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37.40.409 SPECIALIZED REHABILITATIVE SERVICES

(1) If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation are required in the resident's comprehensive plan of care, the facility must provide the required services, or obtain the required services from an outside resource from a provider of specialized rehabilitative services.

(a) Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

(History: 53-6-113, MCA; IMP, 53-6-101, 53-6-113, MCA; NEW, 2004 MAR p. 1479, Eff. 7/2/04.)

Rules 37.40.410 and 37.40.411 reserved SENIOR AND LONG TERM CARE SERVICES
37.40.412

37.40.330 SEPARATELY BILLABLE ITEMS

...(4) Physical, occupational, and speech therapies which are not nursing facility services may be billed separately by the licensed therapist providing the service, subject to department rules applicable to physical therapy, occupational therapy, and speech therapy services.

(a) Maintenance therapy and rehabilitation services within the definition of nursing facility services in ARM 37.40.302, are reimbursed under the per diem rate and may not be billed separately by either the therapist or the provider.

(b) If the therapist is employed by or under contract with the provider, the provider must bill for services which are not nursing facility services under a separate therapy provider number.

37.40.110 SERVICES FURNISHED

The following sections list those services commonly furnished by nursing personnel in skilled nursing homes and their usual skill classification. Any generally non-skilled service could, because of special medical complications in an individual case, require skilled performance, supervision or observation. However, the complications and special services

involved should be documented by nursing notes and/or physician orders with progress notes. These records should include the observations made of physical findings, new developments in the course of the disease, the carrying out of details of treatment prescribed, and the results of the treatment.

(11) Physical therapy, one aspect of restorative care, consists of the application of a complex and sophisticated group of physical modalities and therapeutic services. Physical therapy, therefore, is a skilled service. However, a provision of physical therapy only would not justify a finding that the patient requires skilled care. In some situations, however, a patient whose primary need is for physical therapy will also require sufficient skilled nursing to meet the definition of skilled care. The need for such supportive skilled nursing on a continuing basis may be presumed when all four of the following conditions are met.

(a) The therapy is directed by the physician who determines the need for therapy, the capacity and tolerance of the patient, and the treatment objectives.

(b) The physician, in consultation with the therapist, prescribes the specific modalities to be used and frequency of therapy services.

(c) The therapy is rendered by or under the supervision of a physical therapist who meets the qualifications established by regulations; when the qualified therapist is the supervisor, he is available and on the premises of the facility while the therapy is being given, he makes regular and frequent evaluations of the patient, records findings on the patient's chart, and communicates with the physician as indicated.

(d) The therapy is actively concerned with restoration of a lost or impaired function. For example, frequent physical therapy treatments in connection with a fractured back or hip or a CVA can be presumed to be directed toward restoration of lost or impaired function during the early phase --when physical therapy can be presumed to be effective. However, when the condition has stabilized, the presumption that continuing supportive skilled nursing services are required is no longer valid. Such cases must be evaluated in relation to the specific amount of skilled nursing attention required in the individual case as evidenced by physician orders and nursing notes. The routine ambulation and/or transfer of patients is not a skilled service.

(History: Sec. 53-6-113, MCA; IMP, Sec. 53-6-113, MCA; NEW, Eff. 1/3/77; TRANS, from SRS, 2000 MAR p. 489.)