

Modes of Therapy Treatment Delivery PDPM Changes October 1, 2019

“A resident may receive therapy via different modes during the same day or even treatment session”.
MDS 3.0 RAI Manual Version 1.17.1, October 2019 Section O

Individual treatment is certainly the most utilized mode of delivery therapy treatment, however treatment provided via group, concurrent and co-treatment are also valid and clinically beneficial to attain optimal outcomes and ensure safe transitions.

The clinical decision, as to the mode(s) of therapy treatment delivery, is made by the therapist/assistant and must be:

- Clinically appropriate
- Medically necessary, meeting the definition of skilled care
- **PATIENT CENTERED**
- In compliance with the rules and regulations specific to payers
- Related to established goals
- Supported in documentation

On October 1, 2019, with the start of PDPM, the following changes, related to the modes of therapy treatment delivery, will take effect:

- **Group Definition Medicare Part A:**
“The treatment of **two to six** residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist who is not supervising any other individuals”.
MDS 3.0 RAI Manual Version 1.17.1, October 2019 Section O
- **Medicare Part A - Combined Limit on Group AND Concurrent:**
“For each discipline, no more than 25 percent of the therapy services (minutes) furnished to a patient in a covered Medicare Part A stay, may be in a group or concurrent setting”. **Federal Register / Vol. 84, No. 152 / Wednesday, August 7, 2019 / Rules and Regulations**
**Note: The look back for these items is the entire SNF Part A stay, starting at Day 1 of the Part A stay and finishing on the last day of the Part A stay*

Attached is a chart that highlights the definitions, rules and documentation requirements of the different modes of treatment delivery. Note that changes are highlighted in red. In addition, you must be familiar with RehabCare’s Policies & Procedures, Local Coverage Determinations for your facility, managed care contracts, state specific guidelines and other payer specifics.

Remember all patients are individuals with different needs. Just as we would not provide all patients with the same treatment, we should not deliver all treatment in the same way. Approach every treatment session with a well thought out plan as you journey with your resident towards optimal outcomes!

Please contact your Director of Quality with questions.

Modes of Therapy Treatment Delivery



Group, Concurrent & Co-treatment

EFFECTIVE OCTOBER 1, 2019

	Definition	Medicare A (PDPM)	Medicare B	Other Payers	Documentation
Group	<ul style="list-style-type: none"> 2 or more residents are being supervised at the same time by one therapist or assistant. The allowable number of patients participating in a group is determined the therapist. Patient participation in group therapy is based on determination of the clinical benefits to the patient. Not supervised by a Rehab aide Aide must be counted in total number of group participants While supervising a group, the therapist may not supervise another patient treatment at the same time. 	<ul style="list-style-type: none"> Treatment of 2 to 6 patients/residents, regardless of payer source, who are performing the same or similar activities and are supervised by a therapist or therapist assistant who is not supervising any other individual There is a combined limit on concurrent and group therapy furnished to a patient: for each therapy discipline, no more than 25% of the therapy minutes furnished to a patient in a covered Med A stay, may be in group/concurrent combined. Full minutes participating in group are recorded on the MDS Refer to LCD regarding specifics pertaining to use/types of groups, CPT and required ICD 10 codes. 	<ul style="list-style-type: none"> 2 to 6 patients Each patient coded 1 unit of group therapy utilizing 97150 for PT/OT and group Speech Language Pathology dysphagia services. Use 97508 for speech-language group. Entire time (minutes) patient participated in group are coded with appropriate CPT Code. Refer to LCD regarding specifics pertaining to use/types of groups, CPT and required ICD 10 codes. 	<ul style="list-style-type: none"> Inclusive of Medicaid, private pay, Managed Care and other insurance companies. Follow specific payer contract regulations regarding coding. 	<p>Plan of Care must include:</p> <ul style="list-style-type: none"> Justification for use of group Benefits to that particular patient Type and amount of group therapy and how it will help meet patient needs and attain goals <p>Updated Plan of Care</p> <ul style="list-style-type: none"> Required when adding group after the initial plan of care is completed. Should include information as in above for Plan of Care <p>Daily Note must include:</p> <ul style="list-style-type: none"> Type of group Number of participants in the group Purpose of the group including goal patient is working towards. (What specifically is this patient working on during this group treatment?) Indicate the clinical rationale for group Patient response

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Group, Concurrent & Co-treatment

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	Definition	Medicare A (PDPM)	Medicare B	Other Payers	Documentation
Concurrent	<ul style="list-style-type: none"> No more than two patients are being supervised by one clinician at the same time, regardless of payer source. Patients are not performing the same or similar activities Both patients/residents must be in line of site of the treating therapist. The decision to provide concurrent therapy must be driven by a valid clinical consideration. 	<ul style="list-style-type: none"> Treatment of 2 residents, who are not performing the same or similar activities at the same time, regardless of payer source for the second resident. <i>There is a combined limit on concurrent and group therapy furnished to a patient: for each therapy discipline, no more than 25% of the therapy minutes furnished to a patient in a covered Med A stay, may be in group/concurrent combined.</i> Both residents must be in line of sight of the treating therapist Full minutes in concurrent treatment are coded on the MDS 	<ul style="list-style-type: none"> If Medicare part B patient is receiving treatment (excluding untimed modalities) at the same time as another patient (regardless of activity) the treatment is coded and documented as group 	<p>Medicare A and Managed Care who do not reimburse by RUG:</p> <ul style="list-style-type: none"> Entire time participating is billed as individual time using appropriate CPT code that matches treatment <p>Other Payers:</p> <ul style="list-style-type: none"> Follow specific contract 	<p>Daily Note must include:</p> <ul style="list-style-type: none"> Clinical rationale for concurrent treatment Skilled treatment provided and goal(s) working towards Patient response
Co-treatment	<ul style="list-style-type: none"> Co-treatment is defined as a clinical delivery model in which 2 clinicians or a combination of the 2 (therapists and/or assistants) provides skilled treatment to one patient/resident at the same time. Treatment is based on determination of clinical benefit to the patient/resident Decision to co-treat should be made on a case-by case basis and must be well documented for each patient/resident 	<ul style="list-style-type: none"> 2 clinicians or a combination of the two, each from a different discipline treat one patient at same time, with different treatments, both disciplines may code the treatment session in full 2 clinicians from same discipline treating one patient at the same time, time must be split by the two (not to exceed actual time patient was receiving treatment) 	<ul style="list-style-type: none"> Therapists working together as a “team” cannot each code separately, for the same or different service at the same time. CPT codes are used for coding services of one clinician 2 clinicians must split the time, or one clinician can bill the entire session 	<ul style="list-style-type: none"> Inclusive of Medicaid, private pay, Managed Care and other insurance companies. Follow specific payer contract regulations regarding coding 	<p>Documentation required each time co-treatment provided and should include:</p> <ul style="list-style-type: none"> Clinical rationale for co-treatment and what disciplines involved State discipline specific goals addressed in YOUR treatment Skilled treatment provided Patient response and progress toward goals

- Refer to specific RehabCare Policies and Procedures – Group Treatment, Co-treatment and Concurrent Treatment for additional details.
- MDS 3.0 RAI Manual Version 1.17.1, October 2019 Section O
- Must be knowledgeable and follow state and federal practice guidelines.
- Review appropriate Local Coverage Determination (LCD) for additional detail.