

**Fulcrum Health, Inc.**

<b>Clinical Guideline Title:</b>	Passive Modality Utilization		
<b>History:</b>		<b>Effective Date:</b>	5/18/17
		<b>Last Revision Date:</b>	
		<b>Last Review Date:</b>	5/18/17
<b>Responsible Area/Individual</b>	Utilization Management / Chief Clinical Officer		
<b>Purpose:</b>	To apply literature support on the utilization of passive therapeutic modalities in the management of acute musculoskeletal conditions.		
<b>Regulation/Reference (if applicable):</b>	<p>Effective Health Care Program (Comparative Effectiveness Review # 169):</p> <ul style="list-style-type: none"> <li>• Prepared for the Agency for Healthcare Research and Quality (AHRQ);</li> <li>• Publication # 16-EHC004-EF / February 2016;</li> <li>• Prepared by Pacific Northwest Evidence-based Practice Center;</li> </ul> <p>2016 ChiroCode Deskbook;          ICSI Acute Low Back Guidelines;          2016 AMA CPT Codebook</p>		

**Guideline:**

Fulcrum Health, Inc. (Fulcrum) has developed this guideline to support the utilization of passive modalities in the management of acute musculoskeletal conditions when the application of the service is consistent with a best-practice application and will achieve the best outcome for the patient.

**Definitions:**

A modality is any physical agent applied to produce therapeutic changes to tissues; includes but not limited to thermal, acoustic, light, mechanical or electric energy.

- Supervised modalities are those that **do not require** direct (one-on-one) patient contact by the provider.
- Constant attendance modalities **require** direct (one-on-one) patient contact by the provider. According to the *AMA CPT assistant*, “Constant attendance involves visual, verbal, and/or manual contact with patient during provision of the service.” Constant attendant modalities are time-sensitive and each may be performed in intervals of 15 minutes.

**Position:**

In support of the current consumer Certificate of Benefits, passive modalities beyond the acute phase of treatment, or any procedures that provide redundant therapeutic effects are considered unnecessary to the recovery of the patient.

**Procedure:**

Passive therapeutic modalities may be clinically appropriate or necessary in the management of musculoskeletal conditions when:

- There are no contraindications to the application
- The rationale for use is clearly documented (achieve treatment goal)
- The location and duration is reported
- Self-administration is not possible
- Used primarily during the acute phase of care
- Used for a specific condition for which there is evidence of benefit

Passive therapeutic modalities are not considered clinically appropriate or necessary for the management of musculoskeletal conditions when:

- Risks outweigh patient safety by the application of the modality
- The modality can be safely self-administered
- Used during a course of treatment, which is continuing beyond the acute phase
- Used as the primary or sole therapy (except for specific/unique case exceptions)
- Greater than one passive modality is used involving the same body region(s)
- Used largely for the comfort and convenience of the patient
- Used as part of the routine office protocol

**Reference:**

**Document History:**

Date	Update
4/5/2017	New Document
5/18/2017	QISC Committee Approval