




G-Codes Functional Reporting: Are You Compliant

Presented by:
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G-Code Functional Reporting: Are you Compliant?


HARMONY UNIVERSITY
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(HHI)
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Speaker Bio (Keri Hart)

- Nearly 30 Years Experience in Long-term Care
 - Corporate Director of Clinical Reimbursement Services
 - MDS
 - Corporate Rehab Director
 - Rehab Director
 - SLP
- Cognition (Dementia and Head Injury)
- Head and Neck (Dysphagia and Voice)

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G-Code Functional Reporting: Are you Compliant?

- **Disclosures:** The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose
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G-Code Functional Reporting: Are you Compliant? 
Disclosure

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- The speaker has no relevant financial relationships to disclose
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G-Code Functional Reporting: Are you Compliant? 
Criteria for Successful Completion

- Complete Sign-in and Sign-Out on Attendance Form
- Attendance for entire session
- Completion and submission of speaker evaluation form

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Objectives: 

- The learner will have an understanding of Medicare Part B clinical requirements for G-Codes
- The learner will have an understanding of Medicare Part B billing procedures for G-Codes
- The learner will have an understanding of the timelines for Medicare Part B billing procedures for G-Codes

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Functional Reporting Overview

- Functional reporting is required on claims **throughout the entire episode** of care for dates of services on or after **July 1, 2013**
- Medicare Part B

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Functional G-Code Sets

- There are 42 functional G-Codes
- 14 sets of three codes each:
 - Six of the G-Code sets are used for PT and OT functional limitations
 - Eight of the G-Code sets are for SLP functional limitations

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Functional G-Code Sets

- Each of the 14 Goal sets have three codes within the set:
 - Current status
 - Goal status
 - Discharge status

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Functional G-Code Sets 


- **Mobility: Walking & Moving Around**
 - G8978 Mobility current status
 - G8979 Mobility goal status
 - G8980 Mobility D/C status
- **Changing & Maintaining Body Position**
 - G8981 Body pos current status
 - G8982 Body pos goal status
 - G8983 Body pos D/C status

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Functional G-Code Sets 

- **Carrying, Moving and Handling Objects**
 - G8984 Carry current status
 - G8985 Carry goal status
 - G8986 Carry D/C status
- **Self-Care**
 - G8987 Self-care current status
 - G8988 Self-care goal status
 - G8989 Self-care D/C status


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Functional G-Code Sets 

- **Other PT/OT Primary**
 - G8990 Other PT/OT current status
 - G8991 Other PT/OT goal status
 - G8992 Other PT/OT D/C status
- **Other PT/OT Subsequent**
 - G8993 Sub PT/OT current status
 - G8994 Sub PT/OT goal status
 - G8995 Sub PT/OT D/C status

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Functional G-Codes Sets



- Swallowing
 - G8996 Swallow current status
 - G8997 Swallow goal status
 - G8998 Swallow D/C status
- Motor Speech
 - G8999 Motor speech current status
 - G9186 Motor speech goal status
- G9158 Motor speech D/C status
- Spoken Language Comprehension
 - G9159 Lang comp current status
 - G9160 Lang comp goal status
 - G9161 Lang comp D/C status

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Functional G-Code Sets



- Spoken Language Expression
 - G9162 Lang express current status
 - G9163 Lang express goal status
 - G9164 Lang express D/C status
- Attention
 - G9165 attention current status
- Memory
 - G9168 Memory current status
 - G9169 Memory goal status
 - G9170 Memory D/C status
- G9166 attention goal status
- G9167 attention D/C status

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Functional G-Code Sets



- Voice
 - G9171 Voice current status
 - G9172 Voice goal status
 - G9173 Voice D/C status
- Other SLP
 - G9174 Speech language current status
 - G9175 Speech language goal status
 - G9176 Speech language D/C status

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Therapy Functional Reporting Timing

- Each date of service will always include **2 G-Codes:**
 - On Evaluation
 - **Current and Goal Status**
 - Initial Reporting on a new Functional G-Codes
Set after discharge of previously reported
 - Progress-On or prior to 10th visit
 - **Current and Goal Status**
 - Discharge
 - **Goal and Discharge Status**

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Evaluation Defined

- PT Evaluation defined by billing the following Physical Therapy CPT codes:
 - 97001 Physical Therapy Evaluation
 - 97002 Physical Therapy Re-valuation
- OT Evaluation defined by billing the following Occupational Therapy CPT codes:
 - 97003 Occupational Therapy Evaluation
 - 97004 Occupational Therapy Re-valuation

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Evaluation Defined

- Evaluation defined by billing the following Speech Therapy CPT codes:
 - 92506 Speech Evaluation
 - 92610 Swallow Evaluation
 - 92597 Voice Prosthesis Evaluation
 - 96105 Assessment of Aphasia
 - 92607/92608 Speech Generating Device Evaluation
 - 92611 Motion Fluoroscopic Evaluation of Swallow
 - 92612/92614/92616 FEES Evaluation

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Evaluation Defined



- Current and Goal Status must be reported each time any of the Evaluation or Re-evaluation CPT codes are billed
- Re-evaluation codes are not required to report progress
 - Follow CPT Code guidelines

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Initial Reporting



- Current and Goal Status must be reported on the first visit after discharge of previously reported Functional G-Codes Set and Rehabilitation Services continue
 - After reporting of a particular functional limitation is ended, in cases where the need for further therapy is necessary (i.e., initiating reporting on a different functional limitation begins)
 - At the time reporting begins on a different (second, third, etc.) functional limitation within the same episode of care

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Initial Reporting Example



- On Evaluation the Clinician sets Long Term Goals for Positioning and Mobility
- At the initiation of rehabilitation services the clinician initiates reporting under Changing & Maintaining Body Position (G8981 → G8983)
- The patient achieves their goal or optimal functional level for Changing & Maintaining Body Position. G8983 discharge and goal status G8982 is reported on this date
- Rehabilitation services continues for ambulation. **On the next visit date reporting is initiated on Mobility:** Walking & Moving Around with reporting of G8978 current status and G8979 goal status

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Functional G-Codes Selection



- The **clinician** must select the G-Code set for the functional limitation that **most closely relates to the primary functional limitation being treated** or the one that is the primary reason for treatment
 - Speech-Language Pathologist
 - Occupational or Physical Therapist
- Non-Clinicians (e.g., Business Office) cannot select based on CPT Codes billed

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Functional G-Codes Selection



- **Only one** functional limitation shall be **reported at a time** per therapy discipline
- Although the treatment plan is established to address goals in multiple G-Code sets, the clinician must select one functional G-Code set to report on
 - Primary functional limitation

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Functional G-Codes Selection



- “The patient functional limitations(s) reported on claims, as part of the functional reporting, must be consistent with the functional limitations identified as part of the therapy plan of care and expressed as part of the patient’s **long-term goals**”

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Functional G-Codes Selection



- Primary functional limitation reflects the **predominant limitation** that the furnished therapy services are intended to address
 - Most clinically relevant to a successful outcome for the beneficiary
 - The one that would yield the quickest and/or greatest functional progress
 - The one that is the greatest priority for the beneficiary

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Other Functional G-Code



- The clinician may choose to report on multiple goal areas represented by multiple Functional G-Code Sets by reporting under **Other G-Code Set with use of a composite score to report**
- Report on an “overall, composite, or other score from a functional assessment tool is used and **does not clearly represent one functional limitation**”
 - Other SLP G9174 → G9176
 - Other PT/OT G8990 → G8992

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Other Functional G-Code



- The clinician should select the “Other Primary” when the patients' treatment plan does not fit into any of the established G-Code Sets
- “Utilize when one of the categorical code sets does not describe the beneficiary’s functional limitation as follows:
 - A beneficiary’s functional limitation that is **not defined** by one of the four categories
 - A beneficiary whose **therapy services are not intended to treat a functional limitation**”

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G-Codes Documentation



- The clinician must document on the applicable dates of service the specific **non payable** G-Codes and severity modifiers used in the required reporting of the patient's functional limitation(s) on the claim for services, **including how the modifier selection was made**
 - ◆ This is not solely related to level of assist

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Evaluation Only



- **One-Time Therapy Visit:** 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 Codes** in the appropriate code set:
 - Current Status
 - ◆ Goal status
 - ◆ Discharge Status

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Functional G-Codes Selection Example



- The patient is evaluated by Speech Language Pathology on 12/1. The clinician establishes the plan of care to address Language Expression and Language Comprehension.

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Functional G-Codes Selection Example

(Example Cont.)

- Long-Term Goals Established on Evaluation:
 - The patient will verbally express needs in structured conversation independently
 - The patient will comprehend verbally presented information at in structured conversation independently

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Functional G-Codes Selection Example

(Example Cont.)

- The clinician must select one functional area to initiate reporting on
- Based on the Long-Term Goals, the clinician should select either Spoken Language Comprehension (G9159→G9161) or Spoken Language Expression (G9162→G9164)
- The clinician determines that the **predominant limitation** is Spoken Language Expression because it is clinically relevant to a successful outcome and the one that would yield the quickest and/or greatest functional progress

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Functional G-Codes Selection Example


(Example Cont.)

- G-Code reporting on Spoken Language Expression (G9162 Current Status and G9163 Goal Status) is initiated on the evaluation date
- Treatment is initiated to address the patient's long-term goals to verbally express needs **and** language comprehension

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What To Report: Functional Modifiers 


- The **clinical status** of the patient will be reported to CMS through the billing process
- For each non-payable functional G-Code within the selected G-Code set a **2-letter modifier code** will be placed at the end of the G-Code
 - Reports the severity/complexity for that functional limitation

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Functional Modifier 

- Percent impaired, limited or restricted:
 - CH 0 percent impaired
 - CI At least 1 percent but **less than** 20 percent
 - CJ At least 20 percent but **less than** 40 percent
 - CK At least 40 percent but **less than** 60 percent
 - CL At least 60 percent but **less than** 80 percent
 - CM At least 80 percent but **less than** 100
 - CN 100 percent impaired

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Functional Modifier 

- Ordered alphabetically by severity
 - H= No Impairment
 - N=100% Impairment
- The goal is expected to be greater than evaluation status
 - L on Evaluation
 - J reported as a Goal

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Functional Modifier



- Functional modifier selection is based on the **clinical judgment of the therapist**
- Required to **document** this information in the patient's **medical record**
- Utilize a standardized form of assessment
 - Reproducible by different clinicians that may report during the course of treatment
 - **Functional Outcome Measures**

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Functional Modifier Example



- The clinician has selected the Mobility code set (G8978→G8980) to reflect the **predominant limitation**
- Current Status and Goal status must be reported on evaluation for the selected G-Code set:
 - G8978 Mobility current status
 - G8979 Mobility goal status

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Functional Modifier Example



(Example Cont.)

- Mobility status on evaluation is determined to be at **90% impairment (CM)** based on completion of a Functional outcome measure
- The Long-Term Goal for Mobility is to reach an Independent level (0% Impairment) with mobility (**CH**)
- 12/1 Evaluation
 - G8978**CM** Mobility current status
 - G8979**CH** Mobility goal status

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Non-Functional Impairment



- “Uses the CH modifier to reflect a zero percent impairment when the therapy services being furnished are not intended to treat (or address) a functional limitation”
- Use cautiously: Rehabilitation services not intended to address functional impairment fall under close scrutiny by reviewers

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Functional Modifier: UB-04 Bill



- Reported on the same Date as the required reporting
 - Must also have billable therapy service
- Nominal charge of 1 penny is billed but not received from CMS
- Similar to other Modifier codes already utilized for billable therapy services
 - KX when cap is exceeded
 - 59 for separately billable
 - These modifiers are not applicable to the line of service for the functional G-Codes

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Therapy Functional Reporting Progress



- The new Medicare Part B documentation requirement is for progress reports to be furnished “on or before every 10th treatment day”
 - Allows the Physical Therapist or Occupational Therapist to report progress early if they will not be providing the 10th treatment
 - PTA or COTA is scheduled to provide on this date

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Therapy Functional Reporting Progress

- **Functional reporting must be reported on or before the 10th treatment**
 - The clinician must document on the applicable dates of service the specific **non payable** G-codes and severity modifiers used in the required reporting of the patient's functional limitation(s) on the claim/bill
- Report on G-Code associated with:
 - Current Status
 - Goal Status
- Report within the same G-Code Set selected on evaluation or Current set of G-Codes
 - If the set selected on evaluation was discharged and initial reporting on a new set has already occurred

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Therapy Functional Reporting Progress

- G-Code Progress reporting is required **“At the end of each progress reporting period -- the Date of Service when the progress report services are furnished”**
 - Therefore, you must have a progress note with each reported G-Code
- Document **“How the modifier selection was made”**
 - Repeat the same Measurement Tool used to determine the percentage of impairment, limitation or restriction

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Therapy Functional Reporting Progress Example

- 12/1 Evaluation
 - G8978CM Mobility current status
 - G8979CH Mobility goal status
- 12/15 On or before 10th Visit
 - G8978CK Mobility current status
 - G8979CH Mobility goal status

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Goal Status



- All G-Code Sets have a goal status G-Code
- Reported with all reporting requirements:
 - Evaluation/Initiation
 - Progress
 - Discharge
- May change if during the course of therapy the patient no longer has the potential to meet the functional % of impairment set previously
- Does not need to match discharge status at discharge
- May remain the same during the entire episode of care

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Functional G-Codes



- A second functional limitation will be reported for some beneficiaries
 - When the beneficiary has reached his or her goal or progress has been maximized on the initially reported function limitation
 - Need for treatment continues, reporting is required for a second functional limitation using another set of G-Codes
- Thus, reporting on more than one functional limitation may be required for **some patients, but not simultaneously**

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Initial Reporting



- Report the G-Code set for **Discharge Status and Goal Status** on the date the long-term goal for that functional limitation (G-Code Set) is achieved
- Report **Current Status and Goal Status** G-Code for a new set of G-Codes on the **first visit** after discharge of previously reported Functional G-Codes Set
 - After reporting of a particular functional limitation is ended, in cases where the need for further therapy is necessary (i.e., initiating reporting on a different functional limitation begins)
 - At the time reporting is begins on a different (second, third, etc.) functional limitation within the same episode of care

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Expected Order of G-Codes



- Rehabilitation Evaluation; the clinician initiates reporting Changing & Maintaining Body Position (G8981→G8983)
 - G8981 **current** status and G8982 **goal** status
- **Functional reporting must** be reported on or before the 10th treatment for entire episode of care
 - G8981 **current** status and G8982 **goal** status
- When a Long-Term Goal is achieved or no longer appropriate
 - G8983 discharge status and G8982 goal status

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Expected Order of G-Codes



(Cont.)

- Continuation of Rehabilitation services for a new long-term goal (different functional impairment Mobility)
 - G8978 current status and G8979 goal status
 - Progress reporting continues on or before 10th visit
- At discontinuation of Rehabilitation Services
 - G8980 discharge status and G8979 goal status

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Other PT/OT Subsequent




- Other PT/OT Subsequent
 - G8993 Sub PT/OT current status
 - G8994 Sub PT/OT goal status
 - G8995 Sub PT/OT D/C status
- Use when a patient will continue Rehabilitation Services for a new long-term goal that was already previously reported on during this episode of rehabilitation

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Other PT/OT Subsequent 


- The patient was referred to Occupational Therapy due to an overall decline in their ability to complete feeding and grooming tasks
- **Long-Term Goals:**
 - I Feeding self in the Dining Room
 - I Grooming Tasks
- Initial G- Code Reporting for Long-Term Goal Number 1 (Feeding)

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Other PT/OT Subsequent 

- **Goal Status on Evaluation:** Patient's prior level noted to be independent with grooming and feeding target goal is for patient to be independent in feeding tasks
 - G-Code ADL Goal Status **G8988CH**
- **Current Status on Evaluation:** Patient assessed to have a 40% functional limitation with Feeding
 - G-Code ADL Current Status is **G8987CK**


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Other PT/OT Subsequent 

- **On the 10th Visit of Treatment:** Achieved their long-term goal for Feeding. Continues for long-term goal for Grooming.
- **Discharge Status on 10TH Visit:** Patient assessed to have a 0% functional limitation with Feeding
 - G-Code ADL Discharge Status **G8989CH**
- **Goal Status on 10th Visit:** Goal remained the same since evaluation
 - G-Code Goal Status **G8988CH**

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Other PT/OT Subsequent



- Reporting is discontinued on this long-term goal
- When therapy continues, another goal set must be reported on the *treatment visit following* the date the previous reporting discontinued

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Other PT/OT Subsequent



- **Visit Following Discharge Reporting:**
Current Status: Patient assessed to have a 40% functional limitation with Grooming. Reporting initiates for this *subsequent* long-term goal within the ADL G-Code set given reporting has already occurred within this category; therefore, G- Code reporting initiates for other PT/OT Subsequent
 - G-Code Current Status PT/OT Subsequent **G8993CK**
- **Goal Status:** Patient's prior level noted to be independent with grooming and feeding, target goal is for patient to be independent in grooming tasks
 - G-Code Goal Status PT/OT Subsequent **G8995CH**

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Therapy Functional Reporting Discharge



- At discontinuation of Rehabilitation Service
 - Discharge Status
 - Goal Status
- When reporting of a particular functional limitation G-Code set is ended,
 - Further therapy is necessary
 - Initiating reporting on a different functional limitation will begin on the next visit

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Therapy Functional Reporting Discharge



- 12/24 Discharge
 - G8980GPCH Mobility D/C status
 - G8979GPCH Mobility goal status
- Document “How the modifier selection was made”
 - Repeat the same Measurement Tool used to determine the percentage of impairment, limitation or restriction
- Discharge assessment should match the G-Code reflected on the bill
- Not required with unexpected discharge from rehabilitation services (e.g., Hospitalized)

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Bill Example



0434	OT Evaluation	97003G059	071012
0430	Occupational Therapy	97535G059	071012
0430	Occupational Therapy	G8987G0CL	071012

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Bill Example (Cont.)



0430	Occupational Therapy	G8988G0CII	071012
0430	Occupational Therapy	97535G0	071312
0430	Occupational Therapy	97535G0	071412
0430	Occupational Therapy	97535G0	071512
0430	Occupational Therapy	97535G0	071612
0430	Occupational Therapy	97535G0	071712
0430	Occupational Therapy	97535G0	071812
0430	Occupational Therapy	97535G0	071912
0430	Occupational Therapy	97535G0	072012
0430	Occupational Therapy	97535G0	072112
0430	Occupational Therapy	G8987G0CL	072112
0430	Occupational Therapy	G8988G0CII	072112
0430	Occupational Therapy	97535G0	072212
0430	Occupational Therapy	97535G0	072312
0430	Occupational Therapy	97535G0	072412

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Bill Example (Cont.)



0430	Occupational Therapy	97535G0	072512
0430	Occupational Therapy	97535G0	072512
0430	Occupational Therapy	97535G0	072512

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G Code FAQ



- G-Code FAQ released clarifying clinical coding
- Great reference for unique situations

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Overview of the Functional Reporting



Q6: Can therapists use any of the G-Code sets or are they limited to those corresponding to their discipline?

Answer: The category G-Codes sets are not discipline specific. The G-code set that best describes the functional limitation being treated should be used, regardless of your discipline.

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Overview of the Functional Reporting



Q10: When I begin reporting on my patient's second functional limitation, how do I report the severity of its current status? Do I use the severity modifier that reflected the current status at the time of the initial evaluation or the one from the time I began reporting?

Answer: The severity modifier used to indicate the beneficiary's current status, reflects the severity of the functional limitation at the time of the visit for which Functional Reporting occurred

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Overview of the Functional Reporting



Q12: How do I report the functional information when I provide an evaluation only and determine that the patient does not need further therapy services?

Answer: For one-time visits, you report all three G-Codes for the functional limitation being evaluated, along with the corresponding severity modifiers for each

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Overview of the Functional Reporting



Q14: How do I report an evaluative procedure when it is for a different functional limitation than I am currently reporting?

Answer: You should report the evaluative procedure furnished for a second/different functional limitation other than the primary functional limitation for which ongoing reporting is occurring as a one-time visit (i.e., report all three (3) G-Codes in the code set for the functional limitation that most closely matches that for which the evaluative procedure was furnished)

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Overview of the Functional Reporting



Answer 14 (Cont.)

The ongoing reporting of a primary functional limitation is not affected by the reporting of a one-time visit with s all three (3) G-Codes in a code set are reported for the secondary functional limitation

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Therapy Strategies



- Establish standardized testing tools that relate to setting
- Establish scale for percentage limitations versus scoring of standardized test that is universal for department (which score equals what percentage limitation?)

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Therapy Strategies



- Educate and train staff on utilization of standardized tests and the level of functional impairments established
 - ◆ Reporting must be supported by documentation
 - ◆ Reproducible measure that can consistently be performed between different clinicians on different dates
 - ◆ Access to different tools for different patients
- Initiate process timely to ensure compliance with reporting by July 1, 2013
- Increase communication with billing

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Therapy Strategies



- Establish documentation system for G- Code entry
- Create audit process prior to billing to ensure accurate coding is reflected on the bill

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Management Strategies



- Clinician audits
- Billers trigger clinical review to ensure accuracy for unusual trending
- Expect data entry errors
- Audit for accuracy !

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Management Strategies



- Accuracy is critical
 - Clinician's understand the reporting rules and definitions
 - Billed accurately
- Data will be utilized to reform Medicare Part B Billing practices in the future

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Questions/Answers



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