1. **Purpose**
   The purpose of this policy is to establish the criteria for the medically necessary use of paraffin bath therapy.

2. **Definitions**
   A paraffin bath is a modality designed to apply heat to the hands or feet through the use of paraffin wax. The technique is used primarily for patients with pain and/or limited mobility of the distal extremities. It is typically applied prior to performing a primary therapeutic procedure designed to increase mobility which enhances the ability to perform usual activities of daily living. The use of paraffin bath therapy requires supervision and should be reported for each 15 minute time period.

3. **Statement of Policy**
   3.1. The determination of medical necessity for the use of paraffin baths is always made on a case-by-case basis.

   3.2. Paraffin bath is a form of heat which **may be considered medically necessary** when combined with therapeutic exercise or manual therapy for a patient who has reported pain and/or documented limited mobility.

   3.3. Any treatment plan involving the use of paraffin baths should ultimately result in a reduction in the patient’s pain and/or an improved ability to perform age appropriate usual activities of daily living. The use of paraffin baths beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and clinical signs of functional improvement is considered **not medically necessary**.

4. **References**
   4.1. Scientific:
   
   The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding the use of paraffin baths and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:

- **TMMP 18 - Medical Necessity**
- **TMMP 10 - Use of Passive and Active Care**
- **TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures**

### CPT Codes

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97018</td>
<td>Paraffin bath</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.
Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual review. §3.3 replaced 'carry out' with 'perform age appropriate'. §4.2 added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures. Removed §5, Attachments and 5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.</td>
</tr>
<tr>
<td>08/09/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No change.</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual review. §2. Definition of paraffin bath. Text changed from &quot;the use of paraffin bath therapy requires supervision and may be reported for each 15 minute time period&quot; to &quot;the use of paraffin bath therapy requires supervision and should be reported for each 15 minute time period.&quot;</td>
</tr>
<tr>
<td>08/17/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.