

Heating Pads, Pump, Heat Lamps, and Paraffin

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.

Heating pads and circulating systems (E0210, E0215, E0217, and E0249) require precertification.

National Coverage Determination Policy	CMS Manual System, Pub. 100-3, Medicare National Coverage Determination Manual, Chapter 1, Section 280.1
Local Coverage Determination Policy	J- B/C
Effective Date	For services performed on or after 10/31/13
Revision/Review Date	02/19, 10/18, 06/04/2018, 04/01/2017, 01/01/16
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.

DESCRIPTION HEATING PADS AND HEAT LAMP:

A heating pad is a flexible, fabric-covered pad containing insulated electrical heating elements for applying heat, especially to the body.

Heat lamps warm tissues by conversion (i.e., by converting radiant energy to heat). Heat lamps often use 250 watt incandescent bulbs and are usually placed about 40 to 50 cm from the patient.

COVERAGE GUIDELINES

A standard electric heating pad (E0210) is covered to relieve certain types of pain, decrease joint and soft tissue stiffness, relax muscles, or reduce inflammation. **Covered for Medicare lines of business only.** Will need medical documentation showing an over the counter heating pad or one of the items not covered below is inadequate.

NONCOVERAGE STATEMENT

A heating pad is not reasonable and necessary to treat pain due to peripheral neuropathy, including but not limited to diabetic neuropathy.

It has not been established that a moist electric heating pad (E0215) or water circulating heat pad with pump (E0217) is reasonable and necessary compared to a standard electric heating pad (E0210); therefore, if code E0215 or E0217 is provided it will be denied as not reasonable and necessary.

Heating pads that do not meet the definitions listed in the coding guidelines section below or that are billed with code E1399 will be denied as not covered.

Because a water circulating heating pad system is not medically necessary, a replacement pump (E0236) or pad (E0249, A9999) will be denied as not covered.

The safety and effectiveness of using a heat lamp (E0200, E0205) in the home setting is not established. Claims for these items will be denied as not covered.

A non-electric heating pad or wrap (A9273) does not meet the definition of durable medical equipment (DME) and will be denied as noncovered.

Hydrocollator units (E0225, E0239) are considered institutional equipment and will be denied as noncovered.

Other devices The Health Plan considers to be institutional in nature and not considered appropriate for home use are the following:

1. Microwave diathermy devices
2. Short-wave diathermy devices
3. Ultrasound devices

NOTE: The following heating devices do not meet Medicare's definition of DME because they are not primarily medical in nature and are normally used in the absence of illness or injury, therefore The Health Plan will deny as noncovered:

1. Heat and massage foam cushion pads
2. Hot water bottles

3. Portable room heaters

PARAFFIN BATHS

DESCRIPTION

Paraffin baths consists of a container filled with approximately a 1:7 mixture of mineral oil and paraffin maintained at 52°C to 54°C. The patient may either continuously immerse the treated part for 20 to 30 minutes, or may repetitively dip and remove the treated area from the paraffin.

COVERAGE GUIDELINES

The Health Plan considers portable paraffin baths (E0235) medically necessary DME for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by the long-term use of this modality.

NONCOVERAGE STATEMENT

Standard (nonportable) paraffin baths are not considered appropriate for home use under any line of business.

CODING INFORMATION

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

A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT
E0210	ELECTRIC HEAT PAD, STANDARD
E0215	ELECTRIC HEAT PAD, MOIST
E0217	WATER CIRCULATING HEAT PAD WITH PUMP
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS
E0235	PARAFFIN BATH UNIT- PORTABLE

E0236	PUMP FOR WATER CIRCULATING PAD
E0239	HYDROCOLLATOR UNIT, PORTABLE
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS

There are no specific diagnoses or ICD-10 codes that indicate 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.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Description of item. The medical record must contain the information that supports the request for each item and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
 - d. Order must include diagnosis code
 - e. Physician signature with date. Date stamps are not appropriate
 - f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request, usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Precertification is required when supplies used are greater than the usual maximum quantity listed in above. There must be adequate, clear documentation in the medical record corroborating the medical necessity of this amount. This documentation is to be submitted with precertification.

There must be documentation in the patient's medical record of the condition for which the heating device is being ordered. This must include appropriate history, including other therapeutic modalities that have been used, and physical examination. This information must be available upon request.

ITEM PROVIDED TO MEMBER IN PART A COVERED STAY

Reimbursement for items included in this policy provided to a member while the member is covered in a Part A facility is based on specific contract information with the individual facility, and whether or not the device is intended for use while the member is in the facility.

Payment is included in the payment to a hospital or inpatient rehab if:

1. The item is provided to a patient during an inpatient hospital stay prior to the day of discharge; and
2. The patient uses the item for medically necessary inpatient treatment or rehabilitation.

A separate claim must not be submitted in this situation.

Reimbursement for an item provided while a member is in a skilled nursing facility receiving Part A services, will be reimbursed according to facility contracts.

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.

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 the appropriate product classification list. dmepdac.com/

MEDICARE DEFINITIONS AND DESCRIPTION

A standard electric heating pad (E0210) is a flexible device containing electric resistive elements producing heat. It must have a fabric cover to prevent burns. The maximum pad contact surface temperature must not exceed 105.8°F. It must have at least one temperature setting that is in the range of 95°F – 100.4°F. It must have a timing device for automatic shut-off. It may include heat-retaining material (e.g., gel, fluid, vegetable matter). If so, the heat retaining materials must be contained in an enclosed pouch or bag in or around the heating elements. A heating pad that includes a cover or other element that utilizes water vapor (humidity) drawn from the air to create moisture when heated is billed using this code.

A moist electric heating pad (E0215) is a flexible device containing electric resistive elements producing heat. It must have a fabric cover to prevent burns. The maximum pad contact surface temperature must not exceed 105.8°F. It must have at least one temperature setting that is in the range of 95°F – 100.4°F. It must have a timing device for automatic shut-off. It must have a component that absorbs and retains liquid water. The water containing element must be protected from contact with the electrical components and the water must be in direct contact with the skin on application. A cover or other element that utilizes water vapor (humidity) drawn from the air to create moisture when heated does not meet the definition of this code. Water must be added to the device to meet the description of this code.

A water circulating heat pad with pump (E0217) is a flexible pad containing a series of channels through which water is circulated by means of an electrical pumping mechanism. The water is heated in an external reservoir. The pump, pad, and all accessories needed for the pad to be functional are included in the code. The maximum pad contact surface temperature must not exceed 105.8°F. It must have at least one temperature setting that is in the range of 95°F – 100.4°F. It must have a timing device for automatic shut-off.

A hydrocollator unit (E0225, E0239) is a container which is filled with water and then heated. Bags of silicone dioxide or other material are placed in the heated water. These packs/pads are then applied to the body part over towels. They are used to heat the body part prior to physical therapy.

Code E0249 is a durable replacement pad used with a water circulating heat pump system (E0217). It is made of rubber, heavy plastic, or durable fabric. It can be cleaned and is designed for long-term use.

Heating pads that do not meet the coding criteria described above for E0210, E0215, or E0217 and must be billed with code E1399.

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INTERNET LINKS AND SOURCES

National Government Services Local Coverage Determination Policy. Heating Pads and Heat Lamps LCD L28399 and Article A47980. Last accessed 10/26/18. Retrieved from <http://ngsmedicare.com>

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

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 10/26/18. Retrieved from dhhr.wv.gov/bms/Pages/default.aspx

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