

Eli's Rehab Report

G Codes: Therapists: Make A Note Of This Update From CMS

Are you ready for the July 1 functional limitation reporting cutoff date?

If you've been submitting functional limitation data (G-codes) on outpatient therapy services to Medicare Part B patients prior to July 1, you will not need to restart functional limitation reporting on the first date of service on or after July 1. You will need to do so only at the next reporting interval, i.e. at the patient's 10th visit or at discharge, the **Centers for Medicare & Medicaid Services** (CMS) confirmed in a June 18 notice to the **American Physical Therapy Association**.

However, if you have not submitted functional limitation reporting information prior to July 1, you must submit data on the first claim with a date of service on or after July 1. For all new patients, functional limitation data reporting will have to begin from July 1.

Specifically, the policy applies to physical therapy, occupational therapy, and speech-language pathology services furnished in hospitals, critical access hospitals, skilled nursing facilities, comprehensive outpatient rehabilitation facilities, rehabilitation agencies, home health agencies (when the beneficiary is not under a home health plan of care), and private offices of therapists, physicians, and nonphysician practitioners.

Start Over With Patients from Jan. 1 Trial

The agency stressed in a June 4 CMS Open Door Forum that therapists must report new episodes of care come July 1. A caller noted that many therapists have been reporting functional limitation codes since Jan. 1, which was when the testing period for this initiative began, even though the codes won't be required until July 1. The caller asked whether therapists should continue with the G codes they've been reporting for patients whose treatment started during the testing period and will continue after July 1 or whether they should start over on July 1 as if billing the G codes for a new episode of care.

A CMS rep responded that an MLN Matters article on this topic is forthcoming, but for a patient already being treated, the functional reporting will have to begin as a new episode of care as of July 1, even if you've been using the G codes (such as G8978, Walking and moving around functional limitation...).

Effective July 1, you'll have to start out by reporting an initial evaluation code and submit the patient's goals and status as of July 1. "We realize that that's a little bit of a burden for those who have been doing the reporting, but it was a necessity for us to have the testing period and we do believe the testing period was important for many therapists," the CMS rep added.

Under the Middle Class Tax Relief Act of 2012 CMS will collect information regarding function and condition, therapy services furnished, and outcomes achieved on patient function on claim forms. Payment reforms for outpatient therapy services will be based on the data collected from these claims.

Resource: To know more about the CMS announcement go to www.apta.org/Payment/Medicare/CodingBilling/FunctionalLimitation/?navID=10737430505a.