

Cold Therapy

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

National Coverage Determination Policy	None
Local Coverage Determination Policy	J-B/C
Effective Date	For services performed on or after 01/02/11
Review/Revision Date	01/19, 10/18, 05/2018, 12/06/17, 04/01/2017, 01/02/16, 05/01/14, 01/02/11
The Health Plan	Plans will follow Coverage determination posted on CGS website unless otherwise indicated in sections of this policy , contractual agreements, or benefit plan documents

DESCRIPTION

The local or general use of low temperatures in medical therapy.

NONCOVERAGE STATEMENT

A water circulating cold pad with pump (E0218) will be denied as not reasonable and necessary under ALL lines of business, including Mountain Health Trust.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
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HCPCS CODES

A9270	NONCOVERED ITEM OR SERVICE
A9273	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR CODE WRAP, ANY TYPE
E2018	FLUID CIRCULATING COLD PAD WITH PUMP
E1399	

There are no diagnoses or ICD-10 codes that support medical necessity.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

MEDICARE DEFINITIONS AND DESCRIPTION

A device in which fluid is put in a reservoir and then circulated through a pad by means of gravity is not considered DME. Other devices (not all-inclusive) which are also not considered to be DME are: single-use packs which generate cold temperature by a chemical reaction; packs which contain gel or other material

and can be repeatedly frozen; simple containers into which cold fluid can be placed. All of these types of devices must be coded **A9270** if claims are submitted.

Code **E0218** describes a device which has an electric pump that circulates cold fluid through a pad.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for enteral product classification list.

dmepdac.com/

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INTERNET LINKS AND SOURCES

National Government Services Local Coverage Determination Policy. Cold Therapy LCD L27213 and Article A47024. Internet Website. Last accessed: 10/25/18 Retrieved from: ngsmedicare.com

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last accessed 10/25/18 Retrieved from: <https://www.dmepdac.com/dmecsapp/>

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 10/25/18

Retrieved from: dhhr.wv.gov/bms/Pages/default.aspx

Face-to-Face Examination and Prescription Requirements Prior to the Delivery of Certain DME Items Specified in the Affordable Care Act DME MAC Joint Publication. Posted February 20, 2014. Last accessed 10/25/18 Retrieved from:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/downloads/face-to-face-requirement-powerpoint.pdf>

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11

CMS.gov. Centers for Medicare and Medicaid services. Internet website. Last accessed 10/25/18

Retrieved from : [https://www.cms.gov/medicare-coverage-database/indexes/lcd-list.aspx?Cntrctr=140&name=CGS%20Administrators,%20LLC%20\(18003,%20DME%20MAC\)&DocType=Active&ContrVer=2&CntrctrSelected=140*2&LCntrctr=140*2&bc=AgACAAIAAAAAAA%3d%3d&#ResultsAnchor](https://www.cms.gov/medicare-coverage-database/indexes/lcd-list.aspx?Cntrctr=140&name=CGS%20Administrators,%20LLC%20(18003,%20DME%20MAC)&DocType=Active&ContrVer=2&CntrctrSelected=140*2&LCntrctr=140*2&bc=AgACAAIAAAAAAA%3d%3d&#ResultsAnchor)