

Heat Therapy

DME.SU.107.A

v1.0.2026

Introduction

Heat therapy is addressed by this guideline.

Criteria

Heat Therapy

A standard electric heating pad (HCPCS E0210) is considered medically necessary for **any** of the following:

- to relieve pain (e.g., arthritic)
- to decrease joint and soft tissue stiffness
- to relax muscles
- to reduce inflammation

There must be documentation that the standard electric heating pad has **all** of the following:

- a fabric cover
- a timing device for automatic shut-off
- an enclosed pouch or bag around the heating elements if it includes heat-retaining material (e.g., gel or fluid)

Not Covered

There is insufficient evidence to demonstrate that moist electric heating pads or water-circulating heat pads with a pump (HCPCS E0215, E0217) provide superior therapeutic benefit compared to standard electric heating pads; therefore, these devices are considered not medically necessary.

The safety and clinical efficacy of heat lamps for use in the home setting (HCPCS E0200, E0203) have not been established; therefore, these devices and any associated devices are considered not medically necessary.

Hydocolator units (HCPCS E0225, E0239) are considered institutional equipment and inappropriate for home use; therefore, these devices are considered not medically necessary.

There is insufficient evidence to demonstrate the value of heating pads to treat pain due to peripheral neuropathy, including, but not limited to, diabetic neuropathy.

Active or passive circulating cold therapy devices with pumps and devices combining cold with compression or vibration (HCPCS E0218) are considered investigational and thus not medically necessary, as clinical evidence does not demonstrate superior clinical outcomes compared to conventional cryotherapy. Benefits are primarily related to convenience rather than therapeutic effectiveness.

Evidence Discussion

A 2023 systematic review by Hill et al., including 18 studies, explored heat and cold therapy for adults with lymphedema and found that all nine studies evaluating the effect of heat therapy on limb circumference demonstrated reductions from baseline to study end. Likewise, five of the studies measuring limb volume noted a decrease after heat treatment. Only two studies examined cold therapy, yielding limited data. Adverse events were infrequent and minor, reported in just four studies. Overall, these findings suggest that controlled heat therapy may be beneficial in reducing limb size in lymphedema individuals and appears safe in the short term; however, the low quantity and quality of evidence, particularly regarding cold therapy, and methodological variability indicate a need for more rigorous randomized controlled trials to confirm efficacy, assess adverse effects comprehensively, and establish best therapeutic practices.¹

A 2022 systematic review (Sung et al.) analyzed seven trials (n=409), evaluating ultrasound deep heat therapy (UST) for adhesive capsulitis (ACS). Meta-analysis showed that UST, when combined with exercise or other physical modalities, significantly improved pain compared to placebo. UST also demonstrated greater pain reduction than cryotherapy in one trial. However, evidence for improvements in range of motion (ROM) and disability scores was inconsistent; pooled data revealed no significant advantage of UST over placebo or other interventions (e.g., shockwave therapy, corticosteroid injection, platelet-rich plasma) for ROM or functional outcomes. All included studies used UST as an adjunct rather than a standalone treatment, suggesting its benefits may be primarily related to pain relief rather than mobility restoration. Adverse effects were not reported, indicating UST is generally safe. Overall, UST appears clinically useful for reducing pain in ACS when integrated with exercise programs, but its additive effect on ROM and disability remains uncertain, warranting further high-quality trials.²

¹ Hill JE, Whitaker JC, Sharafi N, et al. The effectiveness and safety of heat/cold therapy in adults with lymphoedema: systematic review. *Disabil Rehabil.* 2024;46(11):2184-2195. doi:10.1080/09638288.2023.2231842

² Sung JH, Lee JM, Kim JH. The Effectiveness of Ultrasound Deep Heat Therapy for Adhesive Capsulitis: A Systematic Review and Meta-Analysis. *Int J Environ Res Public Health.* 2022;19(3):1859. Published 2022 Feb 7. doi:10.3390/ijerph19031859

A 2022 network meta-analysis by Wang et al. evaluated 59 randomized trials (n=1367) to compare various cold and heat modalities for relieving pain from delayed onset muscle soreness. The authors analyzed ten interventions: hot pack, warm-/hot-water immersion, ice massage, cold-pack, cold-water immersion, phase-change material (PCM), contrast water therapy (CWT), novel cryotherapy (CRYO), ultrasound, and passive recovery. Within the first 24 hours after exercise, hot packs ranked highest for pain relief, followed by contrast water therapy. At 48 hours, hot packs remained most effective, with novel cryotherapy in second place. After 48 hours, novel cryotherapy was the optimal intervention. These rankings suggest that superficial heat modalities offer immediate and sustained relief, while advanced cryotherapeutic approaches may provide superior benefit in later stages of soreness.³

A 2024 randomized trial conducted by Trybulski et al. investigated the immediate effects of heat compression (HT), cold compression (CT), and alternating heat–cold contrast therapy (HCT) compared to sham treatment on forearm muscle recovery in 40 male combat sports athletes. Outcomes included tissue perfusion, muscle tone, elasticity, and maximal isometric force measured at rest, post-fatigue, 5 minutes post-treatment, and 24 hours post-treatment. Results showed that HT and HCT significantly improved tissue perfusion immediately after therapy, with HCT maintaining slightly higher perfusion at 24 hours. CT initially reduced perfusion but produced the greatest short-term improvement in muscle elasticity. No significant differences were observed between groups for maximal isometric strength at any time point. Overall, heat and contrast therapies appear most beneficial for enhancing micro-circulation and reducing tone, while cold therapy offers transient gains in elasticity.⁴

A systematic review and meta-analysis by Mohammadi et al. (2024) synthesized evidence from seven studies (n = 259) evaluating superficial heat–cold therapy for improving sleep quality in patients with restless leg syndrome (RLS). The pooled analysis demonstrated a significant positive effect of heat–cold application on sleep quality. Meta-regression indicated that higher intervention temperatures were associated with greater effectiveness ($p < 0.05$), with optimal outcomes observed at approximately 42.5°C. Conversely, longer session duration and older age were linked to reduced efficacy, with the best results achieved at 10-minute sessions and in younger adults (20–25 years of age). These results support superficial heat–cold therapy as a cost-effective, nonpharmacological option for managing sleep disturbances in RLS, particularly when applied at higher temperatures for shorter durations. Further high-quality trials are needed to refine protocols and validate long-term outcomes.⁵

³ Wang Y, Lu H, Li S, et al. Effect of cold and heat therapies on pain relief in patients with delayed onset muscle soreness: A network meta-analysis. *J Rehabil Med*. 2022;54:jrm00258. Published 2022 Feb 8. doi:10.2340/jrm.v53.331

⁴ Trybulski R, Kuźdzał A, Stanula A, et al. Acute effects of cold, heat and contrast pressure therapy on forearm muscles regeneration in combat sports athletes: a randomized clinical trial. *Sci Rep*. 2024;14(1):22410. Published 2024 Sep 28. doi:10.1038/s41598-024-72412-0

⁵ Mohammadi MM, Ahmadi M, Vaisi Raygani AA. The Effect of Superficial Heat-Cold Application on the Sleep Quality of Patients With Restless Leg Syndrome: A Systematic Review and Meta-Analysis. *Nurs Open*. 2024;11(11):e70080. doi:10.1002/nop2.70080

Codes

HCPCS code descriptions

HCPCS Code	Description
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model
E0210	Electric heat pad, standard
E0215	Electric heat pad, moist
E0217	Water circulating heat pad with pump
E0218	Fluid circulating cold pad with pump, any type
E0221	Infrared heating pad system
E0225	Hydrocollator unit, includes pads
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover
E0232	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover
E0235	Paraffin bath unit, portable
E0239	Hydrocollator unit, portable

References

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4. LCD - Heating Pads and Heat Lamps (L33784). Cms.gov. Published 2020. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33784&ver=21&keywordtype=starts&keyword=heat&bc=0>

5. Infrared Heating Pad Systems - Policy Article (A52477). Cms.gov. Published 2022. Accessed December 19, 2025. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52477&ver=16&keywordtype=starts&keyword=heat&bc=0>
6. Cooling and Heating Devices Used in the Outpatient Setting. MCG.com. Published 2024. <https://mcgs.bcbsfl.com/MCG?mcgId=09-E0000-53&pv=false>