

## Eli's Rehab Report

### READER QUESTIONS :Tread Carefully With Group Therapy in IRFs

**Question:** A Reader Question in Physical Medicine & Rehab Coding Alert, Vol. 9, No. 11, says that inpatient rehab facilities are not allowed to "dovetail" or complete "concurrent" therapy. I've been in the IRF setting for more than 10 years, and it's always been my understanding that IRFs can treat more than one person at a time, while working on separate things with each person.

If this is not the case, can you direct me to something in writing from CMS indicating that this cannot be done? I have heard that CMS was considering making it mandatory for therapists to treat one person at a time (thus, they would be able to bill for the full treatment session), but that it had not been implemented on an inpatient basis for IRFs. Thanks.

-- California subscriber

Answer: The only place you find the words "concurrent therapy" are in the SNF Part A RAI Manual. You do not see concurrent therapy mentioned anywhere else such as outpatient or the IRF setting rules and regulations. In addition, in the IRF setting, the patient must receive three hours of intensive therapy at least five out of seven days -- and many experts agree that concurrent therapy may not be considered intensive if the patient can do the tasks under your supervision while you are working with another patient.

CMS does not indicate in writing that you can't do concurrent therapy in the IRF setting. However, you will not find in writing that you can do concurrent therapy in the IRF setting. Upon review or worse, if someone turned you in to CMS or your Medicare contractor for perceived abuse or fraud, which way are you better off? If you talk to CMS medical reviewers and billing and documentation experts, you are better off (i.e. safer) not doing concurrent therapy, as nowhere does it state you can.

Finally, what you heard about CMS wanting to cut down on group therapy in the IRF setting is true. See the last issue of Physical Medicine & Rehab Coding Alert for more information. CMS stated in the proposed 2010 IRF PPS rule, "Group therapies are to be used in IRFs primarily as an adjunct to one-on-one therapy services." While this is not final yet, know that this is what CMS is pushing for. CMS also has mentioned its interest in more closely monitoring concurrent therapy in the SNF setting (see article on page 1).