Active Water Circulation Pump with Cold Compression Pad
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Active Water Circulation Pump with Cold Compression Pad		
MNG #: 095	**☒SCO ☒One Care** **☒MA Medicare Premier** **☒MA Medicare Value** **☒RI Medicare Preferred** **☒RI Medicare Value** **☒RI Medicare Maximum**	**Prior Authorization Needed?** **☒Yes ☐No**
Clinical: ☒	**Operational: ☐**	**Informational: ☐**
Medicare Benefit: **☐ Yes ☒No**	**Approval Date:** 01/06/2022;	**Effective Date:** 05/07/2022;
Last Revised Date:	**Next Annual Review Date:** 01/06/2023;	**Retire Date:**

OVERVIEW:

The use of cryotherapy (cold therapy) and compression therapy have been standard practice in postoperative treatment for musculoskeletal and other surgery or injury to reduce edema and pain for a common duration of several days and perhaps up to two weeks. Cryotherapy can be provided by either ice packs or cooling devices. Cooling devices can be either passive (gravity fed from an ice/water filled cooler) or active (powered mechanical pumps and/or portable refrigerators). CCA's preference is for using the most robust, cost-effective, and dependable evidence-based technology, which is available. Ice with compression is as effective as passive gravity-fed units.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Clinical Eligibility:

Members who have undergone musculoskeletal surgery or injury and are expected to experience resultant pain and edema.

Determination of need:

Member is expected to experience pain and edema that may improve with the use of this equipment.

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LIMITATIONS/EXCLUSIONS:

- Member or caregiver is physically unable to operate the active pump cold compression pad.
- Member has used the active pump cold compression pad in the past without improvement.
- The equipment cannot reasonably be expected to make a meaningful contribution to the treatment of a member's illness or injury.
- Member already has equipment that will meet their needs and is in good working order.
- Recommended equipment is experimental in nature.
- Active pumps are only considered if ice packs, and passive gravity fed cold compression pad cannot be used.

Indications for Active:

- Member and caregiver are physically unable to use ice packs, or a passive gravity fed cold compression pad; and
- Member or caregiver demonstrates the ability to set up and maintain the active pump cold compression pad.

KEY CARE PLANNING CONSIDERATIONS:

- Member or caregiver demonstrates the ability to set up and maintain the device; and
- Member or caregiver demonstrates the ability to safely use the device.

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

HCPCS code **E0218** requires authorization. Documentation
Requirements:

- Standard Written Order (SWO);
- Medical necessity documentation by MD, NP, or PA; and
- Manufacturer's invoice.

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REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

Mass Health; 130 CMR 450.204: Medical Necessity; 130CMR 428.402 Definitions; 130CMR 409.402: Definitions**;** 130CMR 409.414 Non-covered services

RELATED REFERENCES:

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

CCA has the mission to address all of our members' complicated health needs. Care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal MNG's conditions and recommendations.

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

1. Bech M, Moorhen J2, Cho M1, Lavergne MR3, Stothers K1, Hoens AM2. Device or ice: the effect of consistent cooling using a device compared with intermittent cooling using an ice bag after total knee arthroplasty. Physiother Can. Winter 2015;67(1):48-55. doi: 10.3138/ptc.2013-78.

2. Su EP1, Perna M, Boettner F, Mayman DJ, Gerlinger T, Barsoum W, Randolph J, Lee G. A prospective, multi-center, randomised trial to evaluate the efficacy of a cryopneumatic device on total knee arthroplasty recovery. J Bone Joint Surg Br. 2012 Nov;94(11 Suppl A):153-6. doi: 10.1302/0301-620X.94B11.30832.

3. Adie S, Kwan A, Naylor JM, Harris IA, Mittal R. Cryotherapy following total knee replacement. Cochrane Database Syst Rev. 2012 Sep 12;9:CD007911. doi: 10.1002/14651858.CD007911.pub2.

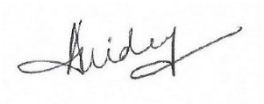
ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

Avideep Chawla	Director, Utilization Management
CCA Senior Clinical Lead [Print]	**Title [Print]**
	1/6/2022
Signature	**Date**
Doug Hsu, MD	Vice President, Medical Policy & Utilization Review
CCA Senior Operational Lead [Print]	**Title [Print]**
	1/6/2022
Signature	**Date**
Lori Tishler, MD	Senior Vice President, Medical Services
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