

## Outpatient Facility Coding Alert

### Rehab Services: Look Ahead to Using New Functional Status Codes in 2013

**Tip: Start educating providers now on the codes and modifiers required by July.**

If your facility provides outpatient rehabilitation services, get ready for some hefty documentation changes in January -- including new requirements to include certain G codes to report patients' functional status and projected goals.

**Reasoning:** This data (which you'll include on the claim forms) will help CMS develop a new payment methodology for outpatient rehab.

Learn the New G Codes for Functional Limitations

More than 20 new G codes describing patient function and mobility will be added to your options in 2013. The codes are grouped into eight categories:

Mobility: walking and moving around functional limitation (G8978-G8980)

Changing and maintaining body position functional limitation (G8981-G8983)

Carrying, moving, and handling objects functional limitation (G8984-G8986)

Self care functional limitation (G8987-G8989)

Other physical or occupational primary functional limitation (G8990-G8992)

Other physical or occupational subsequent functional limitation (G8993-G8995)

Swallowing functional limitation (G8996-G8998)

Motor speech functional limitation (G8999).

The list includes only one code for motor speech limitation. Each of the other categories includes codes for the patient's status at the beginning of therapy, during treatment, and at discharge. For example, the mobility codes are as follows:

G8978 -- Mobility: Walking and moving around functional limitation, current status, at therapy episode outset and at reporting intervals

G8979 -- Mobility: Walking and moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting

G8980 -- Mobility: Walking and moving around functional limitation, discharge status, at discharge from therapy or to end reporting.

**What it means:** CMS wants providers to code patient function at the initial evaluation and discharge, as well as once every 10 treatment days or at least once during each 30 calendar days □ whichever comes sooner.

**Payment:** The G codes are informational only and will not impact your claims' reimbursement, **Kathy Bryant**, deputy director for the division of practitioner services with CMS told attendees at the 2013 CPT® and RBRVS Symposium in November.

"From a medical review standpoint, however, I think [these codes] could have a really big effect," says **Gayle Lee**, senior director of health finance and quality for the American Physical Therapy Association.

#### Append Modifiers to Add More Clarity

You won't stop with adding a G code to the patient's claim, Bryant warned. You should also append one of seven new modifiers that describe various levels of limitations:

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.

#### Start Prepping Now for Mandatory Usage

You have until July 1, 2013, to familiarize yourself with the new codes and modifiers and begin putting them into use. Claims submitted after that date without the functional limitation codes won't be processed, according to CMS directives.

Spend the next six months educating therapists and coders on what's expected. Reporting the functional limitations will "require a lot of education and changes in the way therapists document because they need to support the information they put into the G codes," Lee explains.

**Good news:** CMS has no plans to change the claim form. Lee predicts that the new G-codes and modifiers "will probably be reported the same way PQRS measures are placed on the claim form as line-items."

For more information, refer to:

<http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/FunctionalReportingNPC.pdf>.