



# Geisinger Health Plan Policies and Procedure Manual

**Policy: MP044**

**Section: Medical Benefit Policy**

**Subject: Aquatic Therapy**

## Applicable Lines of Business

<b>Commercial</b>	<b>X</b>	<b>CHIP</b>	<b>X</b>
<b>Medicare</b>	<b>X</b>	<b>ACA</b>	<b>X</b>
<b>Medicaid</b>	<b>X</b>		

### I. Policy: Aquatic Therapy

### II. Purpose/Objective:

To provide a policy of coverage regarding Aquatic Therapy

### III. Responsibility:

- A. Medical Directors
- B. Medical Management

### IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

### Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.

- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

**DESCRIPTION:**

Aquatic therapy is an active therapeutic intervention designed to take advantage of the unique buoyancy, support and resistance properties of water. Buoyancy lessens the pressure on muscles and joints, assists with movement and reduces swelling caused by gravity. Without the pressure of gravity working against them, members can exercise more comfortably, increasing their levels of strength, tolerance, flexibility and endurance with less pain and muscle stress.

**INDICATIONS:**

Aquatic therapy may be medically necessary for rehabilitation of a loss or restriction of joint motion, strength, mobility, or function, which has resulted from a specific disease or injury. **All of the following conditions must be met:**

- The service is ordered by a licensed physician and provided under the direct supervision of a licensed physical/occupational therapist or a physical/occupational therapist assistant; **and**
- The therapeutic interventions are part of an overall treatment plan that includes goals approved and signed by the physician; **and**
- The members must have impairments, functional limitations or disabilities that can be reasonably expected to be eliminated or minimized by the unique properties of water (e.g., buoyancy, hydrodynamics, hydrostatic pressure); **and**
- The members must be unable to safely participate in a physical therapy/occupational therapy program that is totally land based due to weight-bearing restrictions, weakness or pain; **and**
- The request for aquatic therapy must include documentation of both:
  - Inappropriateness or prior failure of land based intervention; and
  - Long-term goals indicative of land based objectives; **and**

**Note:** Periodic evaluations of effectiveness must include documentation of both:

- Progression to a land based program, and
- Improvement in land based functional activities; **and**.
- The therapy rendered must require the skills of a physical/occupational therapist; **and**
- The aquatic therapy services rendered are considered acceptable standards of medical practice for the member's condition.

**LIMITATIONS:** Aquatic therapy is considered to be a therapy intervention subject to physical therapy/occupational therapy guidelines and any applicable plan benefit limits for physical/ occupational therapy.

When utilized, aquatic therapy must be performed with the goal of restoring the members level of land based function that was lost or reduced by injury or illness. The provider must have direct (one-to-one) patient contact when reporting aquatic therapy. Supervising multiple patients in a pool at one time and billing for each of these patients per 15 minutes of therapy time is inappropriate.

A member may receive aquatic therapy on the same date of service as land based therapy. However, there must be an evident trend away from aquatic therapy and toward a fully implemented land based therapy program.

**EXCLUSIONS:** Maintenance programs and general exercise programs (e.g., water walking / jogging) in the absence of documentation that supports skilled intervention is considered not medically necessary and is **NOT COVERED**.

Aquatic therapy for the treatment of asthma and all other non-musculoskeletal indications (e.g., autism, chronic obstructive pulmonary disease, developmental coordination disorder, end-stage dementia, lymphedema, and sickle cell anemia) is considered **experimental, investigational or unproven** and is **NOT COVERED**. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this test on health outcomes when compared to established tests or technologies.

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

## Associated Key Words

Pool Therapy, Hydrotherapy

## CODING ASSOCIATED WITH: Aquatic therapy

**The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.**

97113 therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises

97022 application of a modality to 1 or more areas; whirlpool

97036 application of a modality to one or more areas; Hubbard tank each 15 minutes

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

## LINE OF BUSINESS:

**Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supercede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written**

## REFERENCES:

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This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 5/95

**Revised:** 12/01; 12/03 (definition, format); 12/04(change in benefit); 02/06; 2/09 (Keywords); 4/15; 3/19 (add exclusion)

**Reviewed:** 12/02; 2/07; 2/08; 3/10, 4/11, 4/12, 4/13, 4/14, 4/16, 4/17, 3/18, 3/20, 3/21, 3/22, 3/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.