1. Purpose

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

2. Definitions

Whirlpool therapy involves the use of agitated water in order to relieve pain, improve circulation, decrease inflammation, restore mobility and/or to promote wound healing (e.g., ulcers, exfoliative skin conditions). The use of whirlpool therapy requires immersion in a water medium with direct 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 and must demonstrate evidence of wound healing/closure.

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 perform age appropriate activities of daily living. The use of passive modalities, such as whirlpool therapy, beyond three (3) weeks has not been shown to produce meaningful long-term benefit and is considered not medically necessary. Care at this point should be focused on transitioning the patient to active and self-care strategies.

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*
POLICY LIBRARY: MEDICAL

Doc. Control #: PRV.MQ.MP. 026.007

Title/Subject:  
TMMP 105 - WHIRLPOOL THERAPY

- 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 Code</th>
<th>Description (AMA CPT Guide)</th>
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</thead>
<tbody>
<tr>
<td>97022</td>
<td>Application of a modality to 1 or more areas; whirlpool.</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>10/27/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.4. second sentence changed from: “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.” Additional sentence added: “Care at this point should be focused on transitioning the patient to active and self-care strategies.”</td>
</tr>
<tr>
<td>10/11/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Description of CPT Code 97022 updated.</td>
</tr>
<tr>
<td>11/16/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.3 added “and must demonstrate evidence of wound healing/closure.”</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.5 replaced ‘carry out’ with ‘perform age appropriate’. §4.2 added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures. Removed §§, 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. Definition: text change “…requires immersion in a water medium with direct…”</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.5 text changed from “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” to “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 activities of daily living.”</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.