

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: LTC-R Regional Directors
Section/Unit Managers

FROM: Marc Gold
Section Manager
Long Term Care-Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #99-25

DATE: July 12, 1999

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 99-25 -- Clarification of Home Health Agency (HHA) Interpretive Guideline Tag G161; Call Beverly Tucker, Section Manager, Professional Services, at (512) 438-2631

If you have any questions, please direct inquiries to the individuals or sections listed above.

~Original Signature on File~

Marc Gold

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Region VI
1301 Young Street, Room 833
Dallas, Texas 75202

June 24, 1999

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 99-25

To: All State Survey Agencies (Action)
All Title XIX Single State Agencies (Information)

Subject: Clarification of Home Health Agency (HHA) Interpretive Guideline Tag G161

The purpose of this memorandum is to clarify the HHA interpretive guideline Tag at G161. This Tag provides guidance to interpreting the regulation at 42 CFR 484.18(a). The regulation requires orders for therapy services to include the specific procedures and modalities to be used and the amount, frequency, and duration of the therapy ordered.

"Modalities" are defined as any physical agent applied to produce therapeutic changes to biologic tissue and include, but are not limited to, thermal, acoustic, light, mechanical, or electric energy. "Procedures" are defined as a manner of effecting change through the application of clinical skills and/or services that attempt to improve function. This can be achieved through exercise or training and must include active interaction between therapist and beneficiary.

Modalities that are supervised but do not require constant patient contact (by the provider) include hot or cold packs, traction, mechanical or electrical stimulation (unattended), acupuncture with electrical stimulation, vasopneumatic devices, paraffin bath, microwave, whirlpool, diathermy, infrared and ultraviolet. Modalities requiring constant attendance include electrical stimulation (manual), iontophoreses, contrast baths, ultrasound and Hubbard tank. Items such as Theraband, free weights and stationary bikes are not considered modalities. They are considered equipment or items used in support of a procedure such as therapeutic exercise (CPT code 97110) or neuromuscular reeducation (CPT code 97112).

Procedures and modalities are listed in the Current Procedure Terminology (CPT) manual. There are not CPT codes for such items as Theraband, free weights and stationary bikes. Therefore, SAs should not be citing deficiencies at Tag G161 or any other Tag (i.e., G162 or G165) for a lack of specific orders regarding Theraband, free weights and stationary bikes. Currently, Tag G161 is the only Tag where deficiencies regarding lack of specificity for procedures and modalities could be cited.

These revisions will be in the next State Operations Manual update.

If you have any questions, please contact Jann Caldwell, of my staff, at (214) 767-4401.

Sincerely,
~Signature on File~

Calvin G. Cline, Chief
Survey and Certification Operations Branch