

MEDICAL POLICY	Cold Therapy and Cooling Devices in the Home Setting (Medicare Only)
Effective Date: 2/1/2022  2/1/2022	Medical Policy Number: 513 Medical Policy Committee Approved Date: 12/2021
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Cold therapy and cooling devices</i>	<ul style="list-style-type: none"> For E0218: Local Coverage Determination (LCD): Cold Therapy (L33735) For A9273 and E0236: LCD: Heating Pads and Heat Lamps (L33784) <i>(While this LCD is specific to heating devices, relevant codes may be used for either heat or cold and the noted non-coverage found in this LCD applies to both uses.)</i>
<i>Scalp cooling during chemotherapy to prevent hair loss</i>	National Coverage Determination (NCD): Scalp Hypothermia During Chemotherapy to Prevent Hair Loss (110.6)

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POLICY GUIDELINES

Cold therapy includes items such as cold packs, cool jackets, ice packs, ice collars, ice/cooling wraps, and water circulating cold pad with pump (e.g., Polar Units).

In addition to being reasonable and necessary to treat or diagnosis a medical condition (*Social Security Act §1862(a)(1)(A)*), Medicare defines durable medical equipment (DME) as equipment which:^{1,2}

- Can withstand repeated use; and
- Is primarily and customarily used to serve a medical purpose; and
- Generally is not useful to a person in the absence of an illness or injury; and
- Is appropriate for use in the home; and
- Has an expected life of at least 3 years (for items classified as DME after January 1, 2012).

Cold therapy devices do not meet the definition of DME under Medicare and therefore, are not covered.

BILLING GUIDELINES

See the associated local coverage article (LCA) for additional billing and coding guidance, including direction regarding what types of devices may be reported with specific HCPCS codes:

- LCA: Cold Therapy - Policy Article ([A52460](#))
- LCA: Heating Pads and Heat Lamps - Policy Article ([A52502](#))

Note: Use of passive or active cooling devices or cold therapy in a facility, such as a hospital or ambulatory care center, is not separately reimbursable.

Category III codes 0662T and 0663T were new codes, effective July 1, 2021. Under NCD 110.6, a scalp cooling cap itself is classified as an incident to supply to a physician service and thus would not be paid separately under the OPPS; however, due to substantial resource costs associated with calibration and fitting of the cap, for 2022 Medicare has proposed to reassign codes 0662T and 0663T to New Technology APC 1520, reported once per course of chemotherapy. This new classification would possibly allow for reimbursement to cancer centers providing DigniCap to chemotherapy patients.³

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)

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Not Covered	
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type
E0218	Water circulating cold pad with pump, any type
E0236	Pump for water circulating pad
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be denied as not covered .	
E1399	Durable medical equipment, miscellaneous

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. National Coverage Determination (NCD): Durable Medical Equipment Reference List (280.1); Available at: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190&ncdver=2&bc=0>
2. Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, §110.1 - Definition of Durable Medical Equipment; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>

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- 3. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model; Dated: 11/16/2021; Available at:
<https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf>