

Group Therapy Quick Tips

Definition

Medicare Part A:

Treatment of exactly 4 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 anyone else. If one or more of the four participants are unexpectedly absent from a session or cannot finish participating in the entire session, the session will meet the definition of group therapy as long as the therapy program originally had been planned for four residents

Note: April 2019 proposed rule defines group as 2-6 patients. Practice effective 10/1/19 should be updated based on the final rule for FY2020.

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. 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. Keep in mind current rules that there must be exactly 4 pts for a part A group. The proposed rule includes language for 2-4 resident.
5. A “cookie-cutter” approach to adding Group Therapy for every resident in every POC is not acceptable.
6. 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.
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.

Resource Links:

Center for Medicare and Medicaid Services. MDS 3.0 RAI Manual including current and 5/14/19 Draft v1.17 October 1, 2019. Retrieved from: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

[2020 SNF PPS Proposed Rule](#)

[2019 SNF PPS Final Rule](#)