Is group and/or concurrent therapy really necessary for a patient’s treatment?
While skilled rehabilitation is often thought of as one-on-one services; group and concurrent therapy treatments are clinically sound service delivery options for some patients, under some circumstances. Both treatment approaches can provide value to patients while delivering high-quality, evidence-based interventions. It’s important to any skilled nursing facility to not underestimate the potential positive effects of group and concurrent treatments.

What are the benefits of group and concurrent therapy?
Some of the benefits of any form of therapy that involves more than one patient include:
• Peer support and encouragement
• Increased motivation
• Information exchange and sharing
• Comparative self-analysis and learning from peer’s skill levels
• Assistance in recognizing one’s own problems are not unique and that peers experience similar challenges
• More realistic simulation of the typical, everyday environment in which patients are asked to maintain their new functional skills.

Are all of the definitions for group and concurrent therapy the same when it comes to reimbursement under PDPM?
No. The definitions for group and concurrent therapy vary by payer source. For example, Medicare A and some Managed Care reimbursement sources define these treatments as follows:
Group therapy is the treatment of 2-6 patients who are performing similar activities that are part of their plans of care regardless of payer source. Concurrent therapy is the treatment of 2 patients at the same time, who are performing different activities.

While Medicare B and some other reimbursement sources define these therapy treatments as follows:
Group therapy is the simultaneous treatment of 2-4 patients and the therapist divides their attention between all participants regardless of payer source.
As for concurrent therapy, this is not a service delivery option for part B patients.

How are therapy minutes determined in group and/or concurrent therapy?
Under PDPM, up to 25% of the entire number of minutes provided per patient, per discipline, can occur through group and/or concurrent therapy. These minutes will be identified separately and recorded on the MDS with no further “allocation” of minutes as currently required under RUG-IV.

What if the therapy minute threshold is exceeded?
If the 25% threshold is exceeded, this will be deemed as “non-compliant” in a communication to the provider and is a non-fatal error. There is no penalty at this time, but the communication is clearly meant to alert the provider that their future practices must comply with these new guidelines.

Questions about this information? Contact PDPM@AegisTherapies.com or visit our Resource Center for more information at AegisTherapies.com/Resources.