



Subject: Cryotherapy with Cold Compression Devices*

Effective Date: March 22, 2005

Department(s): Utilization Management

Policy: Passive 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.

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