

Eli's Hospice Insider

Reader Question: Don't Add Extra Therapy Billing Burden

Keep an eye out for whether these codes become mandatory in the future.

Question: Do we need to use the new G codes for therapy services that took effect this year?

Answer: Not unless you want to, the **Centers for Medicare & Medicaid Services** says in a question-and-answer posted to its website. "As described in CR 7182 ... many of the new G-codes include the hospice setting in their description," CMS explains in Q&A Answer ID 10314. However, "CMS is not requiring hospices to use the new G-codes at this time."

The new and revised therapy codes that reference hospice include:

- G0151 Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes.
- G0152 Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes.
- G0153 Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes.
- G0157 Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes.
- G0158 Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes.

Note: The Q&A is at http://questions.cms.hhs.gov/app/answers/detail/a_id/10314/kw/hospice. CR 7182 is at <https://www.cms.gov/transmittals/downloads/R824OTN.pdf>.