

Medicare G Codes: Mandated Reporting of Patient Functional Limitation

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Claims-Based Data Collection Strategy for Therapy Services

- Required by Section 3005(g) of the Middle Class Tax and Relief and Job Creation Act of 2012 (MCTRJCA)
- Requires CMS to implement, beginning on January 1, 2013, a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Social Security Act
- Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes

Non-Payable G-codes & Modifiers

- CMS will use the G-codes to collect data on the patient's functional limitation
 - at the outset of the therapy episode (initial evaluation)
 - at minimum, every 10 visits from the start of care
 - at discharge from an outpatient therapy episode of care
 - when an eval or re-eval is billed. Applies to 92506, 92597, 92607, 92608, 92610, 92611, 92612, 92614, 92616, 96105, 96125, 97001, 97002, 97003, and 97004
 - to end reporting of one functional limitation
 - to begin reporting of a different functional limitation

Non-Payable G-codes & Modifiers

- Reporting requirements would apply to all therapy claims, including those for services above the therapy caps and those that include the KX modifier
- Reporting requirements apply to all outpatient therapy settings including private practice (Including physician & non-physician owned), CORF's, rehabilitation agencies, skilled nursing facilities doing Part B, home health agencies doing Part B and hospital outpatient therapy departments, **including critical access hospitals**
- For hospitals, this would include emergency room visits and observation status patients who do not get admitted
- Also applies to therapy services furnished personally and "incident to" the services of physicians and non-physician practitioners such as nurse practitioners, clinical nurse specialists and physician assistants

Non-Payable G-codes & Modifiers

- G-codes will be used to identify what type of functional limitation is being reported and whether the report is on the current status, projected goal status or discharge status of the patient
- Modifiers would indicate the severity/complexity of the functional limitation being tracked
- Report the beneficiary's primary functional limitation defined as the most clinically relevant functional limitation at the time of the initial therapy evaluation and the establishment of the plan of care

Non-Payable G-codes & Modifiers

- When the patient has more than one functional limitation, the therapist will need to determine which one is primary based on:
 - 1) Most clinically relevant to a successful outcome for the patient
 - 2) The one that will yield the quickest and/or greatest functional progress
 - 3) The one that is the greatest priority for the patient

Non-Payable G-codes & Modifiers

- Overall, there are 11 G-codes that describe categorical functional limitations plus 3 more general G-codes for functional limitations that do not fit within one of the 11 categories
- There are 7 G-codes that describe categorical functional limitation for SLP
- There are 4 G-codes that describe categorical functional limitation for PT and OT
- Any discipline though can use any categorical functional limitation

Non-Payable G-codes & Modifiers

- There are 2 general G-codes for functional limitations that do not fit within one of the 4 categories for PT and OT
- There is 1 general G-code for functional limitations that do not fit within one of the 7 categories for SLP
- General categorical codes would be used when none of the specific categories apply or when an assessment tool is used that yields a composite score that combines several or many functional measures (i.e. FOTO) or when therapy services are not intended to treat a functional limitation (i.e. lymphedema, wound care, one time visit for an orthosis)

G Codes for PT & OT

Mobility: Walking & Moving Around

G8978	Mobility: walking & moving around functional limitation, current status, at therapy, episode outset and at reporting intervals
G8979	Mobility: walking & moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G8980	Mobility: walking & moving around functional limitation, discharge status, at discharge from therapy or to end reporting

Changing & Maintaining Body Position

G8981	Changing & maintaining body position functional limitation, current status, at therapy episode outset and at reporting intervals
G8982	Changing & maintaining body position functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G8983	Changing & maintaining body position functional limitation, discharge status, at discharge from therapy or to end reporting

G Codes for PT & OT

Carrying, Moving & Handling Objects

G8984	Carrying, moving & handling objects functional limitation, current status, at therapy episode outset and at reporting intervals
G8985	Carrying, moving & handling objects functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G8986	Carrying, moving & handling objects functional limitation, discharge status, at discharge from therapy or to end reporting

Self Care

G8987	Self care functional limitation, current status, at therapy episode outset and at reporting intervals
G8988	Self care functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G8989	Self care functional limitation, discharge status, at discharge from therapy or to end reporting

G Codes for PT & OT

Other PT/OT Primary Functional Limitation

G8990	Other physical or occupational primary functional limitation, current status, at therapy, episode outset and at reporting intervals
G8991	Other physical or occupational primary functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G8992	Other physical or occupational primary functional limitation, discharge status, at discharge from therapy or to end reporting

Other PT/OT Subsequent Functional Limitation

G8993	Other physical or occupational subsequent functional limitation, current status, at therapy, episode outset and at reporting intervals
G8994	Other physical or occupational primary subsequent limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G8995	Other physical or occupational primary subsequent limitation, discharge status, at discharge from therapy or to end reporting

Non-Payable G-codes & Modifiers

- The functional limitations categories selected by CMS are from the International Classification of Functioning, Disability and Health (ICF)
- “Functional limitation” encompasses both “activity limitations” and “participation restrictions” as described by the ICF
- The definitions of the terms described in the next several slides are from the *International Classification of Functioning, Disability and Health, World Health Organization, 2001, Geneva*

Definitions

- Mobility - moving by changing body position or location or by transferring from one place to another, by carrying, moving or manipulating objects, by walking, running or climbing, and by using various forms of transportation
- Under Mobility falls the following categories:
 - 1) Changing & maintaining body position
 - 2) Carrying, moving & handling objects
 - 3) Walking & moving
 - 4) Moving around using transportation

Definitions

Changing & Maintaining Body Position

- Includes the following:
 - 1) Changing basic body position
 - 2) Maintaining a body position
 - 3) Transferring oneself
 - 4) Changing and maintaining body position, other specified and unspecified

Definitions

Changing & Maintaining Body Position

- Changing basic body position includes the following:
 - 1) Lying down (changing body position from horizontal to any other position)
 - 2) Squatting (Getting into and out of the seated or crouched posture, toilet)
 - 3) Kneeling (prayers, Church)
 - 4) Sitting (Getting into and out of a seated position and changing body position from sitting down to any other position)
 - 5) Standing
 - 6) Bending (reaching down for an object)
 - 7) Shifting the body's centre of gravity (moving from one foot to the other foot while standing)

Definitions

Changing & Maintaining Body Position

- Maintaining a body position includes the following:
 - 1) Maintaining a lying position (bed)
 - 2) Maintaining a squatting position (sitting on floor without back support)
 - 3) Maintaining a kneeling position (prayers)
 - 4) Maintaining a sitting position (sitting at desk)
 - 5) Maintaining a standing position (standing in a long line)

Definitions

Changing & Maintaining Body Position

- Transferring oneself includes the following:
 - 1) Transferring oneself while sitting (WC to car seat, chair to a bed, WC to toilet)
 - 2) Transferring oneself while lying (moving from one lying position to another on the same or different level)
 - 3) Transferring oneself, other specified

Definitions

Carrying, Moving & Handling Objects

- Includes the following:
 - 1) Lifting and carrying objects
 - 2) Moving objects with lower extremities
 - 3) Fine hand use
 - 4) Hand and arm use
 - 5) Carrying, moving and handling objects, other specified and unspecified

Definitions

Carrying, Moving & Handling Objects

- Lifting and carrying objects includes the following:
 - 1) Lifting (raising an object from a lower level to a higher level)
 - 2) Carrying in the hands (glass, dish, plate)
 - 3) Carrying in the arms (grandchild, baby)
 - 4) Carrying on shoulders, hip and back (carrying a large box or parcel)
 - 5) Carrying on head
 - 6) Putting down objects (lowering something to the floor)

Definitions

Carrying, Moving & Handling Objects

- Moving objects with lower extremities includes the following:
 - 1) Pushing with lower extremities (chair, gas pedal, brake)
 - 2) Kicking
 - 3) Moving objects with lower extremities, other specified

Definitions

Carrying, Moving & Handling Objects

- Fine hand use includes the following:
 - 1) Picking up (pen, pencil, paper clip, coins)
 - 2) Grasping (seize and hold something such as a tool or doorknob)
 - 3) Manipulating (handling coins or small objects)
 - 4) Releasing (let go of something such as dropping an item of clothing)
 - 5) Fine hand use, other specified

Definitions

Carrying, Moving & Handling Objects

- Hand and arm use includes the following:
 - 1) Pushing (pushing a door open or closed)
 - 2) Pulling (pulling a door open or closed)
 - 3) Reaching (reaching across a table for an object)
 - 4) Turning or twisting the hands or arms (Using fingers, hands and arms to rotate, turn or bend an object, such as is required to use tools or utensils)
 - 5) Throwing (tossing a ball)
 - 6) Catching (catching a ball)

Definitions

Walking & Moving

- Includes the following:
 - 1) Walking
 - 2) Moving around
 - 3) Moving around in different locations
 - 4) Moving around using equipment
 - 5) Walking and moving, other specified and unspecified

Definitions

Walking & Moving

- Walking includes the following:
 - 1) Walking short distances (less than 1km)
 - 2) Walking long distances (more than 1km)
 - 3) Walking on different surfaces (grass, gravel, on a moving ship or train)
 - 4) Walking around obstacles (walking around a marketplace or shop , around or through traffic or other crowded areas)
 - 5) Walking other specified and unspecified

Definitions

Walking & Moving

- Moving around includes the following:
 - 1) Crawling (moving in prone position on hands, or hands and arms, and knees)
 - 2) Climbing (steps, ladders, curb)
 - 3) Running (both feet simultaneously off ground)
 - 4) Jumping (hopping, skipping, jumping on one foot)
 - 5) Swimming
 - 6) Moving around, other specified

Definitions

Walking & Moving

- Moving around in different locations includes the following:
 - 1) Moving around within the home (within or between rooms and around the whole residence)
 - 2) Moving around within buildings other than home
 - 3) Moving around outside the home and other buildings (walking or moving down streets in the neighbourhood, town, village or city)
 - 4) Moving around in different locations, other specified

Definitions

Moving Around Using Transportation

- Includes the following:
 - 1) Using transportation
 - 2) Driving

Definitions

Moving Around Using Transportation

- Using transportation includes the following:
 - 1) Using human-powered vehicles
 - 2) Using private motorized transportation
 - 3) Using public motorized transportation

Definitions

Moving Around Using Transportation

- Driving includes the following:
 - 1) Driving human-powered transportation
 - 2) Driving motorized vehicles
 - 3) Driving animal-powered vehicles

Definitions

- Self Care - caring for oneself, washing and drying oneself, caring for one's body and body parts, dressing, eating and drinking, and looking after one's health
- Under Self Care falls the following categories:
 - 1) Washing one self
 - 2) Caring for body parts
 - 3) Toileting
 - 4) Dressing
 - 5) Eating
 - 6) Drinking
 - 7) Looking after one's health

Definitions

Self Care – Washing Oneself

- Washing oneself includes the following:
 - 1) Washing body parts (applying water, soap, and other substances in order to clean them)
 - 2) Washing whole body
 - 3) Drying oneself (using a towel to dry a part of or entire body)
 - 4) Washing oneself, other specified

Definitions

Self Care – Caring For Body Parts

- Caring for body parts includes the following:
 - 1) Caring for skin (using moisturizing lotions)
 - 2) Caring for teeth (brushing teeth, flossing)
 - 3) Caring for hair (combing, styling, shaving, trimming)
 - 4) Caring for fingernails (cleaning, trimming, polishing)
 - 5) Caring for toenails (cleaning, trimming, polishing)
 - 6) Caring for body parts, other specified

Definitions

Self Care - Toileting

- Toileting includes the following:
 - 1) Regulating urination (Coordinating and managing urination, such as by indicating need, getting into the proper position, choosing and getting to an appropriate place for urination, manipulating clothing before and after urination, and cleaning oneself after urination)
 - 2) Regulating defecation (Coordinating and managing defecation such as by indicating need, getting into the proper position, choosing and getting to an appropriate place for defecation, manipulating clothing before and after defecation, and cleaning oneself after defecation)
 - 3) Menstrual care (Coordinating, planning and caring for menstruation, such as by anticipating menstruation and using sanitary towels and napkins)

Definitions

Self Care - Dressing

- Dressing includes the following:
 - 1) Putting on clothes (over the head, over arms and shoulders, on the lower part of the body)
 - 2) Taking off clothes (pulling clothes off and over the head, off the arms and shoulders, and off the lower and upper halves of the body)
 - 3) Putting on footwear (socks, stockings, footwear)
 - 4) Taking off footwear (socks, stockings, footwear)
 - 5) Choosing appropriate clothing (dressing in keeping with climatic conditions)
 - 6) Dressing, other specified

Definitions

Looking After One's Health

- Includes the following:
 - 1) Ensuring one's physical comfort (not too hot or cold, body is in a comfortable position)
 - 2) Managing diet and fitness (selecting and consuming nutritious foods and maintaining physical fitness)
 - 3) Maintaining one's health (seeking professional assistance; following medical and other health advice)
 - 4) Looking after one's health, other specified

Definitions of Each Subcategory

- To access the definition of each subcategory, go to <http://apps.who.int/classifications/icfbrowser/>
 - 1) On the left hand side, click on the plus (+) button next to Activities and Participation
 - 2) Chapter 4 is Mobility and Chapter 5 is Self Care
 - 3) Click on the plus (+) sign of the chapter you want
 - 4) Subchapters will appear under that chapter
 - 5) Click on the plus (+) sign next to the subchapter you want additional information on
 - 6) Subcategories will appear. You can click on the folder to obtain the definition of that subcategory and/or choose the plus (+) sign to open up additional categories under the subcategories.

Outcome Tools PT & OT

- Over the next several slides are outcome tools that can be used to assist the provider in selecting the appropriate severity modifier. The list is not all inclusive. **Gawenda Seminars & Consulting, Inc. does not endorse or recommend any specific tools. That is up to the evaluating therapist to determine.**

- 1) 10-Meter Walk Test
- 2) 6-Minute Walk Test
- 3) Timed Get Up and Go
- 4) Berg Balance Scale
- 5) Tinetti
- 6) Four Square Step Test
- 7) Fullerton Advanced Balance Scale

Outcome Tools (cont)

- 8) Elderly Mobility Scale
- 9) Falls Efficacy Scale
- 10) 5 Times Sit to Stand Test
- 11) Dynamic Gait Index
- 12) **Disability of Arm, Shoulder, & Hand (DASH)**
- 13) Quick DASH
- 14) Upper Extremity Functional Index
- 15) Barthel Index of Activities of Daily Living
- 16) Patient Specific Functional Scale
- 17) Lower Extremity Functional Scale

Outcome Tools (cont)

- 18) Neck Disability Index
- 19) Dallas Pain Questionnaire
- 20) Oswestry Disability Index
- 21) Modified Oswestry Disability Index
- 22) Roland Morris Questionnaire
- 23) McGill Pain Questionnaire
- 24) Functional Independence Measure (FIM)
- 25) AMPAC
- 26) FOTO

G Codes for SLP

Swallowing

G8996	Swallowing functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G8997	Swallowing functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy
G8998	Swallowing functional limitation, discharge status, at discharge from therapy/end of reporting on limitation

Motor Speech

G8999	Motor speech functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9186	Motor speech functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy
G9158	Motor speech functional limitation, discharge status, at discharge from therapy/end of reporting on limitation

G Codes for SLP

Spoken Language Comprehension

G9159	Spoken language comprehension functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9160	Spoken language comprehension functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy
G9161	Spoken language comprehension functional limitation, discharge status, at discharge from therapy/end of reporting on limitation

Spoken Language Expression

G9162	Spoken language expression functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9163	Spoken language expression functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy
G9164	Spoken language expression functional limitation, discharge status, at discharge from therapy/end of reporting on limitation

G Codes for SLP

Attention

G9165	Attention functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9166	Attention functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy
G9167	Attention functional limitation, discharge status, at discharge from therapy/end of reporting on limitation

Memory

G9168	Memory functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9169	Memory functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy
G9170	Memory functional limitation, discharge status, at discharge from therapy/end of reporting on limitation

G Codes for SLP

Voice	
G9171	Voice functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9172	Voice functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy
G9173	Voice functional limitation, discharge status, at discharge from therapy/end of reporting on limitation
Other Speech Language Pathology	
G9174	Other speech language pathology functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals
G9175	Other speech language pathology functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy
G9176	Other speech language pathology functional limitation, discharge status at discharge from therapy/end of reporting on limitation

SLP & NOMS

- National Outcomes Measure System
- Comprised of 15 Functional Communication Measures (FCMs)
- The FCMs were designed to describe functional abilities over time from admission to discharge in various speech-language pathology treatment settings
- They are not dependent upon administration of any particular formal or informal assessment measures, but are clinical observations provided by the speech-language pathologist of the patient's communication and/or swallowing abilities addressed by an individualized treatment plan
- See next 2 slides for 15 FCMs

FCMs

- Alaryngeal Communication
- **Attention**
- Augmentative-Alternative Communication
- Fluency
- **Memory**
- **Motor Speech**
- Pragmatics
- Problem Solving

FCMs

- Reading
- **Spoken Language Comprehension**
- **Spoken Language Expression**
- **Swallowing**
- **Voice**
- Voice Following Tracheostomy
- Writing

FCMs

- Each FCM is comprised of 7 levels
- Each level of the FCMs contain references to the intensity and frequency of the cueing method and use of compensatory strategies that are required to assist the patient in becoming functional and independent in various situations and activities
- Both the amount and intensity of the cueing must be considered in scoring an FCM

FCM

Frequency of Cuing

- **Consistent** - Required 80 - 100% of the time
- **Usually** – Required 50 - 79% of the time
- **Occasionally** – Required 20 -49% of the time
- **Rarely** – Required less than 20% of the time

FCM

Intensity of Cuing

- **Maximal** - Multiple cues that are obvious to nonclinicians. Any combination of auditory, visual, pictorial, tactile, or written cues.
- **Moderate** - Combination of cueing types, some of which may be intrusive.
- **Minimal** - Subtle and only one type of cueing

FCMs

- ASHA tried as much as possible to ensure consistency among similar levels of performance on the various FCM scales; however, this was not always possible given the nature of the different aspects of communication and swallowing abilities
- For example, do not assume that a Level 5 on one scale is comparable to a Level 5 on a different scale
- Both the amount and intensity of the cueing must be considered in scoring an FCM

FCMs

- For additional information on the FCMs, including the descriptors for the 7 levels, download the Functional Communication Measures handout developed by ASHA
- The handout is available on the link sent in your email instructions where you downloaded the pdf version of today's presentation

Outcome Tools SLP

- Below are outcome tools that can be used to assist the provider in selecting the appropriate severity modifier. The list is not all inclusive.
Gawenda Seminars & Consulting, Inc. does not endorse or recommend any specific tools. That is up to the evaluating therapist to determine.
 - 1) NOMS, as previously discussed
 - 2) Mini-Mental State Examination
 - 3) Executive Function Performance Test (OT too)
 - 4) Rancho Levels of Cognitive Functioning

G-code Reporting

- When functional reporting is required on a claim for therapy services, two G-codes will generally be required with 2 exceptions
- Exception 1 - Therapy services under more than one therapy POC. Claims may contain more than two nonpayable functional G-codes when in cases where a beneficiary receives therapy services under multiple POCs (PT, OT, and/or SLP) from the same therapy provider (i.e. non-private practice settings billing on a UB-04 claim form)

One-Time Therapy Visit

- Exception 2 - When a beneficiary is seen and future therapy services are either not medically indicated or are going to be furnished by another provider, the clinician reports on the claim for the DOS of the visit, all three G-codes in the appropriate code set (current status, goal status and discharge status), along with corresponding severity modifiers.

Non-Payable G-codes Guide

Code	Information Communicated	Report When?
GXXXX	Current Functional Status	Initial evaluation Reporting intervals (i.e. every 10 th visit) Formal re-evaluation Start of a subsequent limitation
GXXXX	Projected Goal Functional Status	Initial evaluation Reporting intervals (i.e. every 10 th visit) Formal re-evaluation Start of a subsequent limitation Discharge from therapy
GXXXX	Discharge Functional Status	Discharge from therapy To end a reporting period for a limitation and will be continuing therapy for another limitation

Severity/Complexity Modifiers

- Used to report the severity/complexity for that functional limitation
- The severity modifiers reflect the beneficiary's percentage of functional impairment as determined by the therapist
- Severity modifiers are required to be reported with each functional G code reported on the claim form

Severity/Complexity Modifiers

Modifier	Impairment Limitation Restriction
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted

Severity Modifiers

Selection of Modifier

- Use the severity modifier that reflects the score from a functional assessment tool(s) or other performance measurement instrument
- Therapist to use his/her clinical judgment to combine the results of multiple measurement tools used during the evaluative process to inform clinical decision making to determine a functional limitation percentage
- Documentation in the patient's medical record **must** support the modifier selected and how it was selected

Severity Modifiers

Selection of Modifier

- Uses the CH modifier to reflect a zero percent impairment when the therapy services being furnished are not intended to treat a functional limitation (i.e. wound care, one-time visit for an orthosis)
- It is possible that the modifier used for current status and discharge status could be the same (i.e. patient on a maintenance program or patient improvement expected to be minimal)

CMS Example of Required Reporting

Key: Reporting Period (RP)

	<i>Begin RP #1 for Mobility at Episode Outset</i>	<i>End RP#1for Mobility at Progress Report</i>	<i>Mobility RP #2 Begins Next Treatment Day</i>	<i>End RP #2 for Mobility at Progress Report</i>	<i>Mobility RP #3 Begins Next Treatment Day</i>	<i>D/C or End Reporting for Mobility</i>	<i>Begin RP #1 for Other PT/OT Primary</i>
<i>Mobility: Walking & Moving Around</i>							
<i>G8978 – Current Status</i>	<i>X</i>	<i>X</i>		<i>X</i>			
<i>G 8979– Goal Status</i>	<i>X</i>	<i>X</i>		<i>X</i>		<i>X</i>	
<i>G8980 – Discharge Status</i>						<i>X</i>	
<i>Other PT/OT Primary</i>							
<i>G8990 – Current Status</i>							<i>X</i>
<i>G8991 – Goal Status</i>							<i>X</i>
<i>G8992 – Discharge Status</i>							
<i>No Functional Reporting Required</i>			<i>X</i>		<i>X</i>		

	Motor Speech			Swallowing			No Reporting
	G8999 Current	G9186 Goal	G9158 DC	G8996 Current	G8997 Goal	G8998 DC	
Begin Reporting Period #1	X	X					
Treatment Days 2-9							X
End reporting period #1 (i.e. 10 th visit)	X	X					
Begin Reporting Period #2							X
Treatment Days 12-16							X
Treatment Day 17, end reporting of motor speech		X	X				
Begin Reporting Period for swallowing Treatment Day 18				X	X		
Treatment Days 19-25							X
Treatment Day 26, end reporting of swallowing					X	X	

	Mobility: Moving & Walking Around			Carrying, Moving & Handling Objects			No Reporting
	G8978 Current	G8979 Goal	G8980 DC	G8984 Current	G8985 Goal	G8986 DC	
Begin Reporting Period #1	X	X					
Treatment Days 2-9							X
End reporting period #1 (i.e. 10 th visit)	X	X					
Begin Reporting Period #2							X
Treatment Days 12-14							X
Treatment Day 15, end reporting of mobility		X	X				
Begin Reporting Period for Carrying, Moving, & Handling Objects Treatment Day 16				X	X		
Treatment Days 17-22							X
Treatment Day 23, end reporting of carrying					X	X	

	Self Care			Changing & Maintaining Body Position			No Reporting
	G8987 Current	G8988 Goal	G8989 DC	G8981 Current	G8982 Goal	G8983 DC	
Begin Reporting Period #1	X	X					
Treatment Days 2-7							X
Treatment Day 8, end reporting of self care		X	X				
Begin Reporting Period for Changing & Maintaining Body Position Treatment Day 9				X	X		
Treatment Days 10-17							X
Treatment Day 18, end reporting period #1				X	X		
Begin Reporting Period #2 on Treatment Day 19							X
Treatment Days 20-25							X
Treatment Day 26, discharge patient	PROPERTY OF GAWENDA SEMINARS & CONSULTING, INC. MAY NOT BE REPRINTED.				X	X	63

G-codes & Billing

- When non-payable G-codes are reported on a claim form, 2 modifiers will be required
 - 1) Applicable severity/complexity modifier
 - 2) Discipline specific modifier (i.e. GN, GO, GP)
- No specific order of appending modifiers is required
- Do not append KX modifier or modifier-59 to the non-payable G-codes on the claim form

G-codes & Billing

- For institutional claims, CMS recommends having a charge of \$0.01 for each non-payable G-code reported on the claim form
- For private practice claims (1500 claim form), CMS recommends \$0.00 for each non-payable G-code reported on the claim form
- If your billing software requires a charge for the 1500 claim form in order to be submitted, use a charge of \$0.01

Wrist FX Example – Initial Eval

- 65 year old male evaluated for right wrist fracture with subsequent surgery 3 weeks ago
- Patient states unable to use right hand for ADLs such as personal hygiene, bathing, cooking, meal prep, carrying, etc.
- OT chooses Quick DASH to measure patient's functional limitation for self care
- On day of evaluation, patient's score is 39 points or 64% disability. Pts pain is 7/10 and has ROM & strength deficits
- This would place the patient in the “At least 60 percent but less than 80 percent impaired, limited or restricted” category
- Patient goal is to use right hand with all ADLs with less than 10% limitation
- Codes reported on claim form and in documentation would be G8987CL for current status and G8988CI for projected goal status

Wrist FX Example – Progress Report

- Patient comes in for 10th treatment day. Patient reports ability to use right hand with combing hair, brushing teeth, and light household chores. Reports moderate difficulty with heavy household chores and carrying bags of groceries with right hand
- OT readministers Quick DASH to measure patient's functional limitation for self care
- On day of Progress Report, patient's score is 24 points or 30% disability. Pts pain is 3/10. Wrist ROM WNL. MMT is 3+/5
- This would place the patient in the “At least 20 percent but less than 40 percent impaired, limited or restricted” category
- Patient goal is to use right hand with all ADLs with less than 10% limitation
- Codes reported on claim form and in documentation would be G8987CJ for current status and G8988CI for projected goal status

Wrist FX Example – Discharge Report

- Patient comes in for 18th treatment day. Patient reports no difficulty with fine motor activities and personal hygiene tasks using right hand. States mild difficulty with heavy household chores
- OT readministers Quick DASH to measure patient's functional limitation for self care
- On day of Discharge Report, patient's score is 13 points or 4.5% disability. Reports zero pain. Wrist MMT 4/5
- This would place the patient in the “At least 1 percent but less than 20 percent impaired, limited or restricted” category
- Patient goal is to use right hand with all ADLs with less than 10% limitation
- Codes reported on claim form and in documentation would be G8988CI for projected goal status and G8989CI for discharge goal status

SLP CVA Example – Initial Eval

- 71 year old female evaluated for language and communication deficits as a result of a CVA 1 month ago
- Husband states his wife requires consistent cuing to help her speak words that are appropriate. States he has to be the one to begin a conversation and to continue the conversation.
- SLP uses NOMS to measure patient's functional limitation
- On day of evaluation, SLP determines patient is a Level 3 (67%) on the NOMS Spoken Language Expression FCM
- This would place the patient in the “At least 60 percent but less than 80 percent impaired, limited or restricted” category
- Patient and husband goal is to improve spoken language expression to less than 10% limitation
- Codes reported on claim form and in documentation would be G9162CL for current status and G9163CI for projected goal status

SLP CVA Example – Progress Report

- Patient comes in for 10th treatment day. Patient reports able to communicate in simple sentences. Husband reports patient requires minimal cuing, but has noticed his wife is initiating conversations with family and with the public when she is out.
- SLP uses NOMS to measure patient's functional limitation
- On day of Progress Report, SLP determines patient is a Level 5 (34%) on the NOMS Spoken Language Expression FCM
- This would place the patient in the “At least 20 percent but less than 40 percent impaired, limited or restricted” category
- Patient and husband goal is to improve spoken language expression to less than 10% limitation
- Codes reported on claim form and in documentation would be G9162CJ for current status and G9163CI for projected goal status

SLP CVA Example – Discharge Report

- Patient comes in for 17th treatment day. Patient reports minimal deficits in communication. She states she utilizes techniques taught to her by the SLP when she finds herself having difficulty with complex sentences and expressing herself
- SLP uses NOMS to measure patient's functional limitation
- On day of Discharge Report, SLP determines patient is a Level 6 (17%) on the NOMS Spoken Language Expression FCM
- This would place the patient in the “At least 20 percent but less than 40 percent impaired, limited or restricted” category
- Patient and husband goal is to improve spoken language expression to less than 10% limitation
- Codes reported on claim form and in documentation would be G9163CI for projected goal status and G9164CI for discharge status

LPB Example – Initial Eval

- 72 year old male evaluated for LBP
- Patient states must use a cane for ambulation, wakes up every 2 hours during the night due to pain, and has limitation with ADL's. Patient states able to stand for about 15 minutes before having to sit due to pain.
- PT chooses Oswestry Disability Index to measure patient's functional limitation for mobility
- On day of evaluation, patient's score is 28 points or 56% disability. Pts pain is 8/10. Has tingling and numbness in right L/E. MMT as follows: hip flex 4-/5, knee ext 3+/5, knee flex 3+/5, Ankle DF 3/5, ankle PF 3/5
- This would place the patient in the "At least 60 percent but less than 80 percent impaired, limited or restricted" category
- Patient goal is to reduce pain to 10% at conclusion of PT
- Codes reported on initial claim form and in documentation would be G8978CL for current status and G8979CI for projected goal status


LPB Example – Progress Report

- Patient comes in for 10th treatment day. Patient reports pain when lifting heavy objects, wakes up every 4 hours or so due to back pain, minimal pain with ADLs, and walks around the house without the use of a cane. Still uses cane for outdoor ambulation.
- PT readministers Oswestry Disability Index to measure patient's functional limitation for mobility
- On day of Progress Report, patient's score is 14 points or 28% disability. Pts pain is 4/10. Has occasional tingling and numbness in right L/E. MMT as follows: hip flex 4/5, knee ext 4-/5, knee flex 4-/5, Ankle DF 3+/5, ankle PF 3+/5
- This would place the patient in the “At least 20 percent but less than 40 percent impaired, limited or restricted” category
- Codes reported on today's claim form and in documentation would be G8978CJ for current status and projected goal status remains G8979CI


LPB Example – Discharge Report

- Patient comes in for 14th treatment day. Patient reports ambulating without cane, no pain with ambulation and no limitations with ADLs and sleeping
- PT readministers Oswestry Disability Index to measure patient's functional limitation for mobility
- On day of Discharge Report, patient's score is 3 points or 6% disability. Pts pain is 1/10. Reports no tingling and numbness in right L/E. MMT as follows: hip flex 4+/5, knee ext 4/5, knee flex 4/5, Ankle DF 4-/5, ankle PF 4/5
- This would place the patient in the “At least 1 percent but less than 20 percent impaired, limited or restricted” category
- Codes reported on today's claim form and in documentation would be G8979CI for projected goal status and G8980CI for discharge status

Non-Private Practice Example (1 of 2)

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
424	PT Evaluation	97001 GP	011013	1	150.00		1
420	PT Treatment	97110GP	011013	1	50.00		2
420	Mobility Current Status	G8978CLGP	011013		0.01		3
420	Mobility Goal Status	G8979CIGP	011013		0.01		4
434	OT Evaluation	97003GO	011013	1	150.00		5
430	OT Treatment	97110GO	011013	1	50.00		6
430	Self Care Current Status	G8987CMGO	011013		0.01		7
430	Self Care Goal Status	G8988CIGO	011013		0.01		8
444	SLP Evaluation	92506GN	011013	1	200.00		9
440	Lang Express Current Stat	G9162CLGN	011013		0.01		10
440	Lang Express Goal Status	G9163CIGN	011013		0.01		11
420	PT Treatment	97110GP59	011413	2	100.00		12
430	OT Treatment	97530GO59	011413	2	100.00		13
440	SLP Treatment	92507GN	011413	1	125.00		14
420	PT Treatment	97110GP59	011613	2	100.00		15
430	OT Treatment	97530GO59	011613	2	100.00		16
440	SLP Treatment	92507GN	011613	1	125.00		17
420	PT Treatment	97110GP59	011813	2	100.00		18
420	PT Treatment	97112GP59	011813	1	50.00		19
430	OT Treatment	97530GO59	011813	2	100.00		20
430	OT Treatment	97535GO59	011813	1	50.00		21
440	SLP Treatment	92507GN	011813	1	125.00		22
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PAGE 1 OF 2		CREATION DATE		TOTALS 			75

Non-Private Practice Example (2 of 2)

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
420	PT Treatment	97110GP59	012113	2	100.00		
430	OT Treatment	97530GO59	012113	2	100.00		
440	SLP Treatment	92507GN	012113	1	125.00		
420	PT Treatment	97110GP59	012313	2	100.00		
430	OT Treatment	97530GO59	012313	2	100.00		
440	SLP Treatment	92507GN	012313	1	125.00		
420	PT Treatment	97110GP59	012513	2	100.00		
430	OT Treatment	97530GO59	012513	2	100.00		
440	SLP Treatment	92507GN	012513	1	125.00		
420	PT Treatment	97110GP59	012813	2	100.00		
420	PT Treatment	97112GP59	012813	1	50.00		
430	OT Treatment	97530GO59	012813	2	100.00		
440	SLP Treatment	92507GN	012813	1	125.00		
420	PT Treatment	97112GP59	013013	2	100.00		
420	Mobility Current Status	G8978CJGP	013013		0.01		
420	Mobility Goal Status	G8979CIGP	013013		0.01		
430	OT Treatment	97530GO59	013013	2	100.00		
430	Self Care Current Status	G8987CKGO	013013		0.01		
430	Self Care Goal Status	G8988CIGO	013013		0.01		
440	SLP Treatment	92507GN	013013	1	125.00		
440	Lang Express Current Stat	G9162CJGN	013013		0.01		
440	Lang Express Goal Status	G9163CIGN	013013		0.01		
PAGE 2 OF 2		PROPERLY TRAINED GAWENDA SEMINARS & CONSULTING, INC. MAY NOT BE REPRINTED		CREATION DATE	TOTALS 		76

G-codes Documentation Required

- At the outset of therapy services (Initial Evaluation)
- At least once every 10 treatment days
- When an evaluation or re-evaluation is billed
- At the time of discharge from the therapy episode of care
- At the time when reporting the end of a particular functional limitation
- At the time when reporting is begun on a subsequent functional limitation (i.e. 2nd)

G-codes & Severity Modifier

Documentation In The Medical Record

- Must be completed by the qualified therapist furnishing the therapy services or
- The physician/NPP personally furnishing the therapy services or
- The qualified therapist furnishing the services incident to the physician
- The therapist must document how the modifier selection was made (e.g. through use of one functional assessment tool; use of more than one tool; or use of clinical judgment to determine modifier)

Documentation Requirements

Initial Evaluation

- Document the G-codes and severity modifiers in the initial evaluation or plan of care
- If physician performs the evaluation and management and develops the plan of care, but the therapist furnishes the therapy services, the therapist will document the G-codes and severity modifiers in the treatment note on the first treatment day

Documentation Requirements

- At the end of each progress reporting period, document the G-codes and severity modifiers in the progress report
- When a re-evaluation is billed, document the G-codes and severity modifiers in the re-evaluation or related treatment note
- At discharge, document the G-codes and severity modifiers in the discharge report

Documentation Requirements

- When a functional limitation has ended, document the G-codes and severity modifiers in the progress report related to the end of that functional limitation
- When a new progress reporting period is beginning, document the G-codes and severity modifiers in the first treatment note for that new reporting period
- Can an assistant document the G-codes to begin the next reporting period?

Resources

- www.cms.gov
CMS Homepage
- <http://www.cms.gov/TherapyServices/>
- <http://www.cms.gov/Transmittals/>

Program transmittals are used to communicate new or changed policies, and/or procedures that are being incorporated into a specific CMS program manual. Check this site weekly!

References and Resources

Internet-Only Manuals

- <http://www.cms.gov/Manuals/>
- Click on Internet-Only Manuals
- Click on Pub 100-2 Medicare Benefit Policy Manual
- **Outpatient Therapy Services Pub 100-2 Medicare Benefit Policy, Chapter 15, Section 220 – 230.6**

References for Billing Internet-Only Manuals

- <http://www.cms.gov/Manuals/>
- Click on Internet-Only Manuals
- Click on Pub 100-4
Medicare Claims Processing Manual
- **Chapter 5, Part B Outpatient Rehabilitation and CORF
Services (Sections 10.2-10.7 and 20-20.4)**

References

- MLN Matters 8005
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8005.pdf>
- CMS Transmittal 165 - Documentation
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R165BP.pdf>

References

- CMS Transmittal 2622 – Billing Requirements
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2622CP.pdf>
- CMS Transmittal 2600 – Therapy Cap
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2600CP.pdf>

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