

POSTette: Modes of Therapy: Individual/Co-Tx/Concurrent/Group

Reference: Medicare Benefit Manual Chapters 8 & 15, RAI Manual Section O; Therapy P&P 310

The most appropriate delivery method for each patient should be determined on a case by case basis. The delivery method chosen i.e., individual, co-treatment, concurrent, or group therapy must be clinically appropriate and provided solely for the benefit of the patient. The delivery method should not be used for the accommodation of staffing schedules or productivity concerns. In all instances, the documentation must clearly indicate the therapy services were:

- Medically necessary and at a level of complexity that required the skills and knowledge of a qualified clinician
- Consisted of interventions designed to meet the individualized needs of each patient.
- Provided in sufficient lengths of time to ensure appropriate skilled treatment in accordance with the plan of care.
- Demonstrated significant benefit to the patient within a reasonable period of time.

Individual Treatment

Individual therapy is the treatment of one patient at a time. The patient must receive the qualified clinician's full attention throughout the entire service. It is not appropriate to count individual therapy minutes when treatment is provided to more than one patient at the same time.

Part A / Advantage

One-on-one minutes may occur continuously (15 minutes straight), or in notable episodes. For example, the therapist treats the patient in the morning for 20 minutes and again in the afternoon for 15 minutes. The total individual time for this day would be 35 minutes.

Part B

One-on-one minutes may occur continuously (15 minutes straight), or in notable episodes. For example, the therapist treats the patient 10 minutes now, 5 minutes later. The total individual minutes for this session would be 15. If using time-based code units, the end result would be one billable unit of time-based service.

Co-Treatment

Part A / Advantage

Co-treatment is when two clinicians from different disciplines provide different treatments to one resident at the same time. For example, during a single 30 minute session with one patient the PT works on balance activities and the OT works on fine motor skills. Both disciplines can appropriately code 30 treatment minutes.

Co Treatment minutes and the skilled services provided for Medicare Part A are entered into the electronic documentation system. Co-treatment minutes and the disciplines providing the co-treat need to be identified.

A Treatment Encounter Note will need to include the co-treatment along with the purpose captured for that date of service. For example, PT and OT provided a co-treat for 18 minutes. PT documentation would focus on gait training & balance while OT documentation would address functional reach activities (gathering items for laundry) while ambulating.

According to a joint position statement from APTA/AOTA and ASHA:

"Co-treatment may be appropriate when practitioners from different professional disciplines can effectively address their treatment goals while the patient is engaged in a single therapy session. For example, a patient may address cognitive goals for sequencing as part of a speech-language pathology (SLP) treatment session while the physical therapist (PT) is training the patient to use a wheelchair, or a patient may address ADL goals for increasing independence as part of an occupational therapist (OT) treatment session while the PT addresses balance retraining with the patient to increase independence with mobility.

- Co-treatment is appropriate when coordination between the two disciplines will benefit the patient, not simply for scheduling convenience.
- Documentation should clearly indicate the rationale for co-treatment and state the goals that will be addressed through this method of intervention.
- Co-treatment sessions should be documented as such by each practitioner, stating which goals were addressed and the progress made.
- Co-treatment should be limited to two disciplines providing interventions during one treatment session."

In addition to clinical documentation needed to support co-treating, effective October 1, 2013 (FY 2014 SNF Final Rule), Co-Treatment Minutes must also be reported on the MDS. Definition: "When two clinicians, each from a different discipline, treat one resident at the same time (with different treatments), both disciplines may code the treatment session in full" [Page O-22, RAI Manual, 10.1.2013].

Rehab Optima has added a feature to allow documentation for Co-treatment Minutes within the Daily Activity Log. This feature will not allow more minutes to be counted in co-treatment than the total logged by the discipline. The Daily Activity Log has a "Co-Treatment Minutes" option at the bottom. The therapist enters the total minutes spent in Co-Treatment within this box, and then selects the discipline with which the co-treatment occurred.

Part B

Therapists or therapy assistants work together and provide continuous or notable episodes of the same or different service to one or more patients. Both clinicians cannot each bill separately for the same or different service provided at the same time to the same patient.

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- For example, a PT and an OT work together for 30 minutes with one patient on transfer activities. The PT has a focus on LE strengthening and Pre-gait and OT has a focus on training for Independence with ADL's. Each could log one unit of 97530. Alternatively, the two (2) total units of 97530 could be logged by either the PT or the OT, but not both.
- For example, a PT and a PTA work together for 60 minutes with two patients on balance activities. The PT and PTA could each log 30 minutes (2 units) of 97530. Alternatively, the total 60 minutes (4 units) of 97530 could be logged by either the PT or the PTA, but not both.

Concurrent Therapy

Part A / Advantage

Concurrent minutes may occur continuously or in notable episodes. One clinician uses different treatment methods for a maximum of two patients that are performing different activities at the same time.

Concurrent therapy is defined as the treatment of two residents at the same time, when the residents are performing two different activities. Both of whom must be in line-of-sight of the treating therapist or assistant. (MDS 3.0 RAI User's Manual, Section O, Special Treatments and Procedures)

Part B

Patients cannot be treated concurrently: A therapist may treat only one patient at a time. The treatment 2 to 4 patients at the same time must be logged as group treatment.

Group Therapy

With group treatment the therapist moves back and forth between the patients in the group, spending a minute or two at a time, and provides occasional assistance and modifications as needed. The therapist does not track continuous or notable, identifiable episodes of direct one-on-one contact with any of the patients.

Group treatments may be clinically appropriate as part of the rehabilitation process and specific parameters must be met (identified on POC, addressed in clarification orders, documentation when occurs, etc.) While it is permissible to code more than one group session per patient per day, it is rare. Documentation will need to strongly support the rationale for multiple group sessions per patient per day.

Under no circumstances may an aide conduct a group treatment session. However, an aide is permitted to observe or assist in the session, provided the session is being directly conducted by a qualified professional.

Part A / Advantage

- Treatment scheduled of no more and no less than four patients that are performing the same or similar activities (include ratio in documentation and explain any time it's less than four)
- Services must be provided by a qualified clinician who is not supervising any other individuals.
- When 4 patients perform the same or similar activities over a 60 minute group session, the therapist should count the total 60 minutes for all participants.
- The total time each patient spent in the group may be recorded and will be divided by four per CMS guidelines.
- Note that group therapy minutes can only be fully counted when the group minutes account for no more than 25 percent of the patient's weekly therapy in that discipline i.e., only 25 percent of the PT minutes reported on the MDS may be provided within a group setting.

Part B / Commercial Insurance (HMO)

- Simultaneous treatment of two or more patients who may or may not be performing the same or similar activity at the same time.
 - For example, during a 30-minute group session, a therapist works with two patients. The therapist will appropriately bill each patient 30 minutes (one unit) of the untimed group therapy code.
 - For example, during a 60-minute group session, a therapist works with three patients. The therapist will appropriately bill each patient 60 min (one unit) of the untimed group therapy code.
- Note: While there is no imposed limit for the amount of time Part B patients may spend in a group setting, clinicians should practice prudence and provide excellent supporting documentation beyond the 25 percent.