

Modes of Therapy Treatment Delivery

As clinicians, we all know that there are a variety of ways to deliver treatment. Individual, concurrent, group and co-treatment can all be valid and valuable ways that we can provide treatment to our residents/patients. The decision as to the mode of clinical delivery is made by the therapist, and never based on therapist or department convenience.

The primary method of providing treatment is through individual intervention, however there are many benefits to engaging the resident/patient in group, concurrent or perhaps co-treatment at appropriate times, throughout the course of treatment.

Our residents/patients benefit from a **well thought out plan**, considering the following:

- What treatment interventions are indicated based on impairments, functional status and progress to date?
- Where is the resident/patient in their course of treatment?
- What goals am I working towards?
- What is the transition plan for this resident/patient?
- What mode(s) of treatment delivery will enhance the effectiveness of the treatment intervention?
- What mode(s) will help me to assess my resident/patients performance in a different setting, with distractions, interacting with other residents etc.?
- Which mode(s) will help to prepare my patient for safe transition to the next level of care?

Example Concurrent Benefit:

Concurrent treatment provides a perfect opportunity for a patient to be independently performing their home exercise program, with intermittent cueing, as needed by the therapist. This also provides the therapist the opportunity to determine the ability of the patient to independently perform the program and make any modifications needed prior to transition from therapy. During this time the therapist is working with another patient, engaged in a different activity, moving back and forth between the two patients as indicated.

Example Group Benefit:

Patient participation in group can assist a patient in preparation for transition to a different setting where they need to function within a more dynamic environment, with a variety of distractions. Group therapy allows the opportunity to carryover gains made during individual therapy to more functional activities. Additionally it provides the therapist the ability to observe patient performance in the dynamic environment, which aids in the determination of readiness for discharge and/or need for modifications to goal/plan.

Example Co-treatment Benefit:

Two different disciplines working together on different tasks can be of great benefit to the patient in **specific situations**. OT working on upper extremity therapeutic exercises, reaching and crossing midline in necessary for ADLs, while PT is working on dynamic sitting balance/trunk control and pelvic mobility necessary for safe transfers can be highly beneficial.

In addition to understanding the clinical benefit of the different modes of therapy delivery, it is important to understand specific payer rules, regulations, coding and documentation requirements. Attached is a chart that highlights the definitions, rules and documentation requirements of the different modes of treatment delivery. In addition, you must be familiar with RehabCare's Policies & Procedures (02.05, 02.06 and 02.07), Local Coverage Determinations for your facility, managed care contracts 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!

**Modes of Therapy Treatment Delivery
Group, Concurrent & Co-treatment**



	Definition	Medicare A	Medicare B	Other Payers	Documentation
Group P&P 02.07	<ul style="list-style-type: none"> 2-4 residents are being supervised at the same time by one therapist or assistant. The allowable number of patients participating in a group is determined by payer. 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 Therapist may not supervise add pt. treatment @ same time 	<ul style="list-style-type: none"> Four patients (<i>must plan for 4, if one is unexpectedly absent or cannot complete group, still meets definition of group</i>) Each patient may receive no more than 25% of his/her treatment minutes per discipline, per week, in group setting Minutes coded as group minutes on the MDS and divided by 4 (<i>within MDS grouper</i>) to determine reimbursable minutes. 	<ul style="list-style-type: none"> 2-4 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 Refer to LCD to confirm codes to use (may vary) 	<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>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
Concurrent P&P 02.05	<ul style="list-style-type: none"> No more than two patients are being supervised by one clinician at the same time. Patients are not performing the same or similar activities The patients must remain in line of site of the clinician. The decision to provide concurrent therapy must be driven by a valid clinical consideration. 	<p>Medicare Part A and other Payers who reimburse by RUG level:</p> <ul style="list-style-type: none"> Minutes coded as full time spent in therapy. Grouper software will divide minutes by 2 See P&P for details regarding students 	<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 P&P 02.06	<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 Policies and Procedures listed above for additional detail. References include CMS RAI Manual Version 3.0, MDS Items (O)

*Must be knowledgeable and follow state and federal practice guidelines.

*Review appropriate Local Coverage Determination (LCD) for additional detail.