

MEDICAL POLICY

POLICY TITLE	INVESTIGATIONAL PHYSICAL MEDICINE AND SPECIALIZED PHYSICAL MEDICINE INTERVENTIONS (OUTPATIENT) (FORMERLY PHYSICAL MEDICINE AND SPECIALIZED PHYSICAL MEDICINE TREATMENTS (OUTPATIENT))
POLICY NUMBER	MP 8.001

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	4/1/2024

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I. POLICY

NOTE: Effective 2/1/2013, Capital Blue Cross adopted InterQual guidelines for Physical Therapy services. This policy only applies, therefore, to the treatment of conditions not listed in the InterQual Outpatient Rehabilitation guidelines or to specific services listed in this policy which are not addressed in the InterQual guidelines.

Specialized Physical Medicine Treatments

Miscellaneous Electrical Stimulation Modalities

Note: There are several varieties of electrical stimulation modalities, many of which are not discussed in this policy but are appropriate in a physical medicine setting. Several of these are discussed in separate, specific policies. If a separate policy does exist, then the criteria for medical necessity in that policy supersede the guidelines in this policy (see cross references).

The following miscellaneous electrical stimulation modalities are considered **investigational** for all conditions as there is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with these procedures:

- Horizontal Therapy (e.g., Hako-Med Machine)
- High Voltage Galvanic Stimulation (HVG)
- Premodulated Electrical Stimulation

Radiofrequency Therapy

Radiofrequency (e.g., MicroVas) therapy for the treatment of wounds, edema or plantar fasciitis is considered **investigational** as there is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Dry Hydrotherapy

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The use of dry hydrotherapy massagers for the treatment of chronic pain conditions is considered **investigational** as there is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Note: Coverage exclusions do not apply to members/groups whose benefits are subject to the terms mandated in the Pennsylvania Act 62 of 2008, Section 635.2, Autism Spectrum Disorders Coverage.

Cross-References:

- MP 2.005** Non-Pharmacological Treatments of Hyperhidrosis
- MP 2.038** Treatment of Tinnitus
- MP 2.372** Occipital Nerve Stimulation
- MP 4.013** Iontophoresis/Phonophoresis
- MP 4.028** Wound and Burn Management and Specialized Treatment Centers
- MP 6.013** Pneumatic Compression Devices for Treatment of Lymphedema and Chronic Venous Insufficiency
- MP 6.020** Transcutaneous Electrical Nerve Stimulation
- MP 6.026** Durable Medical Equipment (DME) and supplies
- MP 6.040** Cooling Devices Used in the Outpatient Setting
- MP 6.044** End Diastolic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema
- MP 6.045** Sympathetic Therapy for the Treatment of Pain
- MP 6.046** Threshold Electrical Stimulation as a Treatment of Motor Disorders
- MP 6.047** Interferential Current Stimulation
- MP 6.048** Electrical Stimulation for the Treatment of Arthritis and Miscellaneous Conditions
- MP 6.049** H-Wave Electrical Stimulation
- MP 6.050** Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)
- MP 6.051** Neuromuscular and Functional Neuromuscular Electrical Stimulation
- MP 8.005** Cardiac Rehabilitation
- MP 8.007** Cognitive Rehabilitation
- MP 8.008** Outpatient Pulmonary Rehabilitation

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO:

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FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>.

III. DESCRIPTION/BACKGROUND

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Physical Medicine is therapeutic exercise used to treat and to prevent the onset or slowing the progression of conditions resulting from injury and disease. The interventions focus on increasing strength and endurance, improving ambulation, and assisting the patient to perform the basic activities of daily living. Treatment may include active and passive modalities using a variety of techniques based upon biomechanical and neurophysiological principles.

Miscellaneous electrical stimulation modalities include horizontal therapy (e.g., Hako-Med machine), high voltage galvanic stimulation (HVG) and premodulated electrical stimulation. Horizontal therapy is a type of electrotherapy used in the treatment of osteoarthritis, with low frequency, variable intensity stimulatory frequencies and non-stimulatory, medium frequency alternating current therapies. High voltage galvanic stimulation (HVG) uses high voltage, pulse stimulation that is purported to reduce local edema, relax muscle spasms, increase local blood circulation, maintain, or increase range of motion, prevent or retard disuse atrophy, conduct muscle re-education, and affect immediate post-surgical stimulation of calf muscles to prevent thrombosis. The High Voltage Galvanic Stimulator (Control Solutions, Inc.) received 501(k) clearance from U.S. Food and Drug Administration (FDA) in June 2004. Premodulated electrical stimulation uses an amplitude modulated waveform.

It is expected that the physical medicine portion of the treatment would only last for one to two weeks, depending on the progress of the therapy. After that time, there should have been enough teaching and instruction that the care could be continued by the patient or patient caregiver in the home setting. The maximum benefits of treatment are not expected unless the patient continues treatment at home. It was noted in recent literature that manual lymphedema therapy is effective when performed for one hour three times per week.

Direct Physical Therapy Access refers to a physical therapist that has a certificate of authorization to practice physical therapy without a physician's referral. A certificate holder may treat a person without a referral as provided in the State Board Direct Access Regulations and Statute for up to 30 calendar days from the date of the first treatment. A physical therapist may not treat a person beyond 30 days from the date of the first treatment unless the person has obtained a referral from a licensed physician, dentist, or podiatrist. The date of the first treatment is the date the person is treated by any physical therapist treating without a referral.

A certificate holder may not treat a condition in any person which is a non-neurologic, non-muscular or non-skeletal condition or treat a person who has an acute cardiac or acute pulmonary condition unless the certificate holder has consulted with the person's licensed physician, dentist or podiatrist regarding the person's condition and the physical therapy

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treatment plan or has referred the person to a licensed physician, dentist or podiatrist for diagnosis and referral. The certificate of authorization shall be displayed by the certificate holder in a manner conspicuous to the public. The renewal of the certificate of authorization shall coincide with the renewal of the license of the licensee.

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.

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. There is no FDA approval required for these devices, only 510(k) clearance.

IV. DEFINITIONS

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BASIC ACTIVITIES OF DAILY LIVING include and are limited to walking in the home, eating, bathing, dressing, and homemaking.

BIOMECHANICS is the application of mechanical forces to living organisms and the investigation of the effects of the interaction of force and the body or system.

MAINTENANCE PROGRAM is a therapy program that consists of activities that preserve the patient's present level of function and prevents regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no further progress is apparent or expected to occur.

NEUROPHYSIOLOGICAL TREATMENT APPROACH involves various techniques used in sensorimotor rehabilitation that rely on voluntary and inhibition of muscle action through the reflex arc.

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SENSORIMOTOR THERAPY is therapy designed to enhance the integration of reflex phenomena and the emergence of voluntary motor behaviors concerned with posture and locomotion.

VESTIBULAR REHABILITATION is an alternative form of treatment involving specific exercises designed to (1) decrease dizziness; (2) increase balance function; (3) increase general activity levels. The exercise program is designed to promote central nervous system compensation for the inner ear deficits.

V. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VI. DISCLAIMER

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Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational; therefore, not covered:

Procedure Codes								
E1399	G0281	G0282	G0283	97014	97032			

Covered when medically necessary:

Procedure Codes								

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G0151	G0159	S8950	S9131	97010	97012	97016	97018	97022
97024	97028	97034	97035	97036	97039	97110	97112	97116
97124	97139	97140	97150	97161	97162	97163	97164	97530
97542	97750	97755	97760	97761	97763	97799		

➤ **Specific diagnosis coding does not apply to this policy.**

VIII. REFERENCE

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1. APTA American Physical Therapy Association
2. Mosby’s Medical, Nursing and Allied Health Dictionary, 6th edition.
3. Pennsylvania Board of Physical Therapy – Rules and Regulations re: “Direct Access”
4. Taber’s Cyclopedic Medical Dictionary, 19th edition.
5. Ahmad ET. High-voltage pulsed galvanic stimulation: effect of treatment duration on healing of chronic pressure ulcers. *Ann Burns Fire Disasters*. 2008;21(3):124–128.
6. Ozcan J, Ward AR, Robertson VJ. A comparison of true and premodulated interferential currents. *Arch Phys Med Rehabil* 2004;85:409-15
7. DE Domenico GG, Strauss GR. Motor stimulation with interferential currents. *Aust J Physiother*. 1985;31(6):225–230. doi:10.1016/S0004-9514(14)60636-X
8. Sidmar. *Healthcare Data*. 2022;
9. HydroMassage. *Featured Products*. 2022;
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12. Washington State Department of Labor & Industries. *AquaMED Technology Assessment*. 1998;
13. Chiropractic Economics. *AquaMED and HydroMassage announce brand integration*. January 28, 2009;
14. HydroMassage. *HydroMassage Benefits: Ways Water Massage Can Improve Wellness & Recovery*. January 20, 2022;
15. National Institute for Health and Care Excellence (NICE). *NICE guideline [NG65]. Spondyloarthritis in over 16s: diagnosis and management*. February 28, 2017;
16. Saggini R, Carniel R, Coco V, Cancelli D, Ianieri M, Maccanti D. *Gonarthrosis: Treatment with horizontal therapy electrotherapy. Multicenter study*. *Europa MedicaPhysica*, September, 2004
17. Blue Cross Blue Shield Association *Medical Policy Reference Manual*. 8.03.02, *Physical Therapy*. December 2014 (Archived).
18. Blue Cross Blue Shield Association *Medical Policy Reference Manual*. 2.01.105, *Dry Hydrotherapy for Chronic Pain Conditions*. July 2022.

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IX. POLICY HISTORY

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MP 8.001	4/27/20 Consensus review. Policy statements unchanged. References updated. Coding reviewed.
	7/6/2021 Consensus review. No change to policy statement. References reviewed and updated.
	9/6/2022 Minor review. Added Dry Hydrotherapy as INV. Updated FEP, background, references. No coding changes.
	9/13/2023 Minor review. Changed title to “Investigational Physical Medicine and Physical Medicine Interventions (Outpatient).” Removed MN statements on Aquatic therapy and Vestibular therapy, associated background information and references. Removed statement on sensory integration therapy as it is contained in MP 8.011. Added note to clarify use of electrical stimulation therapies. Updated cross-references. References updated. Removed codes 95992, 97113, 97533, and S9476.

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