

July 24, 2007 from Cigna Government Services

Aquatic Therapy

A recent review by our Program Safeguard Contractor found several concerns regarding the practice and documentation regarding the use of aquatic therapy. As with all Medicare services, aquatic therapy must be medically reasonable and necessary in order for the provider to receive payment. Therein the documentation must be detailed so that a reviewer is able to determine such necessity. This article is to alert our providers to the documentation expected and that absence of same will result in a denial of the claim.

The PSC review highlighted the following areas of weakness:

- Therapy services were provided to beneficiaries with no identified need for the use of this type of therapy. There was little evidence to support the need for use of a water based environment (i.e. buoyancy for un-weighting joints, resistance, and/or loss of motion).
- Services were provided for excessive durations of time per treatment session. In some cases aquatic therapy was rendered in excess of one hour.
- Aquatic therapy services continued for long periods of time (several months) in the absence of documented functional gains.
- Services were repetitive in nature and appeared to be for conditioning and overall fitness or maintenance.
- There was little evidence of transitioning the aquatic exercise program to a land-based exercise program to improve functional performance with every day activities.
- The programs provided in the pool setting were rendered in a group environment yet individual therapy was billed.

Based on these findings, the PSC initiated several investigations. As such CIGNA Government Services will make aquatic therapy a major area in our strategic medical review plan. By providing to you this information, CIGNA Government Services is expecting you to review your practices regarding this treatment modality and make any necessary adjustments to your practice and documentation or aquatic therapy.

In addition, CIGNA Government Services realizes that maintaining a pool is expensive and that some providers will elect to use external pool facilities. For example, a therapist in private practice may furnish aquatic therapy in a community center pool. The practice would have to rent or lease the pool for those hours, and the use of the pool during that time would have to be restricted to the therapist's patients, in order to recognize the pool as part of the therapist's own practice office during those hours. One must also bill the appropriate code for individual or group therapy. Individual therapy is considered on-on-one for the entire duration of the therapy session.

For more information please refer to the CMS Internet Only Manuals and particularly the Medicare Benefit Policy Manual 100-02 Chapter 15 Section 220 and 230. The following link may be used to reach this manual.
<http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>