



Health & Human Services

COLD THERAPY

Service Authorization: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: December 2025

COLD THERAPY

Non-Covered: No Exceptions

Date Revised	Revisions
February 2017	Reviewed and revised.
November 2019	Reviewed and replaced header logo with new logo.
November 23, 2022	Reviewed and revised. Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.
December 17, 2025	Reviewed and reformatted. Removed the "CMN Required" verbiage from the header section.