



Implementing MDS 3.0: Modes of Therapy – Part 1 September 27, 2010

Welcome to the first in a series of podcasts on implementing the Minimum Data Set version 3.0 (better known as MDS 3.0) for skilled nursing facilities which is effective October 1, 2010. I am Roshunda Drummond-Dye, Regulatory and Payment Counsel in the Government and Payment Advocacy Unit of the APTA.

In this podcast, we will focus on the changes regarding the different modes for delivering therapy in the skilled nursing facility.

Under the new rules, there are three modes of therapy that the physical therapist or physical therapist assistant can use to treat the patient. They are individual, concurrent and group therapy.

Individual therapy is defined as individual services provided by one therapist or assistant to one resident at a time. The resident must be receiving the therapist or assistant's full attention and treatment of a resident intermittently throughout the day can be added up for the daily count of individual therapy minutes.

Concurrent therapy is defined as the treatment of two residents at the same time, when the residents are not performing the same or similar activities, regardless of the payer source, both of whom are in the line of sight of the treating therapist or assistant for Medicare Part A.

For Medicare Part B patients cannot be treated concurrently. For Medicare Part B, the therapist or assistant may treat one resident at a time and the minutes that the patient is treated individually will be counted; even if that treatment is performed intermittently throughout the day.

One significant change for concurrent therapy, under the new rules, is that the minutes recorded by the therapist or assistant as concurrent therapy minutes will now be divided evenly between the two residents treated concurrently. Previously, Medicare allowed the skilled nursing facility to receive the full therapy treatment time that the resident was treated concurrently for each patient. For example, under the new rules, if patient A and B are treated concurrently for 60 minutes and the treatment meets the new definition for concurrent therapy. The

therapist will record the total treatment time of the concurrent therapy session on the MDS 3.0 for each resident's and then the Medicare software will automatically divide the time recorded between the two patients in order to determine the RUG IV level. This each patient would be allocated 30 minutes each of concurrent therapy on the MDS.

Please note that these changes in allocation of concurrent therapy minutes will significantly change the classification of patient RUG IV levels.

Group therapy is defined for Medicare Part A as the treatment of two to four residents, regardless of the payer source, who are performing similar activities, and are supervised by a therapist or an assistant who is not supervising any other residents.

For Medicare Part B, the treatment of two or more patients, regardless of the payer source, at the same time is documented as group treatment. Group therapy cannot exceed 25 percent of the total therapy minutes recorded for each resident on the MDS 3.0. The 25 percent calculation will automatically be adjusted by the Medicare software.

Some other tips to remember:

- 1) Include only the therapy minutes for services that were provided to the resident while the individual is actually living or being cared for in the skilled nursing facility. Do not include minutes during a resident's inpatient hospital stay or time spent in some other post- acute care setting.
- 2) The therapist's time spent on documentation or on an initial evaluation is not included. Although the therapist's time spent on subsequent re-evaluations, conducted as part of the treatment process, should be counted.
- 3) Family education when the resident is present is counted and must be documented in the resident's record.

These changes as well as other changes regarding MDS 3.0 will take effect October 1, 2010, so please stay tuned as APTA continues to provide podcasts and other educational resources that you can use as you implement MDS 3.0. If you have questions regarding the modes of therapy in skilled nursing facilities under

Medicare or other provisions within MDS 3.0, please contact APTA at advocacy@apta.org or at 800.999.2782 ext. 8533. You can also visit APTA Web site for information at www.apta.org/medicare.

Thank you for listening to this podcast as we continue to make sure that APTA members are well-informed on federal payment issues and policies that affect the physical therapy practice.

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