



Care1st Health Plan Arizona, Inc.

Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

Aquatic Therapy

Policy Number: HS-189

Original Effective Date: 9/16/2010

**Revised Date(s): 9/1/2011; 9/6/2012;
8/1/2013; 8/7/2014; 7/11/2015; 9/27/2016;
7/6/2017**

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

Aquatic therapy is an active therapeutic intervention that takes place in water. The aquatic environment provides buoyancy, increased resistance (e.g., viscosity) and warmth. The advantage of buoyancy is direct: when a person enters the water, there is an immediate reduction in the effect of gravity on the body. The advantage of viscosity of water is indirect: when the person moves through the water, resistance is felt. This is also referred to as accommodating resistance because it matches the individual's applied force or effort. Because the resistance of the

water equals the force exerted, the likelihood of exacerbation or re-injury is reduced dramatically. Advocates of aquatic therapy have proposed that water allows ease of active movement, trunk stabilization, relaxation of spastic muscles, improved circulation, strengthening and functional activity training.¹

POSITION STATEMENT

Applicable To:

- Medicaid – All Markets except New York
- Medicare – All Markets except New York

Exclusions

Aquatic therapy for any circumstance or indication not mentioned below **is considered NOT medically necessary and/or experimental and investigational.**

Coverage

Aquatic therapy for the improvement or restoration of physical function following disease, injury, or loss of body part **is considered medically necessary** if ALL of the following criteria are met:

- Service is performed under direct supervision of a licensed physical therapist with a physician's order; **AND,**
- The therapeutic interventions rendered are directly related to a written treatment regimen that includes goals approved and signed by the physician; **AND,**
- The member must have impairments, functional limitations or disabilities that can be minimized or eliminated with aquatic therapy; **AND,**
- The member must be able to benefit from the unique properties of water (i.e. buoyancy, hydrodynamics, and hydrostatic pressure); **AND,**
- A member selected for aquatic therapy must be unable to safely participate in a physical therapy program that is totally land based due to weight bearing restrictions, severe weakness or other considerations; **AND,**
- The documentation must support the necessity of this intervention; **AND,**
- The aquatic therapy rendered must require the skills of a physical therapist; **AND,**
- A qualified therapist is physically present and actively involved in treatment; **AND,**
- Aquatic therapy services rendered are considered acceptable standards of medical practice for the member's condition.

NOTE: Aquatic therapy is considered to be a physical therapy modality and is subject to all existing physical therapy guidelines and plan benefit limits for physical therapy.

NOTE: The physical therapist must have direct, one-on-one, contact with the member when performing and reporting aquatic therapy. Supervising multiple members in a pool at one time and billing for each of these members per 15 minutes of therapy time is inappropriate. Aquatic therapy delivered in a group therapy setting is NOT covered.

NOTE: Aquatic therapy performed by an occupational therapist, or any other non-physical therapist, is NOT covered.

CODING

Covered CPT® Code

97113 Therapeutic procedure, 1 or more areas, each 15 minutes; Aquatic Therapy with therapeutic exercises

HCPCS Codes - No applicable code for aquatic therapy.

Covered ICD-10-PCS Codes

Refer to the following ICD-10-PCS table(s) for specific PCS code assignment based on physician documentation.

NOTE: Per ICD-10-PCS Coding Guidelines, "ICD-10-PCS codes are composed of seven characters.

Each character is an axis of classification that specifies information about the procedure performed.

Within a defined code range, a character specifies the same type of information in that axis of classification. One of 34 possible values can be assigned to each axis of classification in the seven-character code”.

F07 Physical Rehabilitation, Motor Treatment

Covered Primary ICD-10-CM Diagnosis Code – This list may not be all inclusive

Z47.1	Aftercare following joint replacement surgery
Z47.81	Encounter for orthopedic aftercare following surgical amputation
Z47.89	Encounter for other orthopedic aftercare
Z51.89	Encounter for other specified aftercare

Covered Secondary ICD-10-CM Diagnosis Codes

Underlying diagnoses for Aquatic Physical Therapy - This list may not be all inclusive

B91	Sequelae of poliomyelitis
G14	Postpolio syndrome
N81.84	Pelvic muscle wasting
M00.00 - M00.09	Staphylococcal arthritis and polyarthritis
M00.10 - M00.19	Pneumococcal arthritis and polyarthritis
M00.20 - M00.29	Other streptococcal arthritis and polyarthritis
M00.80 - M00.9	Arthritis and polyarthritis due to other bacteria
M05.00 - M05.9	Rheumatoid arthritis with rheumatoid factor
M06.00 - M06.9	Other Rheumatoid arthritis
M11.00 - M11.09	Other crystal arthropathies
M11.10 - M11.19	Familial Chondrocalcinosis
M11.20 - M11.29	Other Chondrocalcinosis
M11.80 - M11.9	Other specified crystal arthropathies, unspecified site
M12.00 - M12.09	Chronic postrheumatic arthropathy
M12.10 - M12.19	Kaschin-Beck Disease
M12.20 - M12.29	Villonodular Synovitis (pigmented)
M12.30 - M12.39	Palindromic rheumatism
M12.40 - M12.49	Intermittent hydrarthrosis
M13.0 - M13.179	Other arthritis
M13.80 - M13.89	Other specified arthritis
M14.60 - M14.89	Arthropathies in other specified diseases classified elsewhere
M15.0 - M19.93	Osteoarthritis
M24.30 - M24.376	Pathological dislocation of joint, not elsewhere classified
M24.40 - M24.479	Recurrent dislocation of joint
M24.50 - M24.576	Contracture of joint
M25.40 - M25.48	Effusion of joint
M25.50 - M25.579	Pain in joint
M25.60 - M25.676	Stiffness of joint, not elsewhere classified
M25.70 - M25.78	Osteophyte M43.6 Torticollis
M45.0 - M45.9	Ankylosing spondylitis
M46.00 - M46.99	Other inflammatory spondylopathies
M47.011 - M47.899	Spondylosis
M48.00 - M48.38	Other spondylopathies
M50.00 - M53.9	Other dorsopathies
M60.000 - M60.09	Infective Myositis
M61.00 - M61.09	Myositis Ossificans traumatica
M61.10 - M61.19	Myositis Ossificans progressive
M62.10 - M62.18	Other rupture of muscle (nontraumatic)
M62.40 - M62.49	Contracture of muscle
M62.50 - M62.59	Muscle wasting and atrophy, not elsewhere classified

- M65.00 - M65.9** Synovitis and tenosynovitis
- M66.0 - M66.9** Spontaneous rupture of synovium and tendon
- M67.00 - M67.99** Other disorders of synovium and tendon
- M72.0 - M72.9** Fibroblastic disorders
- M75.00 - M75.02** Adhesive capsulitis of shoulder
- M79.601 - M79.676** Pain in limb, hand, foot, fingers and toes
- M79.7** Fibromyalgia
- Z89.011 - Z89.9** Acquired absence of limb **Z96.611 - Z96.619** Presence of artificial shoulder joint
- Z96.641 - Z96.649** Presence of artificial hip joint
- Z96.651 - Z96.659** Presence of artificial knee joint
- Z96.661 - Z96.669** Presence of artificial ankle joint

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Aquatic therapy for mobility impairment in children. Hayes Directory Web site. <http://www.hayesinc.com>. Published July 19, 2012 (archived August 19, 2015). Accessed June 7, 2017.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
7/6/2017, 9/27/2016, 7/11/2015, 8/7/2014, 8/1/2013, 9/6/2012, 12/1/2011, 9/1/2011	<ul style="list-style-type: none"> • Approved by MPC. No changes. • New template design approved by MPC. • Approved by MPC.