

Dry Hydrotherapy, Medical 267

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2/2012
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details.

Description & Definitions:

Dry Hydrotherapy self-contained device such as a table or chair that combine massage, water and heat to apply using a water mattress that patient lies on.

Criteria:

There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Document History:

Revised Dates: 2021: May 2020: January 2016: April 2015: November, December 2014: January 2013: April, October Reviewed Dates: 2025: February 2024: March 2023: March 2022: April 2020: May 2018: November 2017: December 2016: January 2015: January 2013: January Effective Date: February 2012

Coding:	
Medically necessa	ry with criteria:
Coding	Description
	None
Considered Not M	edically Necessary:
Coding	Description
97039	Unlisted modality (specify type and time if constant attendance)

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

SHP Dry Hydrotherapy Massage for Treating Obesity, shp medical 32, obese, severely overweight, Aquamassage, Hydromassage, SHP Medical 267, wet therapy, physical therapy for treating obesity, , AquaMed, Aqua Massage, H20Massage System