

Susan Hunt, PT, DPT
33505 County Road 33
Greeley, CO 80631
theraswimkids@gmail.com
970-581-4708

February 12, 2018

Dear Medicaid Provider Rate Review Advisory Committee:

I am writing to you today to ask you to raise the reimbursement rate for code 97113 (aquatic therapy with therapeutic exercise) to equal value of the other physical therapy codes. I am a pediatric physical therapist and have been treating patients in an aquatic environment since 2011. During that time, I have witnessed the significant power of this environment to implement physical therapy interventions that help patients meet their goals.

The aquatic physical therapy code has a much higher reimbursement in most other states, as well as in Colorado Medicare and other insurance companies. Currently, the reimbursement for 97113 is approximately \$10/unit for Colorado Medicaid patients. This is financially limiting for nearly all practices, especially those treating a pediatric population, since many pediatric patients have CO Medicaid as either primary or secondary insurance. As a result, I am currently the only pediatric provider of aquatic physical therapy in Northern Colorado (that I am aware of). Wyoming reimburses \$36.12/unit for 97113, New Mexico reimburses \$30.68/unit, and Oklahoma reimburses \$35.05/unit. The Medicare reimbursement of 97113 is approximately \$40/unit. Most physical therapy codes in Colorado (97110, 97112, 97140, 97530) have a reimbursement closer to \$30/unit. Physical therapy in an aquatic environment requires a higher reimbursement rate due to the skilled services provided and extra costs of running a pool or renting pool space.

Physical therapy in an aquatic environment is a research-based location to provide intervention. Research has shown aquatic physical therapy to be effective for many conditions, including low back pain, chronic pain, stroke, cerebral palsy, scoliosis, obesity, multiple sclerosis, arthritis, and many other conditions. Please see the attached citations.

I propose 2 possible solutions to ensure that all patients have access to the benefits of aquatic therapy:

- 1) Raise the reimbursement rate of 97113 to equal or greater value of the other therapy codes to allow providers to use correct coding during treatment and account for the increased cost of running or renting a pool facility.
- 2) Clarify the expectation of when 97113 should be used. If using other therapy codes is acceptable during hands on treatment in the water, clarify when the 97113 code should be used and when other therapy codes should be used.

In conclusion, aquatic physical therapy is a research-based, skilled intervention that all patients should have access to, regardless of financial status or insurance carrier. Please consider increasing and/or clarifying the use of this code during utilization by Colorado Medicaid providers.

Sincerely,
Susan Hunt, PT, DPT

Citations supporting Physical Therapy in an Aquatic Environment

Fragala-Pinkham MA, Dumas HM, Barlow CA, et al. An aquatic physical therapy program at a pediatric rehabilitation hospital: a case series. *Pediatr Phys Ther.* 2009;21:68-78.

Fragala-Pinkham MA, Haley SM, O'Neil ME. Group aquatic aerobic exercise for children with disabilities. *Dev Med Child Neurol.* 2008;50:822-827.

Hillier S, McIntyre A, Plummer L. Aquatic physical therapy for children with developmental coordination disorder: a pilot randomized control trial. *Phys Occup Ther in Pediatr.* 2010;30:111-124.

Hutzler Y, Chacham A, Bergman U, et al. Effects of a movement and swimming program on vital capacity and water orientation skills of children with cerebral palsy. *Dev Med Child Neurol.* 1998;40:176-181.

Thorpe DE, Reilly MA, Case LE. The effects of an aquatic resistive exercise program on leg strength, balance, energy expenditure, functional mobility and self-perception in children and young adults with cerebral palsy. *Aquatic Physical Therapy.* 2005;13:21-34

Dundar U, Solak O, Yigit I, et. al. Clinical effectiveness of aquatic exercise to treat chronic low back pain. *Spine.* 2009;34:1436-40.

Saltskår Jentoft E, Grimstvedt Kvalvik A, Marit Mengshoel, A. Effects of pool-based and land-based aerobic exercise on women with fibromyalgia/chronic widespread muscle pain. *Arthritis & Rheumatism,* 2001;45:42–47.

Koog Noh D, Jae-Young N, Hyung-Ik L, et al. The effect of aquatic therapy on postural balance and muscle strength in stroke survivors- a randomized controlled pilot trial. *Clin Rehab,* 2008;22:966-976

Lim, Jae-Young, Tchai E, Jang SN. Effectiveness of Aquatic exercise for obese patients with knee osteoarthritis: a randomized controlled trial. *PM&R.* 2010;2:723 – 731.

Baena-Beato PA, Arroyo-Morales M, Delgado-Fernández M, et al. Effects of different frequencies (2–3 days/week) of aquatic therapy program in adults with chronic low back pain. a non-randomized comparison trial. *Pain Medicine.* 2013;14:145–158.

Corvillo I, Varela Donoso E, Armijo F, et al. Efficacy of aquatic therapy for multiple sclerosis: a systematic review. *Eur J Phys and Rehabil Med.* 2017;53:944-952.

Barczyk K, et al. The influence of corrective exercises in a water environment on the shape of the antero-posterior curves of the spine and on the functional status of the locomotor system in children with lo scoliosis. *Ortop Traumatol Rehabil.* 2009 May-Jun;11(3):209-21.