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## Documentation and Billing for Aquatic Therapy

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## Learning Outcomes

- Write at least 3 medical necessity statements justifying aquatic therapy interventions based on the unique properties of water.
- List at least 2 ways to demonstrated skilled care in daily note documentation
- State at least 3 reasons for insurance denial of payment especially as it relates to aquatic therapy interventions.
- List at least 5 reasons why documentation is an essential part in delivering aquatic therapy services.
- Correctly apply the group and aquatic therapy CPT codes when billing for outpatient aquatic therapy.

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# Documentation

Effective communication through documentation!

3

Why do we document?

What do we document?

4

CONTINUED

## Minding your Documentation Ps & Qs



Purpose and Questions answered with documentation.....

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CONTINUED

## Purpose of Documentation

- Proof
- Protection
- Professionalism
- Performance
- Picture
- re-Produce
- Payment

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CONTINUED

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## Documentation should answer the questions:

- Did you perform the services you billed for?
- Are these services billed at the level of skill required? For example: group vs. one on one PT.
- Is the person benefiting from the service?
- Does the water provide a therapeutic effect unachievable on land? Will it carryover to land?

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CONTINUED

## What is Aquatic Therapy?



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**Aquatic Physical Therapy** includes but is not limited to treatment, rehabilitation, prevention, health, wellness and fitness of patient/client populations in an aquatic environment with or without the use of assistive, adaptive, orthotic, protective, or supportive devices and equipment.

The buoyancy, support, accommodating resistance and other unique properties of the aquatic environment enhance interventions for patients/clients across the age span with musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary diseases, disorders, or conditions.



ACADEMY OF  
**AQUATIC PHYSICAL THERAPY**  
*American Physical Therapy Association*

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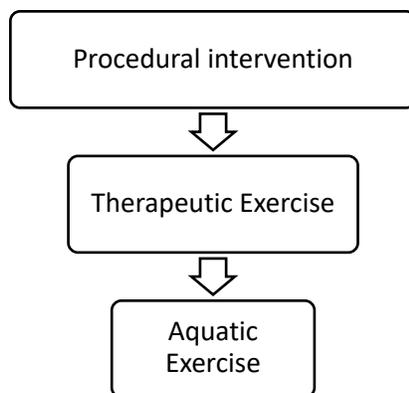
Hydrotherapy =  
Passive Modality  
97022



Aquatic Therapy =  
Skilled Intervention  
97113

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## Guide to Physical Therapist Practice



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## Definition of Therapeutic Exercise....

Therapeutic exercise is the systematic performance or execution of planned physical movements, postures or activities intended to enable the patient or client to:

- Remediate or prevent impairments
- Enhance function
- Reduce risk
- Optimize overall health
- Enhance fitness and well being

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CONTINUED

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We now know what it is...

Can you explain why use water therapy?

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CONTINUED

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Buoyancy



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CONTINUED

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## Three-Fold Power of Buoyancy



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CONTINUED

## Depth & Weight Bearing



Water level	% WB
ASIS	56%
Xiphoid	30%
C7	10%
Over head	0%

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CONTINUED

## % WB with fast walking

Depth of immersion	% WB
C7	25%
Xiphosternum	50%
ASIS	75%

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CONTINUED

## Therapeutic Benefits of Buoyancy

- Decreased weight bearing/ decreased joint compression forces leading to decreased pain.
- Decreased effects of gravity
- Provides safe environment to perform passive, active assistive and resistive ex.

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CONTINUED

## Drag Forces



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CONTINUED

$$F_D = \rho C_D V^2 A / 2g$$

- $F_D$  = drag force
- $\rho$  = fluid density
- $C_D$  = coefficient of drag (related to how streamlined an object is)
- $V$  = Velocity of object (m/sec)
- $A$  = frontal area of the object (combined frontal area of the limb and hydro- fitness device)
- $g$  = gravitational constant (1.0 kg m/N sec<sup>2</sup>)

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CONTINUED

## Benefits of Viscosity

- Strengthening muscles in both directions during an exercise resulting in balance of strength
- Resistance can be controlled by speed and surface area, therefore progressive in nature
- Slows movement allowing for improved quality, smoothing out jerky motions and provides increase time response for patients' equilibrium reactions.

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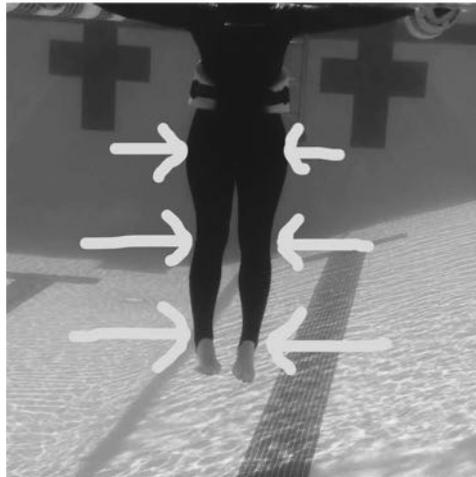
## Benefits of Turbulence and Flow

- Method of increasing resistance to movement to increase strength and endurance
- Training, "speed moves" up to approximately 90 degrees per second
- Utilizing eddies to assist movement through the water for ROM and relaxation. (mother Duck and her chicks)
- Resulting drag will have a dampening effect on involuntary movement.
- Turbulence increases proprioceptive feedback and can be used to treat tactile defensiveness, and challenge patients during balance and stabilization exercise.

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## Hydrostatic Pressure



Pressure

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CONTINUED

## Benefits of Hydrostatic Pressure

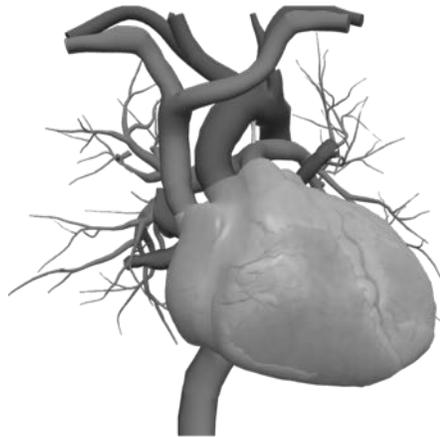
- Aids in the resolution of edema
- Helps build up muscles of inspiration
- In part responsible for reducing heart rate while in water.

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## Physiological Effects of Immersion



PRIMAL PICTURES

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CONTINUED

Inform, Explain, Justify  
Aquatic Therapy for your client!

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CONTINUED

## The Importance of Translating



“Hey bra did you bring your longboard? Hey watch the goofy footed, gremlin in the doggers he is headed for the meatball.... bummer looks like he’s enjoying a Neptune cocktail!”

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## Chart Notes and Reports



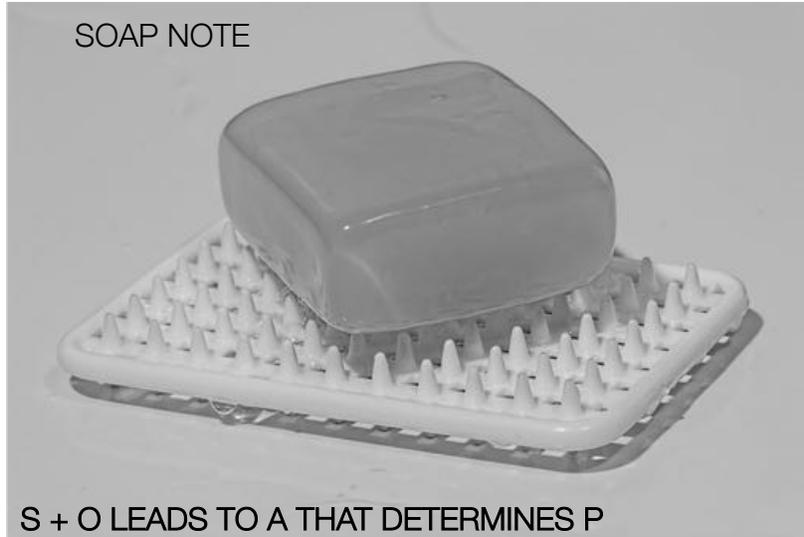
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SOAP NOTE



S + O LEADS TO A THAT DETERMINES P

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## Poor example

**S:** Mr. Smith reports his pain level is less when in the pool

**O:** Aquatic exercise performed in shallow end of pool forward/ backward walking, stabilization of spine with UE movements all directions. T-hang in deep water to complete the session.

**A:** The patient tolerated exercise well

**P:** Continue with water exercise.

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CONTINUED

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## Improved Example

**S:** Mr. Smith reports his pain level drops from a 7/10 to a 3/10 while in the water, pain reduction lasts 12-24 hours after therapy session

**O:** Aquatic exercise performed chest deep water for forward and backward walking 50 yards x 5 each with reciprocal arm swing. Neutral spine UE exercise (3 x10 each) with back supported against pool wall: shoulder flexion and extension (0-90) moderate speed & windshield wipers with aquaflex paddles level 3. Spine decompression in deep water x 5 minutes prior to exiting the pool.

**A:** The patient is able to ambulate in 30% WB without antalgic compensations noted on land (decreased stance phase on right) The patient demonstrating increased strength by being able to maintain pelvic neutral without increased symptoms during UE exercise.

**P:** Continue with aquatic exercise, progress patient to mid-pool for stabilization with UE movements.

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CONTINUED

## Top 10 Payer Complaints

- Poor legibility
- Incomplete documentation
- No documentation for DOS
- Abbreviations: too many/ can't understand
- Does not support the billing
- Does not demonstrate skilled care
- Does not support medical necessity
- Does not demonstrate progress
- Repetitious daily notes showing no change in patient status
- Interventions with no clarification of time, frequency, duration

Payment  
Denied

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CONTINUED

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## Skilled Intervention

Ways to demonstrate skilled care:

- Number and types of cuing and assist required
- Manual techniques that patient is unable to perform independently
- Assessments should link observed compensations with clinical reasoning for those compensations, discuss challenges and achievements toward goals
- Described skilled treatment
- Changes made to treatment due to progress the clinician judged sufficient to modify treatment



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CONTINUED

## Which of the following statements demonstrate skilled therapy was provided?

- A. The patient required moderate cues for correct performance of exercise and min assist for recovery of LOB in chest deep water. ☆
- B. The patient walked forward and backward 10 min in chest deep water holding noodle
- C. The patient tolerated water exercises without pain.
- D. All of the above indicate skilled therapy services provided

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## Medical Necessity

Ways to demonstrate medical necessity:

- Document why land-based treatment is not going to or has not worked
- Pain levels in water compared to land
- Quality of movement or tolerance to exercise in the water compared to land
- Don't forget objective measures and tests to indicate need for therapy

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CONTINUED

## Medical Necessity

CIGNA HealthCare Definition of Medical Necessity for other Healthcare Providers Except where state law or regulation requires a different definition, "Medically Necessary" or "Medical Necessity" shall mean health care services that a Healthcare Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- a) in accordance with the generally accepted **standards of medical practice**; b) **clinically appropriate**, in terms of type, frequency, extent, site and duration, and **considered effective for the patient's illness**, injury or disease; and c) **not primarily for the convenience of the patient** or Healthcare Provider, a Physician or any other Healthcare Provider, and **not more costly than an alternative service** or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

[https://secure.cigna.com/health/provider/medical/procedural/medical\\_necessity.html#hc\\_prov\\_def](https://secure.cigna.com/health/provider/medical/procedural/medical_necessity.html#hc_prov_def)

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CONTINUED

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## Medical Necessity

“But the doctor wrote a prescription for aquatic therapy, the insurance company has to pay right?”

“I love the pool so I want to do all my therapy in the water ok?”

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CONTINUED

## Medical Necessity ≠ Coverage of Benefits



Eating



Bathing



Dressing



Transferring



Toileting



Walking or moving around

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CONTINUED

## Demonstrating Progress

### In pool:

- Level of assist required during treatment, transfers etc.
- Level of exercise (basic to advanced)
- Intensity of exercise: reps, sets, resistance

### On land:

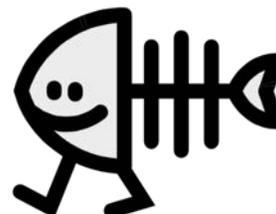
- Standard tests and measures
- Achieving or progression towards goals

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## Is it effective?

### Carryover to land

- Progress towards goals
- Pain levels during and after
- Improvement in function



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CONTINUED

## Avoid these Mistakes

- “continue per plan”
- “tolerated well”
- “as above”
- Check marks in the flow sheets
- Not documenting progress
- Not documenting reason for slower than normal progress
- Not indicating how the aquatic therapy has specifically benefited the patient.

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CONTINUED

## Documentation & Justification

- Still need to perform standard valid and reliable tests intermittently to demonstrate improvement
- Be sure to translate aquatic information into terms physicians and payers can understand.
  - For example: the patient’s pain level decreases from 5/10 to 2/10 with 30% weight bearing (chest deep in pool) and 0/10 with NWB exercise in deep water.

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## Therapy Goals and Objectives

- Objective and measurable
- Long term goals should be land and functionally based.
- Use pool-based STG's for internal communication (patient or other therapists) as needed
- Ask yourself what is the anticipated function at discharge/ end of program

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### Aquatic specific dosage (Geigle 2018)

- Cadence
- Duration including rest periods
- Depth and water temp (translate % WB for non-aquatic professionals)
- Feedback provided (remember this demonstrates skill care)
- Frequency
- Intensity (how do we demonstrate intensity in the pool?)
- Mode
- Muscle contraction
- Sequence
- Surface area

### Functional outcomes

### Objective tests and measures baseline and follow up

What do you or should you be documenting?

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# Reimbursement

Related to documentation and coding



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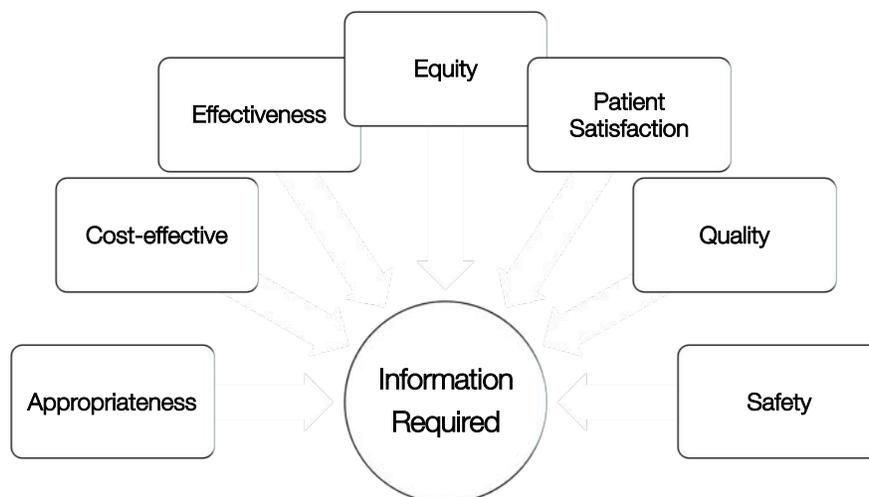
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- What are the categories of information you think relate to therapeutic intervention and patient care?
- What types of information is important to you when seeking medical care?

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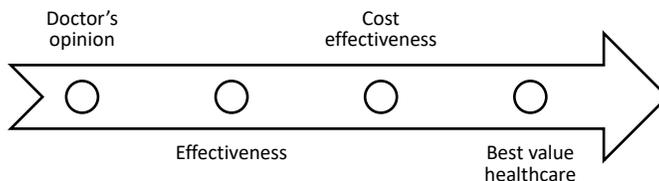
According to Muir Gray (1997) there are seven categories of information relating to the impact of a therapeutic intervention and patient care.

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### Relates to Evidence Based Medicine/ Practice



Resource Allocation: Evolution of how/ where healthcare dollars are spent

### What is Evidence Based Practice?



## Consumer-Driven Health Care

- Choice, Information, Control
- Goal = control costs, focus on improving quality and changing demand rather than limiting supply.
- Not a plan design but a paradigm shift with employee engagement and education
- May involve combination of high-deductible plans with pre-tax payment accounts, Health savings accounts, flex spending accounts etc.

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## Clinical Aspect to CDHC

- May strengthen the ‘doctor- patient” relationship.
- Opportunity for longer-term relationship
- Encourage greater communication
- Emphasize preventive and behavioral services
- Inpatient patients
- Questioning patients: patients are more likely to pay more attention to quality of care and service.
- Will patients wait longer to their detriment?

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## Reimbursement related terms

- DOS = Date of service
- EOB = Explanation of benefits
- HMO = Health Maintenance Organization
- POS = Point of Service Plan
- MPPR = Multiple Procedure Payment Reduction
- RBRVS = Resource-Based Relative Value Scale
- NPI = National Provider Identifier
- Allowed amount
- Coinsurance vs copay
- Deductibles and Out of pocket maximum
- Prescription vs. referral

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**CONTINUED**

*What's in a code?*

**Billing codes**  
 CPT codes  
 G codes: discontinued 2019  
 Quality Measures codes  
 (MIPS, formally PQRS codes)  
 Modifiers

**Diagnosis codes**  
 ICD-9 code  
 ICD-10 codes

Diagnosis				
No.	ICD-9 DxCode	ICD-9 Description	ICD-10 DxCode	ICD-10 Description
1			M6281	M6281 Muscle weakness (generalized)
2			G7241	G7241 Inclusion body myositis [IBM]
3			S763115	S763115 Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, sequela

Edit Case Diagnoses  
 Additional Diagnostic Observations

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**CONTINUED**

## ICD- 10 Codes

- ICD-10 code set provides greater specificity for patient diagnosis.
- Distinguishes right from left side when appropriate
- Different codes for inpatient and outpatient
- 71,932 codes for outpatient

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CONTINUED



Hydrotherapy =  
Passive Modality  
97022

Aquatic Therapy =  
Skilled Intervention  
97113



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CONTINUED

## Know Insurance Limitations:

- Have a thorough intake form, call and verify insurance coverage and know questions to ask.
- Is prior authorization required?
- Is there a number of visits limitation?
- Is there a monetary limitation?
- Does the patient have an HSA (Health Savings Account)?  
If they plan to use what is required to qualify?
- Is aquatic therapy covered?
- In direct access states does the insurance require a prescription?

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CONTINUED

## Caution and Diligence

With the implementation of Health Care Reform subsidized coverage can shift within the year based on the client's financial situation meaning benefits can shift within an episode of care.

PPOs more and more adding prior authorization and UR to their visits, often using 3<sup>rd</sup> party companies such as AIM, ASH, Optum

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## Audit Reimbursement



**AUDIT**

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**Never Trust the Insurance Company to Process a Claim Correctly!**

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CONTINUED

## Worker's Compensation: Before they begin therapy...



- First has the injury been accepted as a WC claim?
- Many WC insurance companies employ UR companies who deny or approve recommended treatments. Care should be taken if you receive “authorization” from the UR company, facility should check with insurance company that they are an approved facility!

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CONTINUED

## WC and Aquatic Therapy

- Is aquatic therapy authorized?
- American College of Occupational and Environmental Medicine (ACOEM) guidelines
  - Recommends “Trial of AT for sub-acute or chronic LBP if patient meets referral criteria for supervised exercise therapy and has co-morbidities that preclude participation in WB physical activity.”
  - Does not recommend “AT for all acute LBP and all other sub-acute and chronic LBP not meeting referral criteria.”
    - Low Back disorders. Occupational Medicine practice guidelines: evaluation and management of common health problems and functional recovery in workers. 2nd ed. Elk Grove Village (IL): ACOEM; 2007. p366.

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## MTUS/ ODG Chronic Pain Guidelines

- Aquatic therapy
  - Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)

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# Medicare

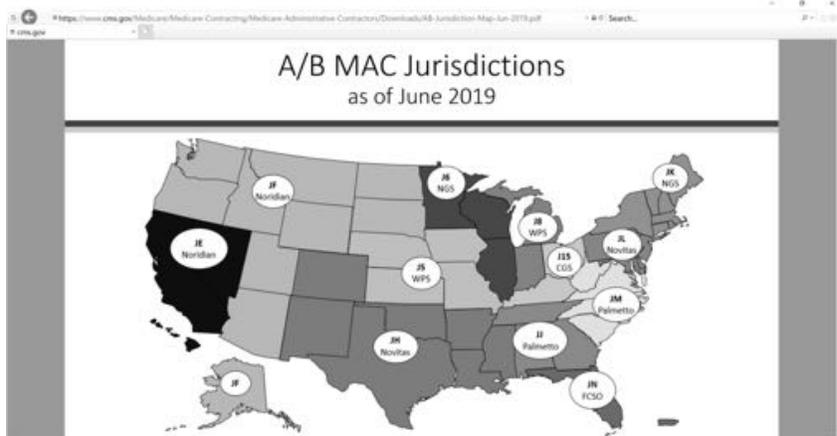
[www.cms.gov](http://www.cms.gov)



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CONTINUED

MAC= Medicare Administrative Contractor



ICD-10/ diagnosis codes and CPT/ billing codes are linked

Meaning: if you use a diagnosis code that is not linked to a particular CPT code (97113 for aquatic therapy) payment will be denied

Always Check with you Fiscal Intermediary!

[https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/contact\\_list.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/contact_list.pdf)

## Medicare and Community pool

- Rent or lease the pool or a specific portion of a community pool.
- “The use of that part of the pool during specified times shall be restricted to the patients of that practice or provider.”
  - CMS transmittal 88 released on May 7, 2008



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## Medicare and Group

- “outpatient physical therapy services provided simultaneously to two or more individuals by a practitioner constitutes group therapy services and should be billed as such, the individuals can be, but need not be performing the same activity. The therapist involved in group therapy services must be in constant attendance and must provide skilled services to the group”
- [www.apta.org/Payment?coding?on\\_eonOneGroup/](http://www.apta.org/Payment?coding?on_eonOneGroup/)



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## Group Code = 97150

- Untimed code
- Warning some Medicare contracted payers do not recognize this code or will not pay for it with one-on-one procedures billed on the same date.
- Remember modifier 59
- Always check with your fiscal intermediary

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## MPPR (multiple procedure payment reduction)

**Medicare Outpatient Therapy Claim Pricer**

Includes 2% suspension of Medicare program payments, assuming 0% beneficiary contribution for all services (not subject to 1.8% reduction in total payment - for 0% MPPR adjustment).

This spreadsheet will calculate the 2018 Medicare obligation for scheduled payment for therapy procedures provided to a beneficiary on a day, including Medicare's multiple procedure payment reduction (MPPR) policy.

The calculation assumes that all the services entered below were provided on one day to one beneficiary.

	Without MPPR Adjustment	With MPPR Adjustment	2018 Payer	%
14 Total payment with 50% MPPR applied	\$ 130.65	\$ 126.65	\$ 130.65	-0.8%

**Instructions**

- Select your Medicare payment locality (country, locality, and name)
- Optional - enter in a service schedule conversion factor (Default = \$36.839)
- MPPR discount value (0%, applies 4/1/2015 and later)
- Medicare Participation Status
- Procedure-specific MPPR adjustment factor (this is NOT the MPPR score; 0% = no adj.)
- Enter codes and units (number of services) from gray boxes below, and type in the ones you want to see priced.
- Note: This tool applies to TC or DR coding in the case of face-to-face or group therapy (TC) or professional-only (DR) services.

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CONTINUED

## Medicare Therapy Cap gone but... Important to understand new rules!

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KX modifier applied after \$2,040 PT and speech combined

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KX modifier applied after \$2,040 OT

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Targeted Medical Review Threshold with possible review for medical necessity \$3,000

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ABN (Advanced Beneficiary Notice) forms

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Must have compliance with documentation in case of review.

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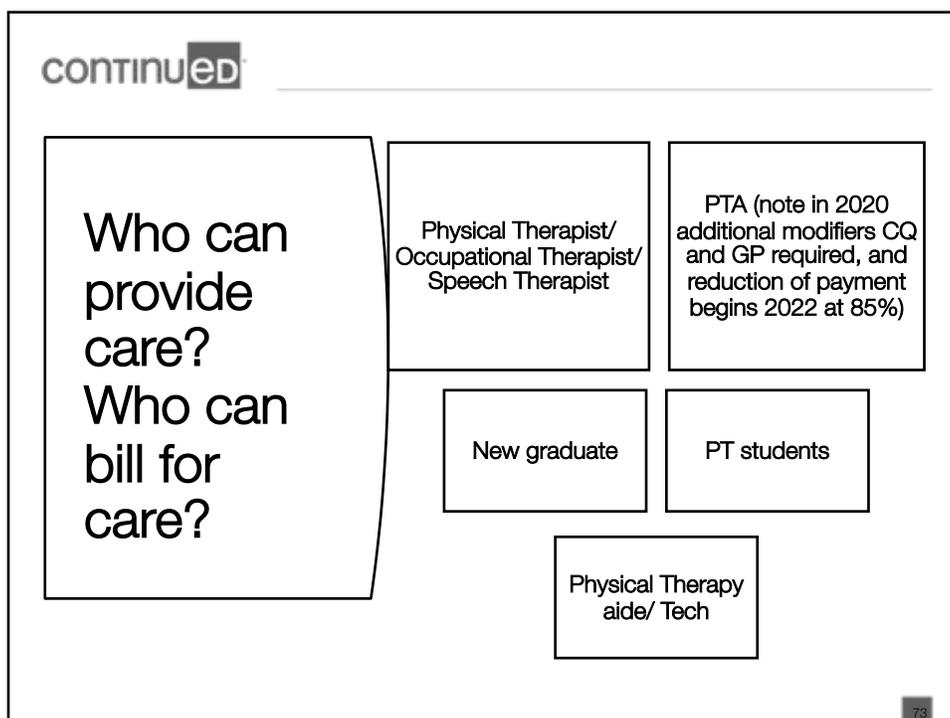
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## Factors used to select claims for review may include the following:

- The provider has had a high claims denial percentage for therapy services or is less compliant with applicable requirements.
- The provider has a pattern of billing for therapy services that is aberrant compared with peers, or otherwise has questionable billing practices for services, such as billing medically unlikely units of services within a single day.
- The provider is newly enrolled or has not previously furnished therapy services.
- The services are furnished to treat targeted types of medical conditions.
- The provider is part of group that includes another provider identified by the above factors.

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## Example billing:

- You are the only therapist in the pool you begin treatment on patient A at 1pm performing aquatic manual therapy techniques for 15 min and individualized aquatic exercise for 30 additional minutes. Patient B arrives at 1:45 pm you then have both patients perform various water walking and balance exercises at levels specific to each individual with feedback for correct performance for 15 minutes. Patient A leaves and Patient B now receives 45 minutes of one on one individualized aquatic exercise to improve ROM and strength. Patient B's session ends at 2:45pm. Which of the following is the correct coding for billing?

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CONTINUED

- A. Patient A 97113 (aquatic therapy) 2 units/ 97140 (manual therapy) 1 unit/ 97150 (group code) 1 unit  
Patient B 97113 (aquatic therapy) 3 units 97150 (group) 1 unit \
- B. Patient A 97113 (aquatic exercise) 4 units 97150 (group) 1 unit Patient B 97113 (aquatic exercise) 4 units 97150 (group) 1 unit
- C. Patient A 97113 (aquatic exercise) 4 units and Patient B 97113 (aquatic exercise) 4 units
- D. Patient A 97113 (aquatic exercise) 3 units 97150 (group) 1 unit Patient B 97113 (aquatic exercise) 3 units 97150 (group) 1 unit



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CONTINUED

Your patient is 4 weeks post TKA, complete healing of the surgical incision and cleared for aquatic exercise. Which of the following statements would you use to justify the initiation of aquatic exercise to the insurance company for authorization?

- A. The patient states they love the water and prefer water exercise.
- B. Due to patients continued edema limiting their ROM and pain with stance phase of gait the aquatic therapy is recommended to maximize the benefits of hydrostatic pressure and buoyancy while performing strength and balance exercises.
- C. The doctor has ordered aquatic therapy.
- D. The aquatic environment allows the patient to move easily.



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## DISCLAIMER!

- Therapy payment amounts, Therapy cap rules and other Medicare regulations discussed today can and probably will change.
  
- Follow events through the APTA.  
<http://www.apta.org/Payment/>
  
- This should not be construed as legal advice. The contents are intended for general informational purposes only, and readers are urged to consult their own legal counsel with regard to their own specific circumstances.

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CONTINUED



## Thank You!

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