

MEDICAL ASSOCIATES HEALTH PLANS AND HEALTH CHOICES
HEALTH CARE SERVICES POLICY & PROCEDURE MANUAL

POLICY TITLE: Aquatic Therapy

POLICY STATEMENT: Medical Associates Health Plans (MAHP) and Health Choices (HC) has established this policy to ensure that MAHP and HC members meet established criteria for Aquatic Therapy.

See individual Commercial contracts and/or Health Choices Plan Documents for specific coverage determination of requests for aquatic therapy. Pool, aquatic, or hydrotherapy is considered to be a physical therapy modality subject to the physical therapy guidelines and any applicable plan benefit limits for physical therapy.

See specific Medicare coverage guidelines for determination of coverage for aquatic therapy. A signed doctor's order specifying orders for aquatic therapy must be submitted before an aquatic therapy evaluation may be considered.

Aquatic therapy (hydrotherapy, pool therapy) may be considered medically necessary for individuals who have a documented musculoskeletal functional loss (joint range of motion, flexibility, strength, or mobility) which has resulted from a disease, injury or surgery and when an aquatic environment is necessary for a patient without the ability to tolerate land-based exercises for rehabilitation. CPT Code 97113 Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises:

1. This procedure uses the therapeutic properties of water (e.g., buoyancy, resistance). The procedure may be reasonable and medically necessary for a loss or restriction of joint motion, strength, mobility, or function, which has resulted from a specific disease or injury. Documentation must show objective loss of joint motion, strength, or mobility (e.g., degrees of motion, strength grades, and levels of assistance).
2. Other forms of exercise therapy may be medically necessary in addition to aquatic therapy when the patient cannot perform land-based exercises effectively to treat their condition without first undergoing the aquatic therapy, or when aquatic therapy facilitates progress to land based exercise or increase function. Documentation must be available in the record to support medical necessity.
3. Only the professional charges of a physical therapist or other recognized, licensed providers (e.g., doctor of medicine, doctor of osteopathy, podiatrist, and physical therapy assistant), for physical therapy modalities administered in a pool, which require direct, one-on-one, patient contact. Aquatic therapy must be carried out for restoring the member's level of function that was lost or reduced by injury or illness. While they do not have to be personally in the water, the physician/NPP/clinician must at a minimum be personally present one-on-one next to the pool for any covered aquatic therapy services. The provider must have direct (one-to-one) patient contact when reporting aquatic therapy.

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4. Supervising multiple patients in a pool at one time and billing for each of these patients per 15 minutes of therapy time is inappropriate.
5. Supervision of a previously taught exercise or exercise program in the aquatic environment or performance of exercise in the aquatic environment that does not require the intervention/skills of the qualified provider is not covered. Performance of exercise in the aquatic environment independently without direct contact by the qualified provider is not covered.
6. This code is generally not covered for greater than 6-8 visits. If continued aquatic exercise is needed, the patient should be instructed in a home program during these visits. Lack of pool facilities at home does not make continued treatment in the clinic reasonable and necessary. The home program may need to be carried out through community resources. No greater than 1-2 services/units of this code are generally covered on each visit. Documentation must support the need for continued treatment beyond 8 visits and support the number of services/units for each visit date.
7. This code should not be used in situations where no exercise is being performed in the water environment (e.g., debridement of ulcers).
8. Exercises in the water environment to promote overall fitness, flexibility, endurance enhancing, aerobic conditioning, weight reduction, or for maintenance purposes are non-covered. Charges for aquatic exercise programs, or separate charges for use of a pool, are not covered.
9. Aquatic therapy is experimental and investigational for the treatment of asthma and all other non-musculoskeletal indications (e.g., autism, chronic obstructive pulmonary disease, developmental coordination disorder, end stage dementia, reducing risk of falls in the elderly, lymphedema, neonatal brachial plexus palsy, peripheral artery disease, stroke rehabilitation, traumatic brain injury and sickle cell anemia) because its effectiveness for non-musculoskeletal indications has not been established.
10. Aquatic therapy that is carried out to maintain a level of function (maintenance therapy), where the member is neither improving nor regressing is not medically necessary.
11. MAHP and HC considers passive hydrotherapy WATSU (WaterShiatsu) experimental and investigational for the treatment of juvenile idiopathic arthritis, Parkinson's disease and all other indications because its effectiveness has not been established.

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References: Other major Health Plans

Original: 01/13
Reviewed: 01/14, 11/17, 04/19
Revised: 12/14, 05/16, 04/18, 04/20, 07/21, 02/23, 02/24