



**BlueCross BlueShield
of Alabama**

Name of Blue Advantage Policy:

Dry Hydrotherapy for Chronic Pain Conditions

Policy #: 749

Latest Review Date: June 2022

Category: Therapy

BACKGROUND:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
 - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
 - *Furnished in a setting appropriate to the patient's medical needs and condition;*
 - *Ordered and furnished by qualified personnel;*
 - *One that meets, but does not exceed, the patient's medical need; and*
 - *At least as beneficial as an existing and available medically appropriate alternative.*

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Blue Advantage will treat **the use of dry hydrotherapy massagers for the treatment of chronic pain conditions** as a **non-covered benefit** and as **investigational**.

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE:

Dry hydrotherapy, also known as hydromassage or aquamassage, is a massage treatment modality that circulates heated, pressurized water in a self-contained device such as a bed or chair. The individual remains clothed and dry as they sit or lie on top of a waterproof barrier containing rotating and pulsating interior jets. Purported benefits of dry hydrotherapy include alleviation of pain, increased blood circulation, improved range of motion, and decreased need for other interventions.

KEY POINTS:

This most recent literature update was performed through May 20, 2022.

Summary of Evidence

For individuals with chronic pain conditions (e.g., musculoskeletal, neuropathic, and mixed pain conditions) who receive dry hydrotherapy, there are no published, peer-reviewed studies. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and resource utilization. A health technology assessment released in 1998 for the AquaMED device also failed to identify published research to support claims that dry hydrotherapy can take the place of multiple modalities or that it provides any durable health benefits. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Practice Guidelines and Position Statements

National Institute for Health and Care Excellence

In 2017, the National Institute for Health and Care Excellence (NICE) published a guidance on the diagnosis and management of spondyloarthritis in individuals over 16 years of age. The guidance recommends consideration of hydrotherapy as an adjunctive therapy to manage pain or improve function for individuals with axial spondyloarthritis. However, it is unclear whether this recommendation applies to the use of dry hydrotherapy.

KEY WORDS:

AquaMED, dry hydrotherapy, hydroMassage, aquamassage, wet hydrotherapy, SolaJet, Massage Time Pro S10, ComfortWave S10

APPROVED BY GOVERNING BODIES:

Dry hydrotherapy devices are classified by the U.S. Food and Drug Administration (FDA) as class I therapeutic massagers, which are defined as electrically powered devices intended for medical purposes, such as to relieve minor muscle aches and pains. Class I devices are exempt from 510(k) requirements and do not require submission of clinical data regarding efficacy but only notification of FDA prior to marketing (FDA Product Code: ISA; Sec. 890.5660).

Dry hydrotherapy does not involve water immersion and should not be confused with immersion hydromassage baths or powered sitz baths (FDA Product Code: ILJ; Sec. 890.5100).

Examples of currently marketed dry hydrotherapy devices include but may not be limited to HydroMassage branded (previously AquaMED) beds and loungers (JTL Enterprises Inc.), Massage Time Pro S10 or ComfortWave S10 branded hydromassage tables (Sidmar Manufacturing Inc.), and SolaJet® Dry-Hydrotherapy Systems.

BENEFIT APPLICATION:

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

CURRENT CODING:

CPT Codes:

97039	Unlisted modality (specify type and time if constant attendance)
97139	Unlisted therapeutic procedure (specify)
97799	Unlisted physical medicine/rehabilitation service or procedure

REFERENCES:

1. Sidmar. Healthcare Data. 2022; <https://sidmar.com/healthcare/healthcare-data/>.
HydroMassage. Featured Products. 2022; <https://www.hydromassage.com/products/>.
2. Sidmar. Shop. 2022; <https://sidmar.com/shop/>.
3. SolaJet. The SolaJet. 2021; <https://www.solajet.com/products>. Accessed May 20, 2022.

4. Washington State Department of Labor & Industries. AquaMED Technology Assessment. 1998; https://www.lni.wa.gov/patient-care/treating-patients/treatment-guidelines-and-resources/_docs/AquaMedTA.pdf.
5. Chiropractic Economics. AquaMED and HydroMassage announce brand integration. January 28, 2009; <https://www.chiroeco.com/aquamed-and-hydromassage-announce-brand-integration/>.
6. HydroMassage. HydroMassage Benefits: Ways Water Massage Can Improve Wellness & Recovery. January 20, 2022; <https://www.hydromassage.com/blog/hydromassage-benefits-for-wellness-recovery/>.
7. National Institute for Health and Care Excellence (NICE). NICE guideline [NG65]. Spondyloarthritis in over 16s: diagnosis and management. February 28, 2017; <https://www.nice.org.uk/guidance/ng65>.

POLICY HISTORY:

Adopted for Blue Advantage, June 2022

Medical Policy Group: June 2022

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.