



Clinical Policy Title: Aquatic therapy

Clinical Policy Number: CCP.1127

Effective Date: January 1, 2016
Initial Review Date: August 20, 2014
Most Recent Review Date: September 10, 2019
Next Review Date: December 2020

Policy contains:

- Aquatic therapy.
- Hydrotherapy.
- Musculoskeletal conditions.

Related policies:

None.

ABOUT THIS POLICY: AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Coverage policy

AmeriHealth Caritas considers the use of aquatic therapy, CPT code 97113, to be clinically proven and, therefore, medically necessary when **all** of the following criteria are met (Agency for Healthcare Research and Quality, 2012; Al-Qubaeissy, 2013; American Medical Association, 2014; American Physical Therapy Association, 2014; Bartels, 2007; Gusi, 2008; Lima, 2013; Mehrholz, 2011; Pozzi, 2013; Veerbeek, 2014; Villalta, 2013):

- To restore function to patients with musculoskeletal conditions that result in the loss or restriction of joint motion, strength, mobility, balance, or function due to pain, injury, or illness by using the buoyancy and resistance properties of water either:
 - When the patient cannot perform land-based exercises effectively to treat his or her condition without first undergoing aquatic therapy.
 - When aquatic therapy facilitates progress to land-based exercise or increased function.
- Not duplicative of other land-based rehabilitation services.
- Part of an authorized treatment plan.
- Delivered by a licensed physical or occupational therapist permitted to use the American Medical Association's CPT codes in accordance with the therapist's respective scope of practice and state law.

- Delivered in constant attendance and one-on-one contact with the patient.
- Delivered in an aquatic therapy pool that is operated and maintained in accordance with local and/or state health department regulations.
- Documentation must include **all** of the following:
 - Justification for use of water-based exercises rather than land-based exercises, including a plan for transitioning from water-based exercises to land-based exercises.
 - Objective loss of activities of daily living, mobility, range of motion, strength, balance, coordination, posture, and effect on function.
 - Pain rating, location of pain, and effect of pain on function, if used for pain.
 - Specific exercises/activities performed (including progression of the activity), purpose of exercises as related to function, instructions given, and/or assistance needed to perform exercises to demonstrate that the skills and assistance of a therapist were required.
 - The medical necessity of other forms of exercise therapy in addition to aquatic therapy.

Limitations:

All other uses of aquatic therapy are not medically necessary.

Aquatic therapy is covered in accordance with plan-specific limitations. However, submitted documentation must support the medical necessity for continued treatment.

Only the professional charges associated with aquatic therapy will be covered. Charges for aquatic exercise programs or separate charges for use of a pool are not covered.

Supervising multiple patients in a pool at one time (group therapy) and billing for each of these patients per 15 minutes of therapy time is inappropriate and will not be covered.

Exercises in the water environment to promote overall fitness, flexibility, endurance, aerobic conditioning, and weight reduction or for maintenance purposes is not medically necessary and will not be covered.

Situations where no exercise is being performed in the water environment will not be covered.

CPT code 97113 should not be used for debridement of ulcers.

Employing hydrotherapy (CPT codes 97022 and 97036) and aquatic therapy during the same treatment session is not medically necessary.

Alternative covered services:

Land-based physical therapy or occupational therapy.

Background

Water has long been believed to promote healing and has been used widely in the management of medical ailments (Martin, 2004). Aquatic therapy refers to treatments and exercises performed in water for therapeutic benefit, but its definition and scope vary across disciplines. Several terms are used to refer to aquatic therapy and are often used interchangeably, but there are distinctions among them. For example, thalassotherapy (use of the marine environment) and balneotherapy (spa therapy that uses hot or cold mineral springs or naturally occurring waters and other natural remedies) are examples of aquatic therapy used for healing. However, they may not be readily accessible or include an exercise component. Research into the therapeutic benefits of physical interventions that suggest a more rapid recovery when performed in an aquatic environment has contributed to the recent increase in the use of the aquatic environment for rehabilitation purposes.

According to the American Medical Association, aquatic therapy is a therapeutic procedure that attempts to improve function through the application of aquatic therapeutic exercises (American Medical Association, 2014). The American Medical Association specifies that physicians or other qualified health care professionals (i.e., physical therapists or occupational therapists) are eligible to provide aquatic therapy. Therefore, aquatic therapy is not under the exclusive domain of any one profession, and the exact nature of those acts and services will differ for each profession (Aquaticnet, 2007). The health professional must provide the therapy in constant attendance and is required to have direct one-on-one patient contact (American Medical Association, 2014). All healthcare providers who can legally perform aquatic therapy must operate in accordance with their respective scope of practice and state law, and be permitted to use the American Medical Association's CPT codes. Aquatic therapy used for improving function is referred to by many names, such as aquatic rehabilitation, aqua therapy, pool therapy, water therapy, and hydrotherapy (Aquaticnet, 2007).

In the United States, physical therapists and occupational therapists provide most of the aquatic therapy interventions (American Physical Therapy Association, 2014). These include, but are not limited to, treatment, rehabilitation, prevention and health, wellness, and fitness of patients in an aquatic environment. Aquatic therapy may use assistive, adaptive, orthotic, protective, or supportive devices and equipment that exploit the unique properties of the aquatic environment. The therapeutic goals of aquatic therapy are to improve flexibility, function, gait, and walking, and to promote relaxation and independence. Aquatic therapy enhances treatment for persons across all ages with musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary (skin) diseases, disorders, or conditions (American Physical Therapy Association, 2014).

Searches

We searched PubMed and the databases of:

- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality and evidence-based practice centers.
- The Centers for Medicare & Medicaid Services.

- The Cochrane Library.

We conducted searches on June 13, 2019. Search terms were: “hydrotherapy (MeSH),” “balneology (MeSH),” as well as free text terms “hydrotherapy rehabilitation,” “aquatic physical therapy,” “aquatic rehabilitation,” “ai chi,” and “aqua* treatment.”

We included:

- **Systematic reviews**, which pool results from multiple studies to achieve larger sample sizes and greater precision of effect estimation than in smaller primary studies. Systematic reviews use predetermined transparent methods to minimize bias, effectively treating the review as a scientific endeavor, and are thus rated highest in evidence-grading hierarchies.
- **Guidelines based on systematic reviews.**
- **Economic analyses**, such as cost-effectiveness, and benefit or utility studies (but not simple cost studies), reporting both costs and outcomes — sometimes referred to as efficiency studies — which also rank near the top of evidence hierarchies.

Findings

We identified 13 systematic reviews and two cost-effectiveness analyses for this policy. The systematic reviews assessed the safety and efficacy of aquatic therapy as treatment for mobility disorders in adults caused by osteoarthritis, rheumatoid arthritis, fibromyalgia syndrome, and orthopedic surgery; mobility disorders in children with juvenile idiopathic arthritis; improving pain and physical function for people awaiting joint replacement surgery of the hip or knee; and improving function and quality of life related to asthma, chronic obstructive pulmonary disease, and stroke. Two cost-effectiveness analyses examined aquatic therapy programs for treatment of adults with osteoarthritis who were participating in 20-week aquatic classes and in women with fibromyalgia who participated in one-hour, supervised, water-based exercise sessions three times per week for eight months (Gusi, 2008; Patrick, 2001).

The overall quality of studies included in the systematic reviews was low to moderate. Low statistical power, insufficient standardized outcome measurement, inadequate reporting of intervention detail, and inappropriate randomization and blinding to outcome were the main limitations of the evidence. Physical therapists and, to a lesser extent, occupational therapists, provided aquatic therapy. Most studies focused on short-term benefits of aquatic therapy compared with no treatment with respect to pain, function, and quality of life. Short-term duration was defined inconsistently across studies, ranging from two weeks to several months. Adverse events were rare, although inconsistently reported as an outcome. Few studies compared the efficacy of aquatic therapy to established land-based interventions or over the long term.

There is sufficient evidence to support the use of aquatic therapy for treatment of musculoskeletal conditions that result in the loss or restriction of joint motion, strength, mobility, balance, or function due to pain, injury, or illness by using the buoyancy and resistance properties of water (Agency for Healthcare Research and Quality, 2012; Al-Qubaeissy, 2013; Bartels, 2007; Gusi, 2008; Lima, 2013; Mehrholz, 2011; Veerbeek, 2014; Patrick, 2001; Pozzi, 2013; Villalta, 2013). Aquatic therapy is safe and confers short-term benefits in pain symptoms, function, and QOL that are at least comparable to land-based interventions.

Finally, the evidence supports the use of aquatic therapy for these conditions in individuals who are unable to exercise on land or as a transition to land-based PT.

Policy updates:

We identified three new systematic reviews and meta-analyses for this policy update. For persons with stable heart failure, aquatic therapy may provide a safe and effective alternative for those unable to participate in traditional exercise programs, but inadequate sample size and a moderate potential for bias limited the findings (Adset, 2015). Marinho-Buzelli (2015) found "fair" evidence supporting the use of aquatic therapy to improve dynamic balance and gait speed in adults with certain neurological conditions. Bartels (2016) updated a previous 2007 Cochrane review with nine new trials and found moderate quality evidence that aquatic therapy may have small, short-term, and clinically relevant effects on patient-reported pain, disability, and quality of life in people with knee and hip osteoarthritis. The conclusions of these new reviews do not alter the findings of the original policy. Therefore, no changes to the policy are warranted.

In 2017, we identified two new evidence-based guidelines (MacFarlane, 2017; Ward, 2016) and three new systematic reviews or meta-analyses in lymphedema (Yeung, 2017), cerebral palsy (Roostaei, 2016), and hemophilia (Strike, 2016). The secondary analyses found that aquatic therapy is generally safe for each condition based on low-quality evidence suggesting aquatic therapy is, at best, comparable to land-based therapy or standard of care. In all cases, additional research is needed to refine patient selection criteria and dosing parameters.

The European League Against Rheumatism recommends either land- or aquatic-based exercise therapy for fibromyalgia, as both appear equally effective (MacFarlane, 2017). The American College of Rheumatology, the Spondylitis Association of America, and the Spondyloarthritis Research and Treatment Network issued a joint recommendation (Ward, 2016) for land-based physical therapy over aquatic-based therapy in persons with active ankylosing spondylitis based on moderate-quality evidence suggesting that there are no significant short-term differences in outcomes between the two modalities and that there is a stronger evidence base for land-based physical therapy. These new findings do not change the previous findings. No policy changes are warranted.

In 2018, we added one guideline and five peer-reviewed publications to the reference list.

In 2019, we added two references to the policy. The policy ID changed from 15.02.09 to CCP.1127.

References

Professional society guidelines/other:

American Academy of Orthopaedic Surgeons. Treatment of osteoarthritis of the knee. 2013. Evidence-based Guideline 2nd Edition.

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Centers for Medicare & Medicaid Services National Coverage Determinations:

No National Coverage Determinations were identified as of the writing of this policy.

Local Coverage Determinations:

A53064 Outpatient Occupational Therapy Supplemental Instructions Article

A52400 Outpatient Physical and Occupational Therapy Services Supplemental Instructions Article

A53065 Outpatient Physical Therapy Supplemental Instruction Article

L34427 Outpatient Occupational Therapy

L34049 Outpatient Physical and Occupational Therapy Services

L33631 Outpatient Physical and Occupational Therapy Services

L34427 Outpatient Occupational Therapy

L34428 Outpatient Physical Therapy

L33942 Physical Therapy - Home Health

L33413 Therapy and Rehabilitation Services

L35036 Therapy and Rehabilitation Services (PT, OT)

Commonly submitted codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

CPT Code	Description	Comments
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	

ICD-10 Code	Description	Comments
G04.1	Tropical spastic paraplegia	
G81.00-G81.94	Hemiplegia and hemiparesis	
G82.20-G82.54	Paraplegia (paraparesis) and quadriplegia (quadriparesis)	
J44.0-J44.9	Other chronic obstructive pulmonary disease	
J45.20-J45.998	Asthma	
M05.00-M05.9	Rheumatoid arthritis with rheumatoid factor	
M06.00-M06.9	Other rheumatoid arthritis	
M08.00-M08.99	Juvenile arthritis	
M12.00-M12.9	Other and unspecified arthropathy	
M13.0-M13.89	Other arthritis	
M14.60-M14.89	Arthropathies in other diseases classified elsewhere	
M15.0-M15.9	Polyosteoarthritis	
M16.0-M16.9	Osteoarthritis of hip	
M17.0-M17.9	Osteoarthritis of knee	
M19.011-M19.93	Other and unspecified osteoarthritis	
M25.00-M25.9	Other joint disorder, not elsewhere classified	
M45.0-M45.9	Ankylosing spondylitis	
M46.00-M46.99	Other inflammatory spondylopathies	
M47.011-M47.9	Spondylosis	
M48.00-M48.9	Other spondylopathies	
M49.80-M49.89	Spondylopathies in diseases classified elsewhere	
M50.00-M50.93	Cervical disc disorders	
M51.04-M51.9	Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders	
M54.00-M54.9	Dorsalgia	
M60.000-M60.9	Myositis	

ICD-10 Code	Description	Comments
M61.00-M61.9	Calcification and ossification of muscle	
M62.00-M62.9	Other disorders of muscle	
M63.80-M63.89	Disorders of muscle in diseases classified elsewhere	
M70.031-M70.99	Soft tissue disorders related to use, overuse and pressure	
M71.00-M71.9	Other bursopathies	
M79.0-M79.9	Other and unspecified soft tissue disorders, not elsewhere classified	
R26.0-R26.9	Abnormalities of gait and mobility	
Z74.01-Z74.09	Reduced mobility	

HCPCS Level II Code	Description	Comments
N/A		