

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Cryotherapy (Cold Therapy) Devices
Policy Number	1.01.21
Category	Contract Clarification
Original Effective Date	09/16/99
Committee Approval Date	02/01/01, 06/27/02, 06/26/03, 05/27/04, 04/27/06, 04/26/07, 04/24/08, 04/23/09, 04/29/10, 06/24/11, 06/28/12
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Product Disclaimer	<ul style="list-style-type: none"> • <i>Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i> • <i>If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</i> • <i>If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</i> • <i>If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i> • <i>If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</i>

POLICY STATEMENT

Based upon our criteria and assessment of the peer-reviewed literature, the use of active or passive cryotherapy devices has not been medically proven to be effective and, therefore, is considered **not medically necessary** for any indication.

DESCRIPTION

Cryotherapy or “cold therapy” refers to the placement of cold packs or compresses to promote comfort while helping to prevent inflammation and swelling. The devices can provide either passive or active cooling. Passive cooling devices are usually garments such as vests or cuffs, in which ice water can be circulated and compression controlled by the use of a hand pump, or which use gravity. Some types of passive cooling devices can be fitted with a mechanical pump, which allows the temperature of the circulating water to be maintained at a more constant temperature (e.g., Cryo/Cuff). Active cooling devices have separate pumps that combine focal compression with cold to provide optimal control of swelling, edema, hematoma, hemarthrosis, and pain (e.g., Game Ready). In 2022, the U.S. Food and Drug Administration (FDA) awarded breakthrough device designation to the Cooral System (for oral mucositis prevention). The Cooral System is an invasive medical device to cool the inside of the mouth during chemotherapy cancer treatment. The system is intended to reduce the likelihood and the severity of oral mucositis. There is a scarcity of literature (few vendor sponsored studies) available regarding the effectiveness of cryotherapy for the prevention of mucositis; therefore, conclusions cannot be drawn on the net health benefit.

RATIONALE

The majority of the published randomized studies of cooling devices failed to adequately describe the cooling regimens or include the relevant control group of standard ice pack treatment. When cooling devices and ice packs were used with the same regimen, no differences in health outcomes were observed. Currently the available evidence is insufficient to determine whether continuous cooling with these devices results in improved health outcomes when compared to usual ice pack exchange in the home environment. As the available scientific literature is insufficient to document that the use

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of passive cooling systems is associated with a benefit beyond convenience; these devices are considered not medically necessary.

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).

CPT Codes

Code	Description
0662T (NMN)	Scalp cooling, mechanical; initial measurement and calibration of cap
0663T (NMN)	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)
0881T (NMN)	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device (effective 07/01/2024)

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HCPCS Codes

Code	Description
E0218	Fluid circulating cold pad with pump, any type
E0236	Pump for water circulating pad

ICD10 Codes

Code	Description
M17.0-M17.9	Osteoarthritis of knee (code range)
M23.50	Chronic instability of knee, unspecified knee
Several codes	

REFERENCES

*Adie S, et al. Cryotherapy after total knee arthroplasty. A systematic review and meta-analysis of randomized controlled trials. The Journal of Arthroplasty 2010 Aug;25(5):709-715.

Kunkle BF, et al. Orthopaedic application of cryotherapy: a comprehensive review of the history, basic science, methods, and clinical effectiveness. JBSJ Rev 2021 Jan;9(1):e20.00016.

*Meyer-Marcotty M, et al. Standardized combined cryotherapy and compression using Cryo/Cuff after wrist arthroscopy. Knee Surg Sports Traumatol Arthrosc 2011 Feb;19(2):314-319.

*Mora S, et al. The role of pulsatile cold compression in edema resolution following ankle fractures: a randomized clinical trial. Foot Ankle Internat 2002 Nov;23(11):999-1002.

*Osborne DC, et al. The effect of continuous cryotherapy on glenohumeral joint and subacromial space temperatures in the postoperative shoulder. Arthroscopy 2002 Sep;18(7):748-754.

*Singh H, et al. The effects of continuous cryotherapy on the postoperative shoulder: a prospective, randomized investigation. J Shoulder Elbow Surg 2001 Nov-Dec;10(6):522-555.

*Torres R, et al. Evidence of the physiotherapeutic interventions used currently after exercise-induced muscle damage: systematic review and meta-analysis. Phys Ther Sport 2012 May;13(2):101-114.

*Woolf SK., et al. Comparison of a continuous temperature-controlled cryotherapy device to a simple icing regimen following outpatient knee arthroscopy. J Knee Surg 2008;21(1):15-19.

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*Key Article

KEY WORDS

Cold therapy, Cryotherapy, Game Ready, Ice therapy

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Cold Therapy (L33735). Please refer to the following LCD website for Medicare Members:

[accessed 05/29/24.](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33735&ContrId=389&ver=19&ContrVer=1&CtrctrSelected=389*1&Ctrctr=389&s=41&DocType=1&bc=AAQAAAIAAAA&)