

# PATIENT DRIVEN PAYMENT MODEL

## Fact Sheet: Concurrent and Group Therapy Limit

Last Revised: 8-27-19

### Background

Under RUG-IV, no more than 25 percent of the therapy services delivered to SNF patients, for each discipline, may be provided in a group therapy setting, while there is no limit on concurrent therapy.

Because the SNF PDPM will not use the minutes of therapy provided to a resident to classify patients for payment purposes, it is possible that SNFs may become incentivized to emphasize group and concurrent therapy, over the kind of individualized therapy which is tailored to address each beneficiary's specific care needs which is generally the most appropriate mode of therapy for SNF patients. In order to mitigate this potential effect of PDPM, CMS imposed a limit of 25 percent on concurrent and group therapy.

This fact sheet defines concurrent and group therapy, discusses how compliance with this limit will be calculated, and the impact of non-compliance with this limit.

### Definitions

Individual services are provided by one therapist or assistant to one resident at a time.

Concurrent therapy is defined as the treatment of 2 residents at the same time, when the residents are not performing the same or similar activities, regardless of payer source, both of whom must be in line-of-sight of the treating therapist or assistant for Medicare Part A. When a Part A resident receives therapy that meets this definition, it is defined as concurrent therapy for the Part A resident regardless of the payer source for the second resident.

Group therapy is defined for Part A as the treatment of 42-6 residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist or an assistant who is not supervising any other individuals.

### Reporting Concurrent and Group Therapy

Under PDPM, providers will be required to complete the PPS Discharge Assessment (Item Set Code = NPE) at the end of a SNF stay for all SNF Part A beneficiaries. As part of this assessment, providers will complete a new section of the MDS, section O0425, where providers will report the total amount of therapy, broken down by therapy mode (individual, concurrent and group) and by

# PATIENT DRIVEN PAYMENT MODEL

therapy discipline (Physical Therapy, Occupational Therapy, Speech-Language Pathology) the patient received during the entire Part A stay.

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. Once reported on the MDS, CMS grouping software will calculate the percentage of group and concurrent therapy, combined, provided to each patient, by discipline, as a percentage of all therapies provided to that patient. If the amount of therapy provided exceeds 25 percent, then this would be deemed as non-compliance.

## Calculating Compliance with the Concurrent and Group Therapy Limit

Providers should follow the steps outlined below for calculating compliance with the concurrent/group therapy limit:

- Step 1: Total Therapy Minutes, by discipline (O0425X1 + O0425X2 + O0425X3)
- Step 2: Total Concurrent and Group Therapy Minutes, by discipline (O0425X2+O0425X3)
- Step 3: C/G Ratio (Step 2 result/Step 1 result)
- Step 4: If Step 3 result is greater than 0.25, then the provider is non-compliant.

Consider the following example for calculating compliance with the concurrent/group therapy limit:

### Example

- Total PT Individual Minutes (O0425C1): 2,000
- Total PT Concurrent Minutes (O0425C2): 600
- Total PT Group Minutes (O0425C3): 1,000

### Compliance Calculation

- Step 1: Total PT Minutes (O0425C1 + O0425C2 + O0425C3): 3,600
- Step 2: Total PT Concurrent and Group Therapy Minutes (O0425C2 + O0425C3): 1,600
- Step 3: C/G Ratio (Step 2 result/Step 1 result): 0.44
- Step 4: 0.44 is greater than 0.25, therefore this is non-compliant.

## Non-compliance

There will be no penalty for exceeding the 25% combined concurrent and group therapy limit. However, providers will receive a warning edit on their assessment validation report that will inform them that they have exceeded the 25% limit.

# PATIENT DRIVEN PAYMENT MODEL

The warning edit will read as follows: “The total number of group and/or concurrent minutes for one or more therapy disciplines exceeds the 25 percent limit on concurrent and group therapy. Consistent violation of this limit may result in your facility being flagged for additional medical review.”

CMS will also monitor therapy provision under PDPM to identify facilities that exceed the limit, in order to determine if additional administrative or policy action would be necessary.