

Group Therapy Quick Tips

Definition

Medicare Part A:

Effective October 1, 2019, under the SNF PPS, group therapy is defined as a qualified rehabilitation therapist or therapy assistant treating two to six patients at the same time who are performing the same or similar activities.

Medicare Part B:

Includes the treatment of 2 or more patients, regardless of payer source, who may or may not be performing the same activity.

Group Therapy Documentation Tips & Guidance

1. The modes of therapy were established to be utilized as a “planned therapy event.” The RAI Manual specifically states that the therapist plan of care must incorporate the modes of therapy, the amount of time the resident receives for each mode, and the reason for each mode. For example, if the plan includes group or concurrent therapy sessions, clinical reasoning should be included.
2. The evaluation should include documentation that explicitly justifies the use of group, rather than individual or concurrent, therapy. The description should include, but is not limited to the specific benefits to the particular patient, including the documented type and amount of group therapy. (i.e. How will the prescribed type and amount of group therapy meet the patient’s need and assist the patient in reaching the documented goals?)
3. Document a therapy encounter note on the day of the group which describes the purpose of group, number of participations, how the group relates to the individual’s goals, any adjustment made to grade the group for an individual, and description of skilled strategies used.
4. A “cookie-cutter” approach to adding Group Therapy for every resident in every POC is not acceptable.
5. Concurrent, Group and Co-Treatment therapy modes should only be provided when these modes will effectively assist in the achievement of the patient’s goals.
6. Therapists must establish a group size which allows social interaction in the most effective way, and also allows the therapist to effectively meet the clinical needs of the patients.
7. These modes of treatment should not be used for staff convenience, in place of sufficient staffing, or to boost productivity.
8. Individual treatment is the most straight forward mode of therapy delivery. Most Medicare treatment (no less than 75%,) should be provided as individual treatment.
9. Occupational and Physical Therapy will also use CPT 97150 for reporting group minutes on the therapy service log matrix.
10. SLPs will use CPT 92508 to report groups associated for treatment of speech, language, voice, communication and / or auditory processing disorder. Some LCDs may also allow speech-language pathologists to use CPT code 97150 to describe group therapy for other disorders, such as dysphagia. Providers should clarify billing expectations with Medicare Administrative Contractors (MACs).

Resource Links:

Center for Medicare and Medicaid Services. (2019). MDS 3.0 RAI Manual. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
[2020 SNF PPS Final Rule](#)
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