

Considerations for Group, Concurrent, and Individual Therapy

The Centers for Medicare & Medicaid Services (CMS) supports the clinical judgement of the practitioner. Refer to coverage rules by the payer for more details.

Individual Therapy	Group Therapy	Concurrent Therapy
Clinical & Regulatory Overview		
Should be the primary mode of evaluation and intervention.	Appropriate for clients when implemented to address client-specific goals.	May be appropriate for some clients and some goals.
Clinical Considerations		
<p>The typical OT intervention session should be individual.</p> <p>Any occupation-based intervention that includes safety concerns is likely best completed in an individual setting.</p>	<p>Provide interventions in group to the right clients at the right time.</p> <p>When identifying clients for group interventions, provide an activity analysis of the group intervention considering the clients':</p> <ul style="list-style-type: none"> Individual goals & current functional capacity Psychosocial needs and benefits of treatment in group Functional cognition & sensory impairments (e.g., vision, hearing) <p>Carefully consider the number of clients in the group. More complex clients or clients with lower functional capacity may benefit from a smaller group.</p> <p>Clients at different stages of rehabilitation may benefit from being together in groups to share the lived experience and recovery through rehabilitation.</p> <p>The group intervention should be directed at a specific goal in each client's plan of care. (The goals do not need to be the same or even similar for all clients.)</p> <p>Each client in the group should be able to meaningfully participate with the assistance of the practitioner throughout the group. Interventions must be <i>skilled</i> and <i>medically necessary</i>.</p>	<p>Interventions should be directed at a specific goal for each client.</p> <p>The interventions must be <i>skilled</i> and <i>medically necessary</i>.</p> <p>Best used when clients are working on mastering a skill or occupation. Should be avoided for novel interventions and any time hands-on assistance is needed.</p> <p>Concurrent therapy may only be a portion of an intervention session and is adjunct to individual interventions.</p> <p>AOTA anticipates concurrent interventions to be the least often implemented mode of occupational therapy.</p> <p>Medicare Part B does not recognize concurrent interventions.</p>
Documentation Considerations		
<p>Documentation should demonstrate the skill and distinct value of occupational therapy.</p> <p>See AOTA's Documentation & Reimbursement Resources: www.aota.org/Practice/Manage/Reimb.aspx</p>	<p>Documentation of group interventions should include:</p> <ul style="list-style-type: none"> how the prescribed skilled therapy services contribute to the patient's anticipated progression toward individualized goals. why group is the most appropriate mode of therapy for the person how the group therapy is medically necessary and appropriate to the needs of each beneficiary. <p>When groups are provided in a skilled nursing facility (SNF) setting, there is a requirement for an explicit justification for the use of group, rather than individual or concurrent therapy. This description should include, but need not be limited to:</p> <ul style="list-style-type: none"> the specific benefits to that particular person the documented type and amount of group therapy how the prescribed type and amount of group therapy will meet the patient's needs and assist the patient in reaching the documented goals. 	<p>Clearly document the portion of therapy in the intervention sessions that was provided concurrently.</p> <p>Clearly document the time that is skilled intervention and is directly connected to at least one individualized goal in the plan of care. <i>Note that a client performing tasks independently is typically not skilled therapy.</i></p>
Skilled Nursing Facilities: New Definitions and Special Considerations for Medicare Part A		
<p>A minimum of 75% of therapy must be provided one-on-one.</p> <p>"Individual therapy is the preferred mode of therapy provision and should be considered the standard of care in therapy services provided to SNF residents." (CMS, 84 Fed. Reg. 38728, 38745-38750, 2019)</p>	<p>A maximum of 25% of therapy may be provided in group and concurrent therapy combined.</p> <p>"Under the SNF PPS, group therapy will be defined as [an individual] qualified rehabilitation therapist or therapy assistant treating two to six patients at the same time who are performing the same or similar activities." (CMS, 84 Fed. Reg. 38728, 38745-38750, 2019)</p>	<p>A maximum of 25% of therapy may be provided in group and concurrent combined.</p> <p>"therapy is provided to two patients by one therapist or therapy assistant doing different activities." (CMS, 84 Fed. Reg. 38728, 38745-38750, 2019)</p>
<p><i>In the PDPM final rule, CMS (2019) states: "we expect therapists to determine the frequency, duration, and modality of therapy based on sound clinical reasoning and the individual needs of each patient." (84 Fed. Reg. 38728, 2019, pp. 38747-38748)</i></p>		

See the [Occupational Therapy Practice Framework: Domain and Process](#) (OTPF; AOTA, 2014) for more details. The OTPF directly addresses group intervention; it does not address concurrent treatment. From the OTPF:

Group—Functional groups, activity groups, task groups, social groups, and other groups used on inpatient units, within the community, or in schools that allow clients to explore and develop skills for participation, including basic social interaction skills, tools for self-regulation, goal setting, and positive choice making.

Examples:

- A group for older adults focuses on maintaining participation despite increasing disability, such as exploring alternative transportation if driving is no longer an option, and participating in volunteer and social opportunities after retirement.
- A meal planning group that includes developing simple menus and generating a grocery list using local supermarket sales flyers that focuses on healthy eating for clients with nutritional deficits. Clients receive important feedback and strategies from group members and leaders to enact individual dietary requirements that have been conveyed to them through previous interventions.
- An ADL-focused (i.e., activities are assigned based on individual needs) session for clients who are post-stroke with unilateral neglect. Group problem solving and feedback are powerful therapeutic vehicles to generalize and normalize the use of compensatory strategies.

REFERENCES

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain & process (3rd ed.). *American Journal of Occupational Therapy*, 68, S1–S48. <https://doi.org/10.5014/ajot.2014.682006>

Centers for Medicare & Medicaid Services. (2019). Medicare program; prospective payment system and consolidated billing for skilled nursing facilities; updates to the quality reporting program and value-based purchasing program for federal fiscal year 2020. 42 CFR Parts 409 and 413. *Federal Register*, 84(152), 38728, 38746–38747. Retrieved from <https://www.govinfo.gov/content/pkg/FR-2019-08-07/pdf/2019-16485.pdf>

ADDITIONAL RESOURCES

American Occupational Therapy Association. (2017a). Critically Appraised Topic: Evidence for Group and Individual Interventions for Community-Dwelling Older Adults. Retrieved from <http://www.aota.org/Practice/Productive-Aging/Evidence-based/CAT-PA-Health-Group-Individual-Interventions.aspx>

American Occupational Therapy Association. (2017b). Critically Appraised Topic: Evidence for Group Interventions for Community-Dwelling Older Adults. Retrieved from <http://www.aota.org/Practice/Productive-Aging/Evidence-based/CAT-PA-Health-Group-Interventions.aspx>

AOTA's Volume to Value Page: www.aota.org/value

Berger, S., Escher, A., Mengle, E., & Sullivan, N. (2018). Effectiveness of health promotion, management, and maintenance interventions within the scope of occupational therapy for community-dwelling older adults: A systematic review. *American Journal of Occupational Therapy*, 72, 7204190010p1-7204190010p10. <https://doi.org/10.5014/ajot.2018.030346>

Centers for Medicare & Medicaid Services. (2009). 11 Part B Billing Scenarios for PTs and OTs. Retrieved from https://www.cms.gov/Medicare/Billing/TherapyServices/Downloads/11_Part_B_Billing_Scenarios_for_PT_and_OT.pdf

Title 42: Public Health. Physical therapy, occupational therapy, and speech-language pathology services. 42 CFR § 409.17 https://gov.ecfr.io/cgi-bin/text-idx?SID=7689551d65ef301e2c19820f2cc298b4&mc=true&node=se42.2.409_117&rgn=div8

Title 42: Public Health. Physical therapy, occupational therapy, and speech-language pathology services. 42 CFR § 409.23 https://gov.ecfr.io/cgi-bin/text-idx?SID=7689551d65ef301e2c19820f2cc298b4&mc=true&node=se42.2.409_123&rgn=div8