I. PHYSICAL THERAPY: REVIEW FOR BILLING AS ANCILLARY

A. **STANDARDS OF PRACTICE:** The review process shall employ the standards of practice developed.by the American Physical Therapy Association.

B. Deficiency of function must be of a significant level that an ancillary clinician's expertise in designing or conducting a program in the-presence of potential gain is documentable.

1. Therapeutic exercise

a. When exercising muscle or joint structure, the deficit requires a therapist's expertise to design, supervise, or conduct a program in which there is a need for functional or performance gain.
b. Progress is shown at predictable intervals.
c. Gradual progression is from passive to fully active range of motion per situation and reasonable goal.

Indication for Denial

a. Lacks documented detail of dysfunction or goal.
b. Goal seems unreasonable.
c. Stability of resident questioned.
d. Participation level a hindrance.
e. Plateaued, goal achieved, or needs only repetitive range of motion for nursing care plan.
f. Persistent flaccidity > 2-4 weeks in the focused area.

2. Cold Therapy

a.. Pain or spasm reduction or adjustment to range of motion exercise (repeated cycles).
b. Trigger point use myofascial .pain syndrome.
c. Spasticity.

Indication for Denial

a. Response gain is not demonstrable.
b. Performance is at nursing instructed level, and labile complex features.
c. Inappropriate use in a vascular compromised setting (or labile-or poor blood pressure control).
d. Cold sensitivity disorder.

3. Low-Energy Laser

   a. Wound tissue healing.
   b. .Pain management over trigger points.

   Indication for Denial

   ·a. investigational.
   b. Effectiveness in rheumatoid arthritis questioned.

4. Transcutaneous Electric Nerve Stimulation (TENS)

   a. Post-operative incision·a1 pain.
   b. Orthopedic analgesia acute or chronic, application to either trigger point or peripheral nerve.
   c. Chronic low back pain...
   d. Osteogenesis.
   e.. Reflex sympathetic dystrophy (RSD).·

   Indication for Denial

   a. Chronic radiculopathy pain.
   b. Cognitively impaired or unwilling to participate with schedule and safety factors.
   c. Unsafe application.
   d. Nursing is capable of managing (or resident can set-up, apply or control) after the initial evaluation of response or control setting is .achieved.

5. Heat-Therapy

   a. Active treatment of musculoskeletal mobility or pain problem as part of a .therapist-driven treatment plan.
   b. In conjunction with an exercise regimen.

   Indication for Denial

   a. The active disorder is controlled, mostly for comfort.
   b. Complexity manageable by nursing.
   c. Resident is not responsive or is non-communicative.
   d. Ischemic limbs or other site or atrophic skin.

6. Ultrasound

a. Joint contra6ture or scar tissue before friction massage, stretch, or range of motion (ROM) exercise (intensities and durations still need work), i.e., post hip open reduction internal fixation.
b. Reduce pain or muscle spasm.
c. Trigger points.

Indication for Denial

a Use in precautionary situations.
b. Impaired sensitivity or ischemia.
c. Questionable efficacy such as chronic herpes zoster, hemiplegic shoulder pain, fresh. wound, or chronic pressure sore.

7. Hydrotherapy

a. Facilitate assistive or resistive exercise.
b. Removal of exudated or necrotic tissue.
c. Reduce muscle spasm' or pain.

Indication for Denial

a. General heat precautions.
b. Treatment exposure using > 37 degrees centigrade in vascular impaired site.
c. Absence of untoward effects or stable temperature tolerance and can be done by nursing staff.

8. iontophoresis

a. Antibiotic institution to avascular tissue.
b. Medication for persistent post-surgical incision pain.
c. Reduce inflammation or edema of musculoskeletal Joints).

Indication for Denial

a. Anesthetic use (injection faster).
b. Response lacking after reasonable interval.

9. Prosthesis

a. Candidate has the capacity to use device.
b. Candidate shows muscular strength, motor control, and range of motion adequate for gainful use.

Indication for Denial

a. Unteachable.
b. Lacks items in 9-a and b.
c. Poor wound healing.
d. Other inappropriate conditions (such as bilateral, above-knee. amputation overage 45, or below-elbow amputee or flail joint shoulder or elbow).
e. Repetitive exercises that nursing care plan can accomplish .pre-prosthesis for stump shrinker use or prosthetic fitting.
f. Repetitive use for distance or endurance only with level change having been achieved.
g. Assisting routine care of equipment.
h. Safety has been established so that the resident can perform trained exercise with supervision by nursing being the only need.

10. Electromyography Biofeedback

a. Spasticity or weakness as part of an acute cerebral vascular accident (CVA).
b. Acute or chronic spinal cord injury.
c. Multiple sclerosis with mild spasticity.

Indication for Denial

a. Absence of reasonable gain in the treatment plan time frame.
b. Questionable effectiveness for the condition.
c. Resident lacks voluntary control or motivation.

11. High Pressure Wound Irrigation

    a. Heavily contaminated wound.

    Indication for Denial

    a. Clean proliferating wounds
    b. Equipment or devices of questionable effectiveness or superiority to simpler devices.
    c. Nursing can provide equivalent service.

12. Hyperbaric Oxygen Wound Care

    a. Infected wounds or decubitus.
    b. Has reasonable circulation.

    Indication for Denial

    a. Advanced ischemic area.
    b. Potential for thromboembolism.
    c. Severe vasospasm.
    d. Lack of significant improvement in 4 weeks.

II. OCCUPATIONAL THERAPY: REVIEW FOR BILLING AS ANCILLARY

A. - **STANDARDS OF PRACTICE:** The review process shall employ the standards ofpractice developed by the American Occupational Therapy Association..

B. Deficiency of function must be of a significant level that an ancillary-clinician's expertise in designing or conducting a program in the presence of potential gain is documentable.

1. Therapeutic exercise

a. When exercising muscle or joint structure the deficit requires a therapist's expertise to design, supervise, or conduct a program in which there is a need for functional or performance gain;
b. Progress is shown at predictable intervals.
c. Gradual progression is from passive to fully active range of motion per situation and reasonable goal.

Indication for Denial

a. Lacks documented detail of dysfunction or goal.
b. Goal seems unreasonable.
c. Stability of the resident questioned.
d. Participation level is a hindrance.
e. Plateaued, goal achieved, or needs only repetitive ROM for nursing care plan
f. Persistent flaccidity > 2-4 weeks focused area.

2. Shared Modalities for Physical Therapy

a. Heat therapy.
b. Cold therapy.
c. Prosthesis.
d. Electromyography biofeedback.

Indication for Denial (see listings for Physical Therapy)

3. Functional Activities of Daily Living

a. Feed.
b. Dress.
c. Bathe.
d. Toileting.
e. Grooming.

f. Cognition.

. **Indication for Denial**

a. The condition prevents the individual from engaging .in the technique or use of the device.

·b. Technique is reached, resident or nursing staff can maintain activities for endurance, distance or repetition·.

c. Chronic condition, therefore potential useful gain is questioned or minimal.

d. Unable to advance or use more complex dexterity level due to cognitive limits.

e. Biofeedback use in the presence of a prominent disorder speech, language use, cognition or volitional ability (inability to follow festural or verbal instruction.)

f. Coma stimulation - effectiveness questionable

III. SPEECH THERAPY: REVIEW FOR BILLING AS ANCILLARY

A. **STANDARDS OF PRACTICE:** The review process will employ the preferred practice patterns developed by the American Speech-Language-Hearing Association.

8; Deficiency of function must be of a significant level that an ancillary clinicians expertise in designing or conducting a program in the presence of potential gain is documentable.

1. Treatment of Dysphagia (swallowing) Disorders

   a. Applicable diagnostic tests with confirmed abnormality (initial or progress recheck).
   b. Active teaching is appropriate for cognitive level (vs. delay till progress gain and provides alternative nutrition source).
   c. Uses specific postural, reflex facilitation, food placement, and modified diettechniques with demonstrable progress
   d. Prosthetic use

   Indication for Denial

   a. Plateau, learned response, and repetitive exercise, reminders or prosthetics can be done by nursing as effectively.
   b. Confirmatory diagnostic test unavailable.
   c. Resident uncooperative or unreliable to safely use needed techniques.

2. Speech and Cognitive Disorders

   a. Tentative projected rehabilitation g _in .at the stage when cognitive level permits measurable change.
   b. Participation by resident required for repetitive or grouped exercises.
   c. Prosthetic training.
   d. Demonstrates there is no contributing significant auditory impairment.
   e. Use of nursing facility environment or staff-to assist goals.

Indication for Denial

a. Inability to participate.
b. Plateau is reached in functional gain by measurable data or learned exercise and nursing can do repetitive technique.
c. Effectiveness of modality or participation level is in question.
d. Persisting active program beyond gain in condition having progressive deteriorating change or outlook (bilateral cerebral vascular accident, alzheimers).
e. Oral-nonverbal apraxia beyond 2 months.
f. Accompanying peripheral vision or hearing defects.

IV. OXYGEN THERAPY: REVIEW FOR MEDICAL NECESSITY

A. **STANDARDS OF PRACTICE:** The review process shall employ the Guidelines for Respiratory Care Services and Skilled Nursing Facilities developeq jointly-by the American- Association of Respiratory Care and the American Health Care Association.

B. Technical abbreviations-used in Item VII - Oxygen Therapy.
.ABG - Arterial Blood Gases
AVF - Augmented Voltage Foot
02 - Oxygen Level
paO2- Partial Pressure of Oxygen
paCO2 - Partial Pressure of Carbon Dioxide
Oxygen Stats - Oxygen Saturation Levels
-HCT - Hematocrit Level
mm Hg - Millimeters of Mercury

C. General Indicat9rs.

1. Pa02 < 55·mm Hg or saturation <.88% while breathing ambient air.

2. Optimum medical management.

   a. Ancillary respiratory medications.
   b. Physiotherapy.
   c. Associated adverse conditions addressed.

3. Pa02 of _56-59 mm Hg or saturation of 91% in the presen9e of one or more of the following:

   a. Corpulmona·1e (p wave greater than 3 mm in standard leads II, 111, or AVF).
   b. Right ventricular hypertrophy.
   c. Erythrocytosis (Hct > 56%)
   d. Reduced tissue oxygenation accompanied by neuropsych signs (i.e., tachycardia, tachypnea, dyspnea; cyanosis, diaphoresis chest ·pain or tightness, change in sensorium.

4. For that resident whose clinical condition prohibits evaluation of arterial oxygen saturation without supplemental oxygen:

   a. Oxygen saturation while on 02 < 92%.
   b. Pa02 < 60 mni Hg.