

Medical Coverage Policy | Dry Hydrotherapy for Chronic Pain Conditions



EFFECTIVE DATE: 11|01|2022

POLICY LAST REVIEWED: 03|20|2024

OVERVIEW

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.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans

The use of dry hydrotherapy massagers for the treatment of chronic pain conditions is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

The use of dry hydrotherapy massagers for the treatment of chronic pain conditions is not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND

Dry hydrotherapy, also known as hydromassage or aquamassage, is a massage treatment modality that circulates streams of 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, deep relaxation, and reduction of stress and anxiety. Use of dry hydrotherapy has also been suggested to reduce the need for other interventions, by combining the effects of traditional wet hydrotherapy, massage therapy, acupressure, heat therapy, soft tissue manipulation, and trigger point therapy without the need for additional health staff.

Specific physiological effects claimed on the Sidmar manufacturer site for its hydromassage tables include purported physiological effects stemming from application of radiant heat and massage. Purported physiologic effects of radiant heat include analgesic, antispasmodic, decongestive, sedative, and vasodilatory properties, leading to reduced pain, increased relaxation, enhanced capillary blood flow, decreased spasticity, tenderness, and spasm, and increased rates of healing. Purported benefits of massage include increased local blood supply, increased lymphatic drainage and reduction of swelling, muscle relaxation, prevention of adhesions and fibrosis, decreased tendency toward muscle atrophy, and pain reduction and increased ease of mobility.

Regulatory Status

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.

CODING

Medicare Advantage Plans and Commercial Products

There is not a specific code(s) for this service. Claims must be filed with the following unlisted code(s):
97039 Unlisted modality (specify type and time if constant attendance)

RELATED POLICIES

Unlisted Procedures

PUBLISHED

Provider Update, January 2024, May 2024

Provider Update, September 2022

REFERENCES

- 1.Sidmar. Healthcare Data. 2023; <https://sidmar.com/healthcare/healthcare-data/>. Accessed September 13, 2023.
- 2.HydroMassage. Featured Products. 2022; <https://www.hydromassage.com/products/>. Accessed September 13, 2023.
- 3.Sidmar. Shop. 2023; <https://sidmar.com/shop/>. Accessed September 13, 2023.
- 4.SolaJet. The SolaJet. 2023; <https://www.solajet.com/products>. Accessed September 13, 2023.
- 5.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. Accessed September 13, 2023.
- 6.Chiropractic Economics. AquaMED and HydroMassage announce brand integration. January 28, 2009;<https://www.chiroeco.com/aquamed-and-hydromassage-announce-brand-integration/>. Accessed September 13, 2023.
- 7.HydroMassage. HydroMassage Benefits: Ways Water Massage Can Improve Wellness & Recovery. January 20, 2022;<https://www.hydromassage.com/blog/hydromassage-benefits-for-wellness-recovery/>. Accessed September 13, 2023.
- 8.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>. Accessed September 13, 2023.

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

