

Policy: MP117

Section: Medical Benefit Policy

Subject: Dry Hydrotherapy

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Dry Hydrotherapy

II. Purpose/Objective:

To provide a policy of coverage regarding Dry Hydrotherapy

III. Responsibility:

- A. Medical Directors
- B. Medical Management Department

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an

illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

DESCRIPTION:

Dry hydrotherapy, also known as aquamassage and/or hydromassage, is a technique where a patient either lies or sits on a waterbed-like device that contains interior jets, which rotate and pulsate while releasing streams of pressurized heated water along the patient's body. This heated hydrotherapy is delivered in a dry environment. Dry hydrotherapy is intended to increase blood circulation, which the manufacturer packet claims will then lead to increased oxygen intake into the muscles, the purported benefits include lower blood pressure, increased range of motion, and increased endorphins which increase pain tolerance. The unit comes in two forms, a chair and a bed.

EXCLUSIONS: The Plan does **NOT** provide coverage for Dry Hydrotherapy as a treatment for any indication because it is considered **experimental, investigational or unproven**. There is insufficient peer-reviewed, published medical literature to show the use of devices such as, but not limited to AquaMed, Aqua Massage, H₂O Massage System, Hydrotherapy Tables devices are better than or equal to traditional rehabilitation modalities.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment**.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis

CODING ASSOCIATED WITH: Dry hydrotherapy

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

No specific coding for this device. The manufacturer supplies a list of 19 CPT codes to bill this modality as hot and cold packs, mechanical traction, whirlpool, constant baths, combination physiotherapy, massage and various therapeutic and osteopathic procedures and manipulative treatment.

97799 Unlisted physical medicine/rehabilitation service or procedure

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

AquaMED Technology Assessment, Washington State Department of Labor and Industries, <http://www.lni.wa.gov/omd/MedCov.htm#Aquamed>

Aldrete JA, Burke V, Decker B, Gerald D, "Efficacy of AquaMED therapy in reducing stress and promoting wellness in chronic pain syndrome and healthy groups", <http://www.aquamed.com/efficacy.htm>

Geisinger Technology Assessment Committee Triage Group, AquaMed Therapy, review. August 22, 2003.

Dry Hydromassage. Princeton, MN: Sidmar Manufacturing, INC.; 2001-2005. Accessed September 1, 2005. <http://www.sidmar.com>

H₂O massage System. Winnipeg, MB, Canada. Accessed September 1, 2005. <http://www.hydromassage.com>

This policy will be revised as necessary and reviewed no less than annually.

Devised: 9/03

Revised: 9/05 (clarified exclusion); 9/06

Reviewed: 9/04, 9/07, 9/08, 9/09, 9/10, 9/11, 9/12, 9/13, 9/14, 9/15, 9/16, 8/17, 8/18, 8/19, 8/20, 8/21, 8/22

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.