

00390: Therapy Services

00390. Therapy Services	
Indicate therapies administered for at least 15 minutes a day on one or more days in the last 7 days	
↓	Check all that apply
<input type="checkbox"/>	A. Speech-Language Pathology and Audiology Services
<input type="checkbox"/>	B. Occupational Therapy
<input type="checkbox"/>	C. Physical Therapy
<input type="checkbox"/>	D. Respiratory Therapy
<input type="checkbox"/>	E. Psychological Therapy
<input type="checkbox"/>	Z. None of the above

Item Rationale

Health-related Quality of Life

- *Maintaining as much independence as possible in activities of daily living, mobility, and communication is critically important to most people. Functional decline can lead to depression, withdrawal, social isolation, breathing problems, and complications of immobility, such as incontinence and pressure ulcers/injuries, which contribute to diminished quality of life. The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for—and the frequency and duration of—the therapy services provided to residents.*
- *Rehabilitation (i.e., via Speech-Language Pathology Services and Occupational and Physical Therapies) and respiratory and psychological therapy can help residents to attain or maintain their highest level of well-being and improve their quality of life.*

Planning for Care

- *Code only medically necessary therapies that occurred after admission/readmission to the nursing home that were (1) ordered by a physician (physician's assistant, nurse practitioner, and/or clinical nurse specialist) based on a qualified therapist's assessment (i.e., one who meets Medicare requirements or, in some instances, under such a person's direct supervision) and treatment plan, (2) documented in the resident's medical record, and (3) care planned and periodically evaluated to ensure that the resident receives needed therapies and that current treatment plans are effective. Therapy treatment may occur either inside or outside of the facility.*
- *For definitions of the types of therapies listed in this section, please refer to the Glossary in Appendix A.*

Steps for Assessment

1. *Review the resident's medical record (e.g., rehabilitation therapy evaluation and treatment records, mental health professional progress notes) and consult with each of the qualified care providers to collect the information required for this item.*

O0390: Therapy Services (cont.)

Coding Instructions

Check each therapy service that was administered for at least 15 minutes per day on one or more days in the last 7 days. Check none of the above if the resident did not receive therapy services for at least 15 minutes per day on one or more days in the last 7 days.

A day of therapy is defined as skilled treatment for 15 or more minutes during the day.

- ***O0390A, Speech-Language Pathology and Audiology Services***
- ***O0390B, Occupational Therapy***
- ***O0390C, Physical Therapy***
- ***O0390D, Respiratory Therapy***
- ***O0390E, Psychological Therapy***
- ***O0390Z, None of the above were provided***

Coding Tips and Special Populations

- *Psychological Therapy is provided by any licensed mental health professional, such as psychiatrists, psychologists, clinical social workers, and clinical nurse specialists in mental health as allowable under applicable state laws. Psychiatric technicians are not considered to be licensed mental health professionals, and their services may not be counted in this item.*

Minutes of Therapy

- *Includes only therapies that were provided once the individual is actually living/being cared for at the long-term care facility. Do NOT include therapies that occurred while the person was an inpatient at a hospital or recuperative/rehabilitation center or other long-term care facility, or a recipient of home care or community-based services.*
- *If a resident returns from a hospital stay, an initial evaluation must be performed after entry/reentry to the facility, and only those therapies that occurred since admission/reentry to the facility and after the initial evaluation shall be counted, except in the case of an interrupted stay.*
- *O0390 therapy items do not require at least 15 minutes of a single mode of therapy to be checked on the MDS. Minutes from the same therapy discipline (e.g., physical therapy) but different therapy modes (e.g., individual and concurrent) may be combined to meet the “at least 15 minutes” of skilled therapy in a day requirement.*
- *The therapist’s time spent on documentation or on initial evaluation is not included.*
- *The therapist’s time spent on subsequent reevaluations, conducted as part of the treatment process, should be counted.*
- *Family education when the resident is present is counted and must be documented in the resident’s record.*

O0390: Therapy Services (cont.)

- *Only skilled therapy time (i.e., requires the skills, knowledge, and judgment of a qualified therapist and all the requirements for skilled therapy are met) shall be recorded on the MDS. In some instances, the time during which a resident received a treatment modality includes partly skilled and partly unskilled time; only time that is skilled may be recorded on the MDS. Therapist time during a portion of a treatment that is non-skilled; during a non-therapeutic rest period; or during a treatment that does not meet the therapy mode definitions may not be included.*
- *The time required to adjust equipment or otherwise prepare the treatment area for skilled rehabilitation service is the set-up time and is to be included in the count of minutes of therapy delivered to the resident. Set up may be performed by the therapist, therapy assistant, or therapy aide.*
- *Respiratory therapy—only minutes that the respiratory therapist or respiratory nurse spends with the resident shall count towards the 15 minutes per day on one or more days when coding the MDS. This time includes resident evaluation/assessment, treatment administration and monitoring, and setup and removal of treatment equipment. Time that a resident self-administers a nebulizer treatment without supervision of the respiratory therapist or respiratory nurse is not included in the minutes recorded on the MDS. Do not include administration of metered-dose and/or dry powder inhalers in respiratory minutes.*
- *For Speech-Language Pathology Services (SLP), Physical Therapy (PT), Occupational Therapy (OT), include only skilled therapy services. Skilled therapy services **must** meet **all** of the following conditions (Refer to **Medicare Benefit Policy Manual**, Chapters 8 and 15, for detailed requirements and policies):*
 - *for Part A, services must be ordered by a physician. For Part B, the plan of care must be certified by a physician following the therapy evaluation;*
 - *the services must be directly and specifically related to an active written treatment plan that is approved by the physician after any needed consultation with the qualified therapist and is based on an initial evaluation performed by a qualified therapist prior to the start of therapy services in the facility;*
 - *the services must be of a level of complexity and sophistication, or the condition of the resident must be of a nature that requires the judgment, knowledge, and skills of a therapist;*
 - *the services must be provided with the expectation—based on the assessment of the resident's restoration potential made by the physician—that the condition of the patient will improve materially in a reasonable and generally predictable period of time; or, the services must be necessary for the establishment of a safe and effective maintenance program; or, the services must require the skills of a qualified therapist for the performance of a safe and effective maintenance program.*

O0390: Therapy Services (cont.)

- *the services must be considered under accepted standards of medical practice to be specific and effective treatment for the resident's condition; and,*
- *the services must be reasonable and necessary for the treatment of the resident's condition; this includes the requirement that the amount, frequency, and duration of the services must be reasonable, and they must be furnished by qualified personnel.*
- *Include services provided by a qualified occupational/physical therapy assistant who is employed by (or under contract with) the long-term care facility only if they are under the direction of a qualified occupational/physical therapist. Medicare does not recognize speech-language pathology assistants; therefore, services provided by these individuals are not to be coded on the MDS.*
- *For purposes of the MDS, when the payer for therapy services is not Medicare Part B, follow the definitions and coding for Medicare Part A.*
- ***Do not round therapy minutes (e.g., reporting) to the nearest 5th minute when counting therapy minutes.*** *The conversion of units to minutes or minutes to units is not appropriate. Please note that therapy logs are not an MDS requirement but reflect a standard clinical practice expected of all therapy professionals. These therapy logs may be used to verify the provision of therapy services in accordance with the plan of care and to validate information reported on the MDS assessment.*
- *When therapy is provided, staff need to document the different modes of therapy and set up minutes that are being included on the MDS. It is important to keep records of time included for each.*
- *For purposes of the MDS, providers should record services for respiratory and psychological therapies (items O0390D and O0390E) when the following criteria are met:*
 - *the physician orders the therapy;*
 - *the physician's order includes a statement of frequency, duration, and scope of treatment;*
 - *the services must be directly and specifically related to an active written treatment plan that is based on an initial evaluation performed by qualified personnel (See Glossary in Appendix A for definitions of respiratory and psychological therapies);*
 - *the services are required and provided by qualified personnel (See Glossary in Appendix A for definitions of respiratory and psychological therapies); and*
 - *the services must be reasonable and necessary for treatment of the resident's condition.*

O0390: Therapy Services (cont.)

Non-Skilled Services

- *Services provided at the request of the resident or family that are not medically necessary (sometimes referred to as family-funded services) shall **not** be counted in items O0390 Therapy Services or O0425 Part A Therapies, even when performed by a therapist or an assistant.*
- *As noted above, therapy services can include the actual performance of a maintenance program in those instances where the skills of a qualified therapist are needed to accomplish this safely and effectively. However, when the performance of a maintenance program does not require the skills of a therapist because it could be accomplished safely and effectively by the patient or with the assistance of non-therapists (including unskilled caregivers), such services are not considered therapy services in this context. Sometimes a nursing home may nevertheless elect to have licensed professionals perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services even when the involvement of a qualified therapist is not medically necessary. In these situations, the services shall **not** be coded as therapy in items O0390 Therapy Services or O0425 Part A Therapies, since the specific interventions would be considered restorative nursing care when performed by nurses or aides. Services provided by therapists, licensed or not, that are not specifically listed in this manual or on the MDS item set shall **not** be coded as therapy in items O0390 Therapy Services or O0425 Part A Therapies. These services should be documented in the resident's medical record.*
- *In situations where the ongoing performance of a safe and effective maintenance program does not require any skilled services, once the qualified therapist has designed the maintenance program and discharged the resident from a rehabilitation (i.e., skilled) therapy program, the services performed by the therapist and the assistant are **not** to be reported in O0390 Therapy Services or O0425 Part A Therapies. The services may be reported on the MDS assessment in item O0500 **Restorative Nursing Care**, provided the requirements for restorative nursing program are met.*
- *Services provided by therapy aides are **not** skilled services (see therapy aide section below).*
- *When a resident refuses to participate in therapy, it is important for care planning purposes to identify why the resident is refusing therapy. However, the time spent investigating the refusal or trying to persuade the resident to participate in treatment is not a skilled service and shall not be included in the therapy minutes.*

O0390: Therapy Services (cont.)

Co-treatment

For Part A:

When two clinicians (therapists or therapy assistants), each from a different discipline, treat one resident at the same time with different treatments, both disciplines may code the treatment session in full. All policies regarding mode, modalities, and student supervision must be followed as well as all other federal, state, practice, and facility policies. For example, if two therapists (from different disciplines) were conducting a group treatment session, the group must be comprised of two to six participants who were doing the same or similar activities in each discipline. The decision to co-treat should be made on a case-by-case basis and the need for co-treatment should be well documented for each patient. Because co-treatment is appropriate for specific clinical circumstances and would not be suitable for all residents, its use should be limited.

For Part B:

*Therapists, or therapy assistants, working together as a “team” to treat one or more patients **cannot** each bill separately for the same or different service provided at the same time to the same patient.*

CPT codes are used for billing the services of one therapist or therapy assistant. The therapist cannot bill for their services and those of another therapist or a therapy assistant when both provide the same or different services at the same time to the same patient(s). Where physical and occupational therapists both provide services to one patient at the same time, only one therapist can bill for the entire service, or the PT and OT can divide the service units. For example, a PT and an OT work together for 30 minutes with one patient on transfer activities. The PT and OT could each bill one unit of 97530. Alternatively, the 2 units of 97530 could be billed by either the PT or the OT, but not both.

Similarly, if two therapy assistants provide services to the same patient at the same time, only the service of one therapy assistant can be billed by the supervising therapist, or the service units can be split between the two therapy assistants and billed by the supervising therapist(s).

O0390: Therapy Services (cont.)

Therapy Aides and Students

Therapy Aides

Therapy Aides cannot provide skilled services. Only the time a therapy aide spends on set-up preceding skilled therapy may be coded on the MDS (e.g., set up the treatment area for wound therapy) and should be coded under the appropriate mode for the skilled therapy (individual, concurrent, or group) in O0390 Therapy Services and/or O0425 Part A Therapies. The therapy aide must be under direct supervision of the therapist or assistant (i.e., the therapist/assistant must be in the facility and immediately available).

Therapy Students

*Medicare Part A—Therapy students are not required to be in the line of sight of the professional supervising therapist/assistant (**Federal Register**, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally, all state and professional practice guidelines for student supervision must be followed.*

Time may be used to code the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented.

- *Medicare Part B—The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:*
 - *The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.*
 - *The practitioner is not engaged in treating another patient or doing other tasks at the same time.*
 - *The qualified professional is the person responsible for the services and, as such, signs all documentation. (A student may also sign, of course, but it is not necessary because the Part B payment is for the clinician's service, not for the student's services.)*
 - *Physical therapy assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy assistant students while providing services within their scope of work and performed under the direction and supervision of a qualified physical or occupational therapist.*

O0390: Therapy Services (cont.)

Modes of Therapy

A resident may receive therapy via different modes during the same day or even treatment session. When developing the plan of care, the therapist and assistant must determine which mode(s) of therapy and the amount of time the resident receives for each mode and code the MDS appropriately. The therapist and assistant should document the reason a specific mode of therapy was chosen as well as anticipated goals for that mode of therapy. For any therapy that does not meet one of the therapy mode definitions below, those minutes may not be counted on the MDS. The therapy mode definitions must always be followed and apply regardless of when the therapy is provided in relationship to all assessment windows (i.e., applies whether or not the resident is in an observation period for an MDS assessment).

Individual Therapy

The treatment of one resident at a time. The resident is receiving the therapist's or the assistant's full attention. Treatment of a resident individually at intermittent times during the day is individual treatment, and the minutes of individual treatment are added for the daily count. For example, the speech-language pathologist treats the resident individually during breakfast for 8 minutes and again at lunch for 13 minutes. The total of individual time for this day would be 21 minutes.

*When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant (Medicare A and Medicare B). The supervising therapist/assistant shall not be engaged in any other activity or treatment when the resident is receiving therapy under Medicare B. However, for those residents whose stay is covered under Medicare A, the supervising therapist/assistant shall not be treating or supervising other individuals **and** they are able to immediately intervene/assist the student as needed.*

Example:

- A speech therapy graduate student treats Resident A for 30 minutes. Resident A's therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Resident A. Resident A's therapy may be checked in O0390A Speech-Language Pathology and Audiology Services and coded as 30 minutes of individual therapy in O0425A1 Individual minutes on the MDS.*

O0390: Therapy Services (cont.)

Concurrent Therapy

Medicare Part A

The treatment of 2 residents who are not performing the same or similar activities at the same time, regardless of payer source, both of whom must be in the line of sight of the treating therapist or assistant.

When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be checked in O0390 and coded as concurrent therapy in O0425 Part A Therapies:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are within line of sight of the therapist/assistant or student providing their therapy; or*
- The therapy student is treating 2 residents, regardless of payer source, both of whom are within line of sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or*
- The therapy student is not treating any residents, and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are within line of sight.*

Medicare Part B

- The treatment of two or more residents who may or may not be performing the same or similar activity, regardless of payer source, at the same time is documented as group treatment.*

Examples:

- A physical therapist provides therapies that are not the same or similar to Resident Q and Resident R at the same time for 30 minutes. Resident Q's stay is covered under the Medicare SNF PPS Part A benefit. Resident R is paying privately for therapy. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:*
 - Resident Q received at least 15 minutes of therapy (O0390) and concurrent therapy for 30 minutes (O0425).*
 - Resident R received at least 15 minutes of therapy (O0390) and concurrent therapy for 30 minutes (O0425).*

O0390: Therapy Services (cont.)

- *A physical therapist provides therapies that are not the same or similar to Resident S and Resident T at the same time for 30 minutes. Resident S's stay is covered under the Medicare SNF PPS Part A benefit. Resident T's therapy is covered under Medicare Part B. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:*
 - *Resident S received at least 15 minutes of therapy (O0390) and concurrent therapy for 30 minutes (O0425).*
 - *Resident T received at least 15 minutes of therapy (O0390) and group therapy (Medicare Part B definition) for 30 minutes (O0425). (Please refer to the **Medicare Benefit Policy Manual**, Chapter 15, and the **Medicare Claims Processing Manual**, Chapter 5, for coverage and billing requirements under the Medicare Part B benefit.)*
- *An Occupational Therapist provides therapy to Resident K for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Resident R at the same time for the same 60 minutes, but Resident K and Resident R are not doing the same or similar activities. Both Resident K's and Resident R's stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:*
 - *Resident K received at least 15 minutes of therapy (O0390) and concurrent therapy for 60 minutes (O0425).*
 - *Resident R received at least 15 minutes of therapy (O0390) and concurrent therapy for 60 minutes (O0425).*

Group Therapy

Medicare Part A

The treatment of two to six residents, regardless of payer source, who are performing the same or similar activities and are supervised by a therapist or assistant who is not supervising any other individuals.

When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:

- *The therapy student is providing group treatment, and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or*
- *The supervising therapist/assistant is providing group treatment, and the therapy student is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.*

O0390: Therapy Services (cont.)

Medicare Part B

The treatment of 2 or more individuals simultaneously, regardless of payer source, who may or may not be performing the same activity.

When a therapy student is involved with group treatment, and one of the following occurs, the minutes may be coded as group therapy:

- The therapy student is providing group treatment, and the supervising therapist/assistant is not engaged in any other activity or treatment; or*
- The supervising therapist/assistant is providing group treatment, and the therapy student is not providing treatment to any resident.*

Examples:

- A Physical Therapist provides similar therapies to Resident W, Resident X, Resident Y, and Resident Z at the same time, for 30 minutes. Resident W's and Resident X's stays are covered under the Medicare SNF PPS Part A benefit. Resident Y's therapy is covered under Medicare Part B, and Resident Z has private insurance paying for therapy. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:*
 - Resident W received at least 15 minutes of therapy (O0390) and group therapy for 30 minutes (O0425).*
 - Resident X received at least 15 minutes of therapy (O0390) and group therapy for 30 minutes (O0425).*
 - Resident Y received at least 15 minutes of therapy (O0390) and group therapy for 30 minutes (O0425). (Please refer to the **Medicare Benefit Policy Manual**, Chapter 15, and the **Medicare Claims Processing Manual**, Chapter 5, for coverage and billing requirements under the Medicare Part B benefit.)*
 - Resident Z received at least 15 minutes of therapy (O0390) and group therapy for 30 minutes (O0425).*
- Resident V, whose stay is covered by SNF PPS Part A benefit, begins therapy in an individual session. After 13 minutes the therapist begins working with Resident S, whose therapy is covered by Medicare Part B, while Resident V continues with their skilled intervention and is in the line of sight of the treating therapist. The therapist provides treatment during the same time period to Resident V and Resident S who are not performing the same or similar activities for 24 minutes, at which time Resident V's therapy session ends. The therapist continues to treat Resident S individually for 10 minutes. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:*
 - Resident V received at least 15 minutes of therapy (O0390) and individual therapy for 13 minutes and concurrent therapy for 24 minutes (O0425).*

O0390: Therapy Services (cont.)

- Resident S received at least 15 minutes of therapy (O0390) and group therapy (Medicare Part B definition) for 24 minutes (O0425) and individual therapy for 10 minutes (O0425). (Please refer to the **Medicare Benefit Policy Manual**, Chapter 15, and the **Medicare Claims Processing Manual**, Chapter 5, for coverage and billing requirements under the Medicare Part B benefit.)
- Resident A and Resident B, whose stays are covered by Medicare Part A, begin working with a physical therapist on two different therapy interventions. After 30 minutes, Resident A and Resident B are joined by Resident T and Resident E, whose stays are also covered by Medicare Part A, and the therapist begins working with all of them on the same therapy goals as part of a group session. After 15 minutes in this group session, Resident A becomes ill and is forced to leave the group, while the therapist continues working with the remaining group members for an additional 15 minutes. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:
 - Resident A received at least 15 minutes of therapy (O0390) and concurrent therapy for 30 minutes (O0425) and group therapy for 15 minutes (O0425).
 - Resident B received at least 15 minutes of therapy (O0390) and concurrent therapy for 30 minutes (O0425) and group therapy for 30 minutes (O0425).
 - Resident T received at least 15 minutes of therapy (O0390) and group therapy for 30 minutes (O0425).
 - Resident E received at least 15 minutes of therapy (O0390) and group therapy for 30 minutes (O0425).

Therapy Modalities

Only skilled therapy time (i.e., time that requires the skills, knowledge, and judgment of a qualified therapist and all the requirements for skilled therapy are met) shall be recorded on the MDS. In some instances, the time a resident receives certain modalities is partly skilled and partly unskilled time; only the time that is skilled may be recorded on the MDS. For example, a resident is receiving TENS (transcutaneous electrical nerve stimulation) for pain management. The portion of the treatment that is skilled, such as proper electrode placement, establishing proper pulse frequency and duration, and determining appropriate stimulation mode, shall be recorded on the MDS. In other instances, some modalities only meet the requirements of skilled therapy in certain situations. For example, the application of a hot pack is often not a skilled intervention. However, when the resident's condition is complicated and the skills, knowledge, and judgment of the therapist are required for treatment, then those minutes associated with skilled therapy time may be recorded on the MDS. The use and rationale for all therapy modalities, whether skilled or unskilled, should always be documented as part of the resident's plan of care.

Examples

1. Resident Z's assessment has an ARD of 09/05/24. Review of the records show Resident Z received occupational therapy on 08/30/24 for 25 minutes, 09/01/24 for 15 minutes, and 09/03/24 for 30 minutes.

Coding: O0390B would be **checked**.

Rationale: Resident Z received at least 15 minutes of occupational therapy on at least one day during the observation period.

2. On day two of the observation period Resident T received 10 minutes of physical therapy in the morning and 10 minutes of physical therapy in the afternoon. Resident T did not receive physical therapy on any other days during the observation period.

Coding: O0390C would be **checked**.

Rationale: Resident T received at least 15 minutes of physical therapy on one day during the observation period.

3. During the observation period Resident S received 10 minutes of respiratory therapy on day one, 7 minutes of respiratory therapy on day four and 13 minutes of respiratory therapy on day five of the observation period.

Coding: O0390D would **not be checked**.

Rationale: Resident S did not receive at least 15 minutes of respiratory therapy on a single day during the observation period.

4. Resident H did not receive any skilled therapy services during the observation period.

Coding: O0390Z would be **checked**.

Rationale: In order to check a therapy service in O0390, the resident must receive at least 15 minutes in a day of skilled therapy services during the observation period.

