1. **Purpose**
   
The purpose of this policy is to establish criteria for the medical necessity of aquatic therapy.

2. **Definitions**
   
   Aquatic therapy is defined as direct one-on-one supervision of a patient in the performance of therapeutic exercises in an aquatic environment. These procedures are timed services and should be reported for each 15 minute time period performed.

3. **Statement of Policy**
   
   3.1. The determination of medical necessity for the use of aquatic therapy is always made on a case-by-case basis.

   3.2. Aquatic therapy may be considered **medically necessary** for a patient who has a documented 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 determined to be clinically advantageous over land-based therapy.

   3.3. The ultimate goals of aquatic therapy are to reduce pain, restore or improve function and if indicated, transition to a land-based exercise program. Once a land-based or home-based program can be appropriately performed, continued supervised aquatic therapy may be considered **not medically necessary**.

   3.4. Any treatment plan involving the use of aquatic therapy should ultimately result in a reduction in the patient’s pain and/or an improved ability to carry out activities of daily living. The use of aquatic therapy beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement may be considered **not medically necessary**.

4. **References**
   
   4.1. Scientific:

   The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding aquatic therapy and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC)
and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:
- **TMMP 18 - Medical Necessity**
- **TMMP 10 - The Use of Physical Modalities and Therapeutic Procedures**

5. Attachments

5.1. Provider Manual
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