**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**DISCLAIMER**

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

**BACKGROUND**

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.\(^1,^2\)

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 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. ¹,²

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. ¹,²

Code E0249 is a durable replacement pad used with 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. A replacement pad made of other material that is designed for shorter term use must be billed using code A9999 (Miscellaneous DME supply or accessory, not otherwise specified). ¹,²

Short-wave diathermy uses radio waves to heat tissue conversively; tissue is heated by the actions of a rapidly alternating electrical field. Because of the inherent risks involved in application of this deep heating modality, short wave diathermy machines are inappropriate for unsupervised use at home. Microwave diathermy involves the use of microwaves for heating tissues, and offers an advantage over short-wave diathermy in treating small areas in that they can be relatively easily focused. However, microwaves generally do not penetrate tissue as deeply as short waves. Microwave diathermy has been used primarily to heat relatively superficial muscles and joints. Microwave diathermy is used relatively rarely, and indications for which microwaves would be appropriate often are treated with superficial heat, short-wave diathermy, or ultrasound. Because of the importance of appropriate application technique and the inherent risks of this deep heating modality, microwave diathermy machines are inappropriate for unsupervised home use. ¹,²

Infrared therapy devices are used to treat an area of the skin and adjacent subcutaneous tissues of a patient with infrared therapy energy, using an array of juxtaposed infrared diodes affixed to a flexible pad to retain skin contact. The devices can also produce local warming, though this may be a secondary effect. The use of infrared therapy devices has been proposed for a variety of disorders; including treatment of diabetic neuropathy, other peripheral neuropathy, skin ulcers and wounds, and similar related conditions, including conditions such as pain arising from these conditions. A wide variety of devices are currently available. ²

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – All Markets
- Medicare – All Markets

**Exclusions**

Moist electric heating pad (E0215) or water circulating heat pad (E0217) are considered NOT medically necessary as they have not been proven to produce outcomes superior to standard heating pads (E0210)*.

Heat lamps (E0200, E0205) are considered NOT medically necessary because the safety and efficacy of the devices have not been established for home use.

Infrared heating pad systems (E0221) are considered NOT medically necessary for all indications.

The use of infrared and/or near-infrared light and/or heat is non-covered for treatment of symptoms such as pain arising from conditions related to diabetic and/or non-diabetic peripheral sensory neuropathy, wounds and/or ulcers of the skin and/or subcutaneous tissues. (²CMS, 2007). In addition, the following heating devices are considered institutional equipment and are NOT a covered benefit:

- Ultrasound devices; OR,
- Short wave diathermy devices; OR,
Microwave diathermy devices; OR,
Monochromatic infrared energy.

Coverage

A standard heating pad (E0210) is considered medically necessary in the following circumstances:
- Relief of certain types of pain (excluding peripheral neuropathy); OR,
- To decrease joint and soft tissue stiffness; OR,
- Relax muscles; OR,
- Reduce inflammation

CODING

CPT Codes – No applicable codes.

Covered HCPCS Codes
E0210 Electric heat pad, standard

Non-Covered HCPCS Codes
E0200 Heat lamp, without stand (table model), includes bulb or infrared element.
E0205 Heat lamp, with stand, includes bulb, or infrared element
E0215 Electric heat pad, moist
E0217 Water circulating heat pad with pump
E0221 Infrared heating pad system
E0249 Pad for water circulating heat unit; for replacement only

ICD-10-PCS Codes – No applicable codes.

Covered ICD-10-CM Diagnosis Codes
The diagnosis must meet medical necessity as stated in the criteria above. Diagnosis are multiple and varied

Non-Covered ICD-10-CM Diagnosis Codes
E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E09.42 Drug or chemical induced diabetes with neurological complications with diabetic polyneuropathy
E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy
E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy
E13.42 Other specified diabetes mellitus with diabetic polyneuropathy
G60.0 - G60.9 Hereditary and idiopathic neuropathy, unspecified (G60.9)

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member’s benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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