



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Note: Continuous Passive Motion (CPM) is addressed separately in medical policy 00020.

Services Are Not Covered

Based on review of available data, the Company considers the use of active and passive cooling devices or combination cooling and compression (cryopneumatic) devices (e.g., the Game Ready system) in the outpatient setting mainly for the comfort or convenience of the member is **not covered**.**

Note: Cooling Devices Used in the Outpatient Setting are considered an exclusion in most member contracts.

Background/Overview

COLD AND COMPRESSION THERAPY

Use of ice packs and various bandages and wraps following surgery or musculoskeletal and soft tissue injury is common. A variety of manually operated and mechanical continuous cooling devices are commercially available.

The standard postoperative treatment for musculoskeletal surgeries consists of cryotherapy (cold therapy) and various types of compressive wraps. Both ice packs (with or without additives to maintain temperature) and cooling devices can provide cryotherapy. Circulating cooling devices are designed to provide a constant low temperature, which might provide additional benefit compared with the more variable temperature achieved with the intermittent replacement of ice packs. Noncirculating cooling devices might also allow less variable cooling due to the larger volume of ice stored in the insulated tank and the use of circulated ice water.

Noncirculating Cooling Devices

The CryoCuff^{®†} and Polar Care Cub devices are examples of passive, noncirculating cooling devices. The CryoCuff device consists of an insulated container filled with iced water that is attached

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

to a compressive cuff. When the CryoCuff container is raised, the water fills and pressurizes the cuff. The amount of pressure is proportional to the height of the container. When body heat warms the water, the cooler is lowered and water drained. The cooler is then raised above the affected limb, and cold water refills the compressive cuff. The Polar Care Cub unit consists of pads held in place with elastic straps, which may also provide compression. The pads are attached to a built-in hand pump that circulates the water through the pads at the same time as increasing the compression around the joint.

Circulating Cooling Devices

In active, circulating cooling devices, a motorized pump circulates chilled water and may also provide pneumatic compression. For example, the AutoChill^{®‡} device, which may be used with a CryoCuff, consists of a pump that automatically exchanges water from the cuff to the cooler, eliminating the need for manual water recycling. The Hot/Ice Thermal Blanket is another circulating cooling device. It consists of two rubber pads connected by a rubber hose to the main cooling unit. Fluid is circulated via the hose through the thermal blankets. The temperature of the fluid is controlled by the main unit and can be either hot or cold. The Game Ready^{™‡} Accelerated Recovery System is a circulating cooling device combined with a pneumatic component. The system consists of various soft wraps and a computer-control unit to circulate the water through the wraps and to provide intermittent pneumatic compression. The HiloTherm^{®‡} Clinic circulates cooled water through preshaped thermoplastic polyurethane facial masks for use after different types of facial surgery. ThermaZone^{®‡} provides thermal therapy with pads specific to various joints as well as different areas of the head (front, sides, back, eyes). CTM^{™‡} 5000 and cTreatment are computer-controlled devices that provide cooling at a specific (11°C) and continuous temperature.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

A large number of circulating and noncirculating cooling devices have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process since 1976. U.S. Food and Drug Administration product code: ILO.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

Table 1. Cooling Devices Cleared by the US Food and Drug Administration

Device	Manufacturer	Date Cleared	510(k) No.	Indication
Therma-X, Term-X At, Therm-X Pro Ath	Zenith Technical Innovations	08/03/2018	K181149	To treat post-surgical and acute injuries to reduce swelling and pain
Med4 Elite	Cool Systems, Inc (DBA Game Ready)	09/29/2017	K171685	To treat post-surgical and acute injuries to reduce swelling and pain
Nice1	Nice Recovery Systems, LLC	12/23/2014	K143197	To treat post-surgical and acute injuries to reduce swelling and pain
Dynatron Peltier Thermostim Probe	Dynatronics Corp.	01/24/2014	K132057	To treat post-surgical and acute injuries to reduce swelling and pain

Rationale/Source

Cooling devices use chilled water to decrease the local temperature of tissue. There are a variety of cooling devices available, ranging from gravity-fed devices that manually fill with iced water, to motorized units that both cool and circulate chilled water. These devices are typically used when ice packs would normally be applied (eg, after orthopedic surgical procedures).

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

For individuals who have pain and/or swelling after knee surgery who receive a cooling device, the evidence includes systematic reviews, several randomized controlled trials, and a case-control study. The relevant outcomes are symptoms, functional outcomes, medication use, and resource utilization. Evidence on manually operated passive noncirculating cooling devices is limited by the control condition used in the trials. Studies that used either a no-icing control or infrequent ice applications do not provide sufficient evidence of comparative efficacy. Other studies have provided no information on the frequency of ice changes, limiting interpretation of the results. Several randomized trials have compared active circulating cooling devices with standard intermittent icing or cold packs, and two of the larger trials found no significant benefit of the continuous cooling devices. The evidence is insufficient to determine the effects of the technology on health outcomes. For individuals who have pain and/or swelling after shoulder surgery who receive a cooling device, the evidence includes a randomized controlled trial. The relevant outcomes include symptoms, functional outcomes, medication use, and resource utilization. Evidence found that use of compressive cryotherapy produced no significant reduction in pain or medication use compared with the standard ice wrap. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have pain and/or swelling after facial surgery who receive a cooling device, the evidence includes several small randomized controlled trials and a pilot study. The relevant outcomes include symptoms, functional outcomes, medication use, and resource utilization. There have been mixed results regarding the intervention's efficacy in reducing neurologic problems as well as improving eye motility, diplopia, mandible functioning, and mouth opening compared with conventional cooling regimens. The evidence is insufficient to determine the effects of the technology on health outcomes.

Supplemental Information

Clinical Input From Physician Specialty Societies and Academic Medical Centers

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

In response to requests, input was received from 3 specialty societies and 3 academic medical centers while the policy was under review in 2008. Input was mixed regarding the medical necessity of continuous cooling devices.

Practice Guidelines and Position Statements

No guidelines or statements were identified.

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

While there is no national coverage decision for Medicare, cooling devices are addressed in durable medical equipment regional carrier policy. Last reviewed in 2004, the policy reads as follows:

“A device in which ice water is put in a reservoir and then circulated through a pad by means of gravity is not considered DME [durable medical equipment]. 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 which can be repeatedly frozen; simple containers into which ice water 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 water through a pad.”

Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table 2.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

Table 2. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT02426515	Cryotherapy to Improve Outcomes in Lower Third Molar Surgery (COOL)	60	Dec 2017 (ongoing)

NCT: national clinical trial.

References

1. Blue Cross and Blue Shield Association, Medical Policy Reference Manual, “Cooling Devices Used in the Outpatient Setting”, 1.01.26, April 2019.
2. Schroder D, Passler HH. Combination of cold and compression after knee surgery. A prospective randomized study. *Knee Surg Sports Traumatol Arthrosc.* Jan 1994;2(3):158-165. PMID 7584198.
3. Whitelaw GP, DeMuth KA, Demos HA, et al. The use of the Cryo/Cuff versus ice and elastic wrap in the postoperative care of knee arthroscopy patients. *Am J Knee Surg.* Winter 1995;8(1):28-30; discussion 30-21. PMID 7866800.
4. Healy WL, Seidman J, Pfeifer BA, et al. Cold compressive dressing after total knee arthroplasty. *Clin Orthop Relat Res.* Feb 1994(299):143-146. PMID 7907012.
5. Edwards DJ, Rimmer M, Keene GC. The use of cold therapy in the postoperative management of patients undergoing arthroscopic anterior cruciate ligament reconstruction. *Am J Sports Med.* Mar-Apr 1996;24(2):193- 195. PMID 8775119.
6. Brandsson S, Rydgren B, Hedner T, et al. Postoperative analgesic effects of an external cooling system and intra-articular bupivacaine/morphine after arthroscopic cruciate ligament surgery. *Knee Surg Sports Traumatol Arthrosc.* Jan 1996;4(4):200-205. PMID 9046503.
7. Levy AS, Marmar E. The role of cold compression dressings in the postoperative treatment of total knee arthroplasty. *Clin Orthop Relat Res.* Dec 1993(297):174-178. PMID 7902225.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

8. Thienpont E. Does advanced cryotherapy reduce pain and narcotic consumption after knee arthroplasty? *Clin Orthop Relat Res.* Nov 2014;472(11):3417-3423. PMID 25059851.
9. Woolf SK, Barfield WR, Merrill KD, et al. Comparison of a continuous temperature-controlled cryotherapy device to a simple icing regimen following outpatient knee arthroscopy. *J Knee Surg.* Jan 2008;21(1):15-19. PMID 18300666.
10. Ruffilli A, Buda R, Castagnini F, et al. Temperature-controlled continuous cold flow device versus traditional icing regimen following anterior cruciate ligament reconstruction: a prospective randomized comparative trial. *Arch Orthop Trauma Surg.* Oct 2015;135(10):1405-1410. PMID 26141535.
11. Ruffilli A, Castagnini F, Traina F, et al. Temperature-controlled continuous cold flow device after total knee arthroplasty: a randomized controlled trial study. *J Knee Surg.* Sep 2017;30(7):675-681. PMID 27903009.
12. Barber FA, McGuire DA, Click S. Continuous-flow cold therapy for outpatient anterior cruciate ligament reconstruction. *Arthroscopy.* Mar 1998;14(2):130-135. PMID 9531122.
13. Cohn BT, Draeger RI, Jackson DW. The effects of cold therapy in the postoperative management of pain in patients undergoing anterior cruciate ligament reconstruction. *Am J Sports Med.* May-Jun 1989;17(3):344-349. PMID 2729484.
14. Dervin GF, Taylor DE, Keene GC. Effects of cold and compression dressings on early postoperative outcomes for the arthroscopic anterior cruciate ligament reconstruction patient. *J Orthop Sports Phys Ther.* Jun 1998;27(6):403-406. PMID 9617725.
15. Saito N, Horiuchi H, Kobayashi S, et al. Continuous local cooling for pain relief following total hip arthroplasty. *J Arthroplasty.* Apr 2004;19(3):334-337. PMID 15067647.
16. Gatewood CT, Tran AA, Drago JL. The efficacy of post-operative devices following knee arthroscopic surgery: a systematic review. *Knee Surg Sports Traumatol Arthrosc.* Feb 2017;25(2):501-516. PMID 27695905.
17. Su EP, Perna M, Boettner F, et al. A prospective, multi-center, randomised trial to evaluate the efficacy of a cryopneumatic device on total knee arthroplasty recovery. *J Bone Joint Surg Br.* Nov 2012;94(11 Suppl A):153- 156. PMID 23118406.
18. Waterman B, Walker JJ, Swaims C, et al. The efficacy of combined cryotherapy and compression compared with cryotherapy alone following anterior cruciate ligament reconstruction. *J Knee Surg.* May 2012;25(2):155-160. PMID 22928433.
19. Murgier J, Cailliez J, Wargny M, et al. Cryotherapy with dynamic intermittent compression improves recovery from revision total knee arthroplasty. *J Arthroplasty.* Sep 2017;32(9):2788-2791. PMID 28465126.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

20. Kraeutler MJ, Reynolds KA, Long C, et al. Compressive cryotherapy versus ice-a prospective, randomized study on postoperative pain in patients undergoing arthroscopic rotator cuff repair or subacromial decompression. *J Shoulder Elbow Surg.* Jun 2015;24(6):854-859. PMID 25825138.
21. Noyes MP, Denard PJ. Continuous Cryotherapy vs Ice Following Total Shoulder Arthroplasty: A Randomized Control Trial. *Am J Orthop (Belle Mead NJ).* 2018 Jun;47(6). doi: 10.12788/ajo.2018.0045. PubMed PMID: 29979799.
22. Rana M, Gellrich NC, von See C, et al. 3D evaluation of postoperative swelling in treatment of bilateral mandibular fractures using 2 different cooling therapy methods: a randomized observer blind prospective study. *J Craniomaxillofac Surg.* Jan 2013;41(1):e17-23. PMID 22626630.
23. Rana M, Gellrich NC, Ghassemi A, et al. Three-dimensional evaluation of postoperative swelling after third molar surgery using 2 different cooling therapy methods: a randomized observer-blind prospective study. *J Oral Maxillofac Surg.* Aug 2011;69(8):2092-2098. PMID 21496998.
24. Rana M, Gellrich NC, Joos U, et al. 3D evaluation of postoperative swelling using two different cooling methods following orthognathic surgery: a randomised observer blind prospective pilot study. *Int J Oral Maxillofac Surg.* Jul 2011;40(7):690-696. PMID 21411291.
25. Modabber A, Rana M, Ghassemi A, et al. Three-dimensional evaluation of postoperative swelling in treatment of zygomatic bone fractures using two different cooling therapy methods: a randomized, observer-blind, prospective study. *Trials.* Jul 29 2013;14:238. PMID 23895539.
26. The Health Plan. Durable Medical Equipment (DME) Medical Policies. 2016; https://www.healthplan.org/sites/default/files/documents/resources/DME/DME_fullmanual_121316.pdf.

Policy History

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

- | | |
|------------|--|
| 06/01/2004 | Medical Director review |
| 06/15/2004 | Medical Policy Committee review |
| 06/28/2004 | Managed Care Advisory Council approval |
| 12/07/2004 | Medical Director review |

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

12/14/2004	Medical Policy Committee review. Format revision. Name changed from Cryo Therapy to Cooling Devices Used in the Outpatient Setting. Policy/Guideline section revised to reflect member contract non-coverage of convenience items.
01/31/2005	Managed Care Advisory Council approval
07/07/2006	Format revision, including addition of FDA and or other governmental regulatory approval and rationale/source. Coverage eligibility unchanged.
01/10/2007	Medical Director review
01/17/2007	Medical Policy Committee approval
01/09/2008	Medical Director review
01/23/2008	Medical Policy Committee approval
01/07/2009	Medical Director review
01/14/2009	Medical Policy Committee approval. No change to coverage.
01/07/2010	Medical Director approval
01/20/2010	Medical Policy Implementation Committee approval. No change to coverage. Coding review.
01/06/2011	Medical Director approval
01/19/2011	Medical Policy Implementation Committee approval. No change to coverage
02/02/2012	Medical Policy Committee review
02/15/2012	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/03/2013	Medical Policy Committee review
01/09/2013	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/09/2014	Medical Policy Committee review
01/15/2014	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/08/2015	Medical Policy Committee review
01/21/2015	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/03/2015	Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.
01/07/2016	Medical Policy Committee review
01/22/2016	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

01/01/2017 Coding update: Removing ICD-9 Diagnosis Codes
01/05/2017 Medical Policy Committee review
01/18/2017 Medical Policy Implementation Committee approval. Coverage eligibility unchanged
01/04/2018 Medical Policy Committee review
01/17/2018 Medical Policy Implementation Committee approval. Added combination cooling and compression (cryopneumatic) devices (e.g., the Game Ready system) to the services are not covered statement.
08/09/2018 Coding update
01/10/2019 Medical Policy Committee review
01/23/2019 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/03/2020 Medical Policy Committee review
01/08/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 01/2021

Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)†, copyright 2019 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	No codes
HCPCS	E0218, E0236
ICD-10 Diagnosis	All related diagnoses

****Medically Necessary** (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Cooling Devices Used in the Outpatient Setting

Policy # 00139

Original Effective Date: 06/28/2004

Current Effective Date: 01/08/2020

recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.