

Medical Policy



Paraffin Bath Unit, Portable

Description

Paraffin baths are primarily used to treat contractures, particularly for patients with rheumatoid arthritis, hand contractures, or scleroderma. The primary purpose is pain relief. The patient may either continuously immerse the treated part for 20 to 30 minutes or may repetitively dip and remove the treated area from the paraffin.

Policy

Paraffin baths are considered **medically necessary** for Members meeting the coverage criteria below.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating practitioner; and
2. The member has undergone a successful trial period of paraffin therapy; and
3. The member's condition (e.g., severe rheumatoid arthritis of the hands) is expected to be relieved by the long-term use of this modality.

Exclusions:

1. Paraffin baths are considered comfort/convenience equipment and would be excluded from coverage for all other indications.
2. Standard (non-portable) paraffin baths are not considered appropriate for home use.

HCPCS Level II Codes and Description

E0235	Paraffin bath unit, portable
A4265	Paraffin, per pound

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is

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covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Aetna: Heating Devices.
http://www.aetna.com/cpb/medical/data/500_599/0540.html
Last accessed and reviewed 11-13-24.
2. Ayling J, Marks R. Efficacy of paraffin wax baths for rheumatoid arthritic hands. *Physiotherapy*. 2000;86(4):190-201.
3. CMS Manual System, Pub. 100-3, Medicare National Coverage Determination Manual, Chapter 1, Section 280.1 Last accessed and reviewed 11-14-23.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-08	Initial Release	Rosanne Brugnoli	Ken Fasse	n/a	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008	
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	

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03	12-03-10	Annual Review- No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
05	11-18-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
06	1-6-12	Updated to reflect current practice	Susan Glomb	Dr. B. Almasri	Jan. 2012	
07	11-29-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
08	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
10	10-26-15	Annual Review. Updated policy to reflect current medical criteria guidelines.	Lisa Wojno	Dr. B. Almasri	October 2015	
11	11-17-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
12	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
13	11-12-18	Annual Review. Added Medicare NCD reference.	Lisa Wojno	Dr. C. Lerchin	November 2018	
14	11-12-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2019	
15	11-11-20	Annual Review. Updated ‘physician’ to ‘practitioner’.	Lisa Wojno	Dr. C. Lerchin		
16	11-12-21	Annual Review. Added NCD/LCD verbiage to “Important Note”.	Carol Dimech/ Susan Glomb	Dr. C. Lerchin		
17	11-07-22	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2022	
18	11-14-23	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-14-23	11-14-23

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19	11-13-24	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-13-24	11-13-24
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