COVERAGE:

A device in which ice water is put in a reservoir and then circulated through a pad by means of gravity is not considered durable medical equipment (DME) and is not medically necessary as it is considered a convenience item.

Water circulating cold pads (i.e., Polar Care Pads) or a Cryogenic machine attached to an insulated disposable blanket or similar products are not medically necessary. These products are considered convenience items since the same outcome can be achieved with over the counter cold packs.

Cold Packs (which are not considered to be DME and can be purchased over the counter without a prescription) are non-covered and include:

- single use packs which generate cold temperature by a chemical reaction,
- packs which contain gel or other material which can be repeatedly frozen, or
- simple containers into which ice water can be placed.

Note: Most contracts have exclusions for supplies that can be purchased over the counter without a prescription.

DESCRIPTION:

COLD THERAPY is used for the following:

- post-operatively (i.e. after total knee replacement or hip arthroplasty or anterior cruciate ligament repair),
- immediately following injury,
- before or after physical therapy sessions, or
- for typical athletic cold therapy sessions in order to lower skin temperature and reduce swelling thus decrease bleeding and possibly reduce pain medication requirements.

Methods of administering cold therapy include:

- Cryogenic Machines attached to insulated blankets, and
- Water circulating cold pads (i.e., Polar Care Cold Therapy), or
- Cold packs (ice, gel, chemical, etc.).
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_____________________________________________________________________________
Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company*
Southwest Texas HMO, Inc.* d/b/a HMO Blue® Texas
* Independent Licensees of the Blue Cross and Blue Shield Association

RATIONALE:

Convenience items are items that are primarily used for the convenience of the patient.

PRICING:

None

REFERENCES:

• American Journal of Knee Surgery, Fall 1995, 8(4): 121-3; “Continuous cold therapy in total knee arthroplasty.”
• The American Journal of Sports Medicine,
• Palmetto GBA, DMERC, Medical Policy: Cold Therapy, Spring 2003 Revision, pages 1-6.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other
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general polices and procedures.