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL.

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Hayes Inc. Online, Hayes Alert. Gravity-controlled cold therapy devices for musculoskeletal and postoperative orthopedic trauma. Vol. VII, No. 9. Sept. 2004.

Noridian DMERC A, LCD L33735 Cold Therapy

Noridian DMERC A, Cold Therapy – Policy Article A52460 Cold Therapy

Scarcella JB, Cohn BT. The effect of cold therapy on the postoperative course of total hip and knee arthroplasty patients. *Am J Orthop*. 1995 Nov;24(11):847-852.

Barber FA. A comparison of crushed ice and continuous flow cold therapy. *Am J Knee Surg*. 2000 Spring 13(2):97-101.

Barber FA, McGuire DA, Click S. Continuous-flow cold therapy for outpatient anterior cruciate ligament reconstruction. *Arthroscopy* 1998 Mar;14(2):130-135.

Cohn BT, Draeger RI, Jackson DW. The effect of cold therapy in the postoperative management of pain in patients undergoing anterior cruciate ligament reconstruction. *Am J Sports Med*. 1989 May-Jun;17(3):344-349.

Ivey M, Johnston RV, Uchida T. Cryotherapy for postoperative pain relief following knee arthroplasty. *J Arthroplasty* 1994 Jun;9(3):285-290.

Leutz DW, Harris H. Continuous cold therapy in total knee arthroplasty. *Am J Knee Surg*. 1995 Fall;8(4):121-123.

Daniel DM, Stone ML, Arendt DL. The effect of cold therapy on pain, swelling, and range of motion after anterior cruciate ligament reconstructive surgery. *Arthroscopy* 1994 Oct;10(5):530-533.

Morsi E. Continuous flow cold therapy after total knee arthroplasty. *J Arthroplasty*. 2002 Sept;17(6):718-722.

Singh H, Osbahar DC, Holovacs TF, Cawley PW, Speer KP. The efficacy of continuous cryotherapy on the postoperative shoulder: a prospective, randomized investigation. *J Shoulder Elbow Surg* 2001 Nov-Dec;10(6):522-555.

Edwards DJ, Rimmer M, Keene GC. The use of cold therapy in the postoperative management of patients undergoing arthroscopic anterior cruciate ligament reconstruction. *Am J Sports Med* 1996 Mar-Apr;24(2):193-195.

Konrath GA, Lock T, Goitz HT, Scheidler J. The use of cold therapy after anterior cruciate ligament reconstruction. A prospective, randomized study and literature review. *Am J Sports Med* 1996 Sep-Oct;24(5):629-633.

Smith J, Stevens J, Taylor M, Tibbey J. A randomized, controlled trial comparing compression bandaging and cold therapy in postoperative total knee replacement surgery. *Orthop Nurs* 2002 mar-Apr;21(2):61-66.

ECRI (HTAIS-Hotline) Gravity-Controlled Cold Therapy Devices for Musculoskeletal, Post-operative and Orthopedic trauma. Current as of July 29, 2005.

Saito N, Horiuchi H, Kobayashi S, Nawata M, Takaoka K. Continuous local cooling for pain relief following total hip arthroplasty. *J Arthroplasty*. 2004 Apr;19(3):334-7.

Holmstrom A, Hardin BC. Cryo/Cuff compared to epidural anesthesia after knee unicompartmental arthroplasty: a prospective, randomized and controlled study of 60 patients with a 6-week follow-up. *J arthroplasty*. 2005 Apr; 20(3):316-21.

ECRI Hotline Response (ONLINE) Gravity-Controlled Cold Therapy Devices for Musculoskeletal, Postoperative and Orthopedic Trauma. ECRI Current as of September 11, 2006.

ECRI Hotline Response (ONLINE) Combined Cooling and Compression Devices for Musculoskeletal, Postoperative and Orthopedic Trauma. ECRI. Current as of November 13, 2006

Hayes Inc. Online. Health Technology Brief. Cold Compression Therapy for Orthopedic Conditions. December 5, 2012

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; 135(10):1405-1410

Gatewood CT, Tran AA, Dragoo JL. The efficacy of post-operative devices following knee arthroscopic surgery: a systematic review. Knee Surg Sports Traumatol Arthrosc. Feb 2017;25(2):501-516.

Ruffilli A, Castagnini F, Traina F, et al. Temperature-controlled continuous cold flow device after total knee arthroplasty: a randomized controlled trial study. J Knee Surg. Sep 2017;30(7):675-681.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 4/05

Revised: 4/06(references); 4/07, 1/13, 12/22 (clarify Medicare coverage)

Reviewed: 4/08, 4/09, 10/10, 10/11, 10/12, 1/14, 1/15, 1/16, 1/17, 12/17, 12/18, 12/19, 12/20, 12/21

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.