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 (requires immersion in a water medium). 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 exercise 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 perform age appropriate 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 **is 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 - Use of Passive and Active Care
• TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures

**CPT Codes**

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97113</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises.</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>10/11/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Description of CPT Code 97113 updated.</td>
</tr>
<tr>
<td>11/16/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.4 replaced ‘carry out’ with ‘perform age appropriate’; changed text to read “is considered not medically necessary” instead of “may be considered...” to be consistent with other medical policies with the same §. Removed §§, Attachments and §5.1 Provider Manual as the provider manual has been re-written administratively. §4.2 added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures. Added CPT Code table.</td>
</tr>
<tr>
<td>08/09/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Definition: text change – “… (requires immersion in a water medium)…”</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.3 text changed from “once a land-based or home-based program can be appropriately performed, continued supervised aquatic therapy may be considered not medically necessary” to “once a land-based or home-based exercise program can be appropriately performed, continued supervised aquatic therapy may be considered not medically necessary.”</td>
</tr>
<tr>
<td>08/17/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These
Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.