Concurrent Therapy

Just like providing individual, co-treatment or group treatment, the decision to provide a concurrent treatment to your patients should depend upon clinical reasoning. Which patients would benefit from a concurrent treatment? What are the clinical benefits to the patient from this mode of treatment?

A concurrent treatment is defined as one therapist providing different treatments to two patients at the same time. The provision of concurrent therapy requires that the therapist be in the room supervising and performing all minutes provided to each patient. No more than two patients can be seen concurrently. The clinical judgment of the therapist will determine which patients may benefit from concurrent therapy services.

Clinical Rationale for Concurrent Therapy Treatment

• Patients practice tasks in a practical, realistic setting, which further prepares the patient for discharge to a less-restrictive environment. Patients need to be able to demonstrate higher levels of independence as they move closer to discharge home.
• Patients learn from one another, encourage one another, and motivate one another through social interaction.
• Allows therapists to assess and teach generalization and carry-over of skills learned in individual therapy.
• Allows patient to demonstrate independence and safety with a particular skill in a safe environment.
• Improves participant’s awareness that his/her problems are not unique; may facilitate and promote healing through support of peers.
• Provides self-monitoring skills/awareness through peer interaction and feedback.

Potential Disadvantages

• Some patients may not want or like to be treated along with another patient; patient’s choice must be respected.
• Patients may perceive concurrent therapy as less personal and may not feel they are receiving appropriate attention.

Patients Must Be Clinically Appropriate To Be Treated Concurrently

Clinically Appropriate patients may include:

• Medically stable
• Alert and able to follow instruction
• Able to complete activities with supervision
• Higher level of function- orthopedic, arthritis, high level neurological
• Safely supervised without constant direct physical contact of another person

Inappropriate patients may include:

• Significantly cognitively impaired
• Lower functioning- especially low level neurological, brain injury, spinal cord injury
• Unable to be safely supervised without the physical contact of another person
• Unsafe or who have safety concerns
Treatments performed concurrently must be clinically appropriate. Inappropriate procedures would include:
  • Evaluations/Assessments
  • Wound care
  • Bedside treatments
  • Procedures requiring one-on-one intervention, such as advanced gait and balance training

Patients treated concurrently may or may not be working toward similar goals.

Documentation of concurrent therapy sessions must clearly demonstrate the benefit of concurrent therapy and the benefit of the skilled service provided, regardless of setting.

Selection of patients who can be treated concurrently is based on the therapist’s clinical judgment.

PDs and/or RCLs should monitor patients treated concurrently for utilization and appropriateness of selection for concurrent treatments on a weekly basis.

CMS Regulations for Concurrent Treatments
  • State practice acts do not explicitly govern the use of concurrent therapy with clinically appropriate patients.
  • Concurrent therapy may be performed by a licensed PT, OT, SLP, PTA, and COTA.
  • Minutes provided in a concurrent fashion are coded using the CPT code that best reflects the treatment being conducted.
  • Constant attendance modalities (CPT codes 97032-97039) cannot be performed when concurrently treating another patient.

Medicare Part B Specific
  • Medicare Part B does not recognize concurrent therapy and requires that any minutes provided concurrently be billed using the group therapy CPT code (97150).

Policy
  • For additional information regarding concurrent treatment please see Concurrent Treatment Policy 02.05 on Knect