Subject: Cryotherapy with Cold Compression Devices*

Effective Date: March 22, 2005

Department(s): Utilization Management

Policy: Topical cold therapy (cryotherapy) is reimbursable under Plans administered by QualCare, Inc.

Objective: To provide proper and consistent reimbursement and to delineate circumstances under which a specified type of durable medical equipment is medically necessary.

Procedure:

- The use of passive cold compression units (e.g., AirCast CryoCuff, Polar Care Cub) is considered medically necessary in circumstances that include, but are not limited to, the following:
  - Acute limb trauma
  - Post-operative musculoskeletal surgery

- Purchase of these units is reimbursable for use in the home exercise therapy setting. In a physical therapy facility the cost of the unit is global to the physical therapy regimen.

- Cold therapy units that employ mechanical pumps and refrigerators or electronic controlled thermal therapy (e.g., Arctic Ice, Iceman, AutoChill, Game Ready, HCPCS E0218, E0236) are not reimbursable as their advantage over passive systems is unproven.
References


Thienpont E. Does advanced cryotherapy reduce pain and narcotic consumption after knee arthroplasty? Orthop Relat Res. 2014;472(11):3417-23(Nov)


Ivins D. Acute Ankle Sprain: An Update: Am Fam Physician 2006;74(0):Nov 15

McGuire DA, Hendricks SD. Incidences of frostbite in arthroscopic knee surgery postoperative cryotherapy rehabilitation. Arthroscopy 2006;22(10):1141e.1-e.6 (Oct)


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


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*