1. **Purpose**

The purpose of this policy is to establish the criteria for the medically necessary use of whirlpool therapy.

2. **Definitions**

2.1. Whirlpool therapy involves the use of agitated water in order to relieve pain, improve circulation, and/or to promote wound healing (e.g., ulcers, exfoliative skin conditions). The use of whirlpool 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 whirlpool therapy is always made on a case-by-case basis.

3.2. The use of whirlpool therapy may be considered **medically necessary** for a patient who is experiencing pain and/or loss of function which has resulted from disease, injury or surgery in an attempt to facilitate movement and improve overall function.

3.3. The use of whirlpool therapy may be considered **medically necessary** for wound care.

3.4. Providing more than one hydrotherapy modality (e.g., whirlpool, Hubbard tank, aquatic therapy) on the same day is considered **not medically necessary**.

3.5. Any treatment plan involving the use of whirlpool therapy should ultimately result in a reduction in the patient’s pain and/or an improved ability to carry out usual activities of daily living. The use of whirlpool therapy 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 whirlpool therapy 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 - The Use of Physical Modalities and Therapeutic Procedures

5. Attachments

5.1. Provider Manual
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