

Cold and Heat Therapy Devices



Medicaid Medical Coverage Policy

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Description

Cold and heat therapy devices are frequently used in post-surgical and injury care to manage pain, reduce swelling and support recovery. **Cold therapy**, often used with compression, reduces tissue temperature and causes vasoconstriction to relieve pain, decrease swelling, lessen muscle spasm and control inflammation. **Heat therapy**, indicated for joint pain and muscle spasms, works by dilating blood vessels and easing painful stiffness in the soft tissues surrounding an injury, thereby improving comfort and mobility. Cold and heat therapy devices employ either active or passive mechanisms to deliver thermal energy (heat or cold) to a specific treatment area and may incorporate compression depending on the device.

Active Device Systems

Active heating and cooling therapy devices utilize powered mechanisms including electric motors, mechanical or pneumatic pumps and battery-operated systems to actively regulate and deliver heat and/or cold to the treatment area. These devices may provide features like precise temperature control, automatic cycling and intermittent pneumatic compression. Examples include electric heating pads and lamps, circulating cold therapy machines and devices capable of alternating heat and cold.

Examples of **active cooling/heating devices with or without compression** include, but may not be limited to:

- AirCast Cryo/Cuff IC Cooler System
- BioCryo Cold Compression System
- DonJoy IceMan Clear3 Cold Therapy System and DonJoy Iceman Classic3 Cold Therapy Unit
- Game Ready GRPRO 2.1
- Polar Care Cube, Polar Care Glacier and Polar Care Kodiak Cold Therapy Systems
- Polar Care Wave
- ThermoComp Cold Therapy
- ThermoComp Compression Therapy and VPulse
- ThermoComp Contrast Therapy
- VascuTherm 5
- VitalWrap System
- Zynex CryoHeat

Specialized Cold Therapy Device Systems

In addition to general post-surgical and rehabilitative applications, cold therapy devices may be utilized for specialty purposes. Examples include, but may not be limited to:

The **Ebb CoolDrift Versa** (formerly Cereve Sleep System) was granted US Food & Drug Administration (FDA) approval as a purported method for the treatment of insomnia. The system is a cooling device comprised of 3 components: the bedside unit, the forehead pad and headgear. The device pumps chilled fluid through the forehead pad, at individually selectable temperatures.

The **VibraCool Cryovibration** system, promoted as a treatment for joint or muscle pain, plantar fasciitis or tendonitis, consists of a vibration unit with specially designed ice packs, secured via an adjustable neoprene strap. The high-frequency vibration is purported to massage muscles and improve blood flow while the ice decreases pain, swelling and inflammation.

Coverage Determination

There are no covered indications; refer to Coverage Limitations Section.

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **any devices providing the following types of therapy:**

- Active cold therapy; **OR**
- Active heat therapy; **OR**
- Cold therapy with vibration (VibraCool Cryovibration System); **OR**
- Combination cold and heat therapy; **OR**
- Combination cold therapy and compression

Therapy administered with these devices has not been proven to be any more efficacious than traditional delivery of cold/heat (eg, ice packs, hot water bottles, warm compresses) and therefore these devices are considered not medically necessary.

A review of the current medical literature shows that the **evidence is insufficient** to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefits and long-term clinical outcomes establishing the value of these devices in clinical management.

Humana members may **NOT** be eligible under the Plan for the **Ebb CoolDrift Versa** for the treatment of insomnia. Although it may be prescribed by a health care practitioner, the **Ebb CoolDrift Versa** is also available without a prescription and may be obtained over-the-counter (OTC).

A review of the current medical literature shows that there is **no evidence** to determine that this device is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefits and long-term clinical outcomes establishing the value of this device in clinical management.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description
No code(s) identified	
CPT® Category III Code(s)	Description
No code(s) identified	
HCPCS Code(s)	Description
E0217	Water circulating heat pad with pump
E0225	Hydrocollator unit, includes pads
E0236	Pump for water circulating pad
E0239	Hydrocollator unit, portable

References

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Change Summary

01/01/2025 New Policy.

10/07/2025 Annual Review, Coverage Change. Title Change. Updated Coding Information