An unattended/supervised modality is the application of a modality that does not always require direct one on one patient contact by the therapist/assistant the entire time the modality is on. Electrical stimulation and diathermy are examples. Patients receiving unattended modalities should always be within line of sight of the treating therapist/assistant to ensure patient safety and optimum therapeutic outcome.

Documenting an unattended modality involves a comprehensive daily note that captures the skilled and non-skilled therapy time provided to the patient. Medicare Part A requires us to differentiate the time because only the skilled treatment time may be recorded on the MDS.

**Remember:** Skilled therapy services require the skills, knowledge and judgment of a qualified therapist/assistant and our documentation must reflect this.

**Examples of Skilled Therapy Time or Minutes**

**Pre-Treatment and During Treatment**
- Clinical decision to apply a modality
- Patient education
- Set up of equipment
- Positioning the patient
- Assessment of the patient, for example: pain using a pain scale, goniometric measurements, skin integrity, edema measurements, sensation, modified Ashworth scale for tone and MMT
- Initial application of the electrodes or positioning the diathermy drum
- Selection of parameters (time, device settings, protocols used)
- Initiation of treatment
- Adjustment of parameters, if needed
- Patient response to treatment
- Readjusting electrode or diathermy drum placement
- Re-checking skin, assessing the patient’s condition
- Any interventions requiring the clinician to be present during the treatment due to medical complications, diagnosis or co-morbidities for example monitoring vital signs

**Post-Treatment**
- Patient response to treatment to assess modality effectiveness and safety
- Removal of electrodes or diathermy drum
- Reassessment of the patient, for example: pain using a pain scale, goniometric measurements, skin integrity, edema measurements, modified Ashworth scale for tone, and MMT
- Transferring or repositioning the patient
Example of Non Skilled Therapy Time or Minutes
• Modality is operating and the therapist/assistant is not providing any skilled intervention, but continues to provide supervision

Documentation Examples of an Unsupervised Modality Treatment:
• Electrical stimulation was provided for a total of 30 minutes. IFC 50 microsec, 80 pps times 20 minutes for pain management of right knee. Pad placement medial/lateral right knee in supine. Skilled treatment time (10 minutes) included set up, positioning, application of electrodes and assessment of patient pre and post treatment. Pre-treatment pt c/o 7/10 knee pain and skin condition revealed 1+ edema lateral aspect of knee. Post-treatment pt c/o 3/10 knee pain and skin inspection revealed no edema nor redness of skin in the treatment area. * Note: Record 10 min. on the mobile device as skilled time, the 30 min. total time and 20 min. protocol time are important components of the daily narrative note.

• Thermal diathermy was provided for 20 minutes to right gastrocnemius for right ankle contracture. Skilled treatment time included set up, positioning, selection of protocol, assessment of patient pre and post treatment. Pre-treatment 10 degrees of ankle dorsiflexion and skin intact, post treatment 8 degrees of ankle dorsiflexion and skin inspection revealed no redness. * Note: Record 8 min. on the mobile device as skilled time, the 20 min. protocol time is an important component of the daily narrative note.

* Note: There are circumstances where the entire time the modality is applied to the patient can be counted as skilled treatment time. For example, if a patient’s medical complexity requires monitoring of vital signs, frequent inspection of the skin due to fragile skin or the patient demonstrates mild cognitive impairment with decreased attention and anxiety, frequent movement and difficulty maintaining optimal alignment during treatment hindering the effectiveness of the modality. The presence of the clinician during the entire modality application and the effectiveness of the modality are taken into consideration prior to providing this skilled intervention. Documentation must support the clinical reason why the clinician was required to be present for the entire modality treatment time.

Capturing Skilled Treatment Time for Unattended/Supervised Modalities on the iPad Mini:
• Tap “Start” when conducting pre-treatment assessment and positioning the patient for treatment. The ‘clock’ continues to run during the application of the modality, adjustment of parameters or equipment, assessment of patient’s response, etc.
• When the modality can run without direct therapist contact with the patient, tap “Stop”; the modality treatment continues but unskilled services are not captured on the iPad mini.
• Tap “Start” once again at the end of the treatment when skilled services are utilized to safely remove equipment, assess modality effectiveness, reassess patient’s status post-treatment, complete repositioning/transfers, etc.
• Tap “Stop” once the skilled portion of the post-treatment assessment and additional skilled interventions have been completed.

* Note: Treatment should be re-started any time that skilled intervention is provided during the modality treatment.

References:
1. Medicare Benefit Policy Manual: Chapter 15, Sections 220 and 230
2. Medicare Benefit Policy Manual: Chapter 5, Sections 10, 20, 30, 40 and 100
3. Medicare’s 11 Part B Billing Scenarios for PTs and Ot’s
4. CMS’s RAI Version 3.0 Manual
5. RehabCare policy, “Modalities”
6. Clinical Practice Guidelines, Coding for Physical Agent Modalities