

Eli's Rehab Report

Reader Question: Group Therapy, Different Diagnoses

Question: If we see several patients with different diagnoses during group therapy ([CPT 97150](#)), must more than one therapist be present at a time to see them (e.g., one therapist per diagnosis) if we want to bill the service to Medicare?

Tennessee Subscriber

Answer: Its OK for the patients to have different diagnoses, provided they all have the same goals and require the same types of therapy. For instance, if you are working in a group on cognitive skills with two patients with head injuries (959.01) and two stroke patients (436), they all may need the same types of therapy, despite their different diagnoses. You can still bill using 97150.

If the group consists of a patient with paralysis of the arm and a patient recovering from knee surgery, their goals may be different. If they are performing two different tasks, the group setting is probably not the best place for them, and you would code their individual therapy based on the specific exercises they are performing. This scenario has higher reimbursement, since individual therapy normally pays more.

When using 97150 for group therapy, be sure to report the code for each member of the group. In our example, the claims for the two patients with head injuries would be coded as 97150 with the diagnosis code 959.01. The claims for the stroke patients would be billed using 97150 with the diagnosis code 436.