# Functional Limitation Reporting for Therapy Services under Medicare Part-B

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# FUNCTIONAL LIMITATION REPORTING OVERVIEW

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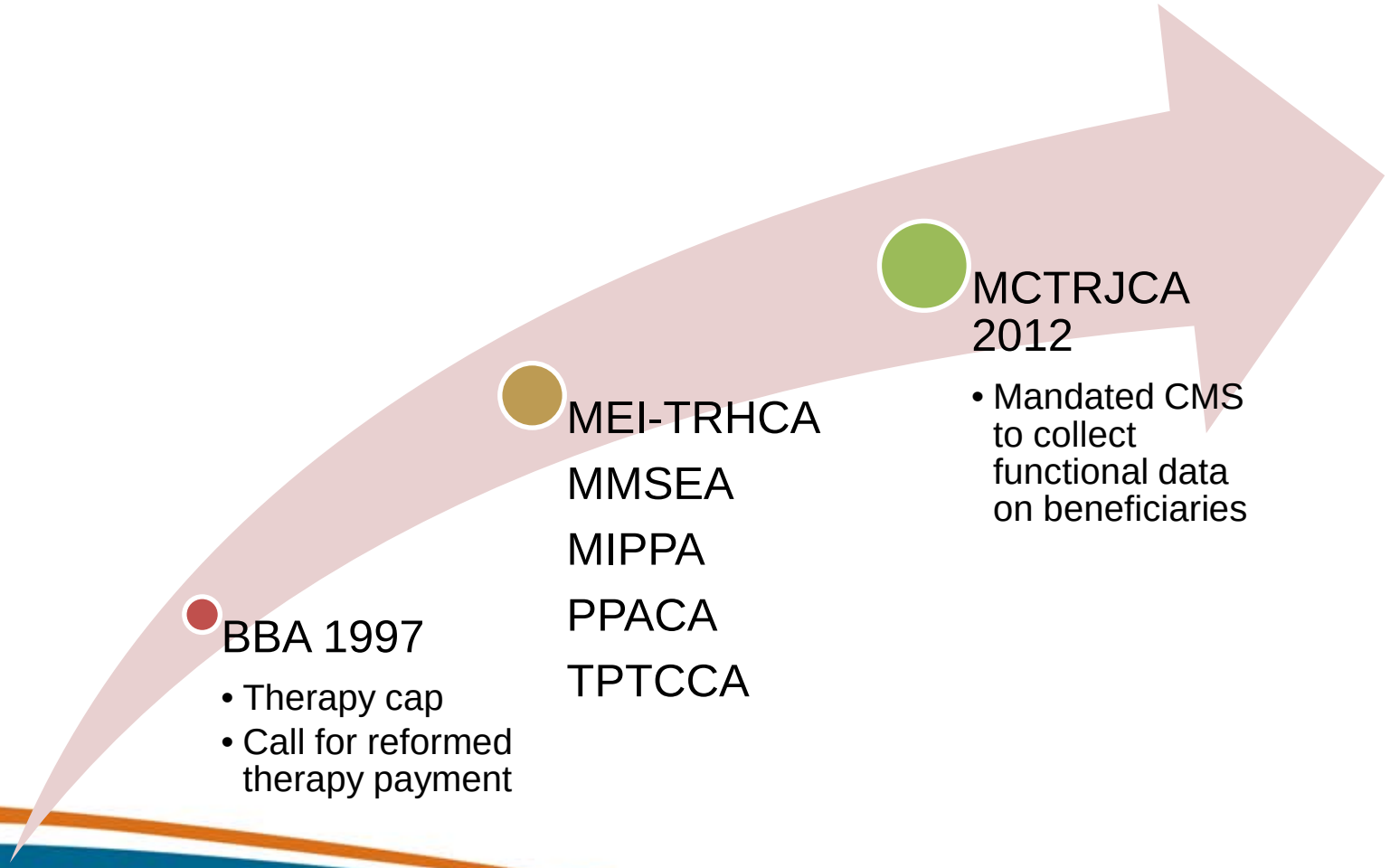
# History of Medicare Therapy Caps and Reform Payment in Therapy Services

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# Functional Limitation Reporting Background

- Middle Class Tax Relief Act of 2012
  - CMS was mandated to collect information regarding the beneficiaries on the claim form by January 1, 2013:
    - Function and condition
    - Therapy services furnished
    - Outcomes achieved on patient function
- CMS intends to utilize this information in the future to reform payment for outpatient therapy services

# Functional Limitation Reporting: Background

- CMS issued proposed Medicare physician fee schedule rule on July 6, 2012 with proposal for functional reporting.  Received over 200 comments.
- CMS issued final rule on November 1, 2012 which made many changes based on comments.
- The effective date of provisions in the rule regarding functional reporting is January 1, 2013; although CMS will allow testing for 6 months.

# Program Basics: Who

- All practice settings that provide outpatient therapy services:
  - PT, OT, and SLP services furnished in
    - hospitals
    - critical access hospitals
    - skilled nursing facilities
    - CORFs
    - rehabilitation agencies
    - home health agencies
    - private offices of therapists, physicians and non-physician practitioners

# Program Basics: What

- Therapy service providers will submit nonpayable G-codes with severity modifiers on their claims for the current status and projected goal
- Functional limitation categories include:
  - Mobility: walking and moving around
  - Changing and maintaining body position
  - Carrying, moving and handling objects
  - Self care
  - Other

# Program Basics: When

- Functional limitation G-codes will be submitted for the primary limitation:
  - At the outset of the therapy episode
  - At a minimum every 10th visit
  - At a formal re-evaluation or evaluation
  - At discharge/ end reporting (unless the patient self discharges prior to formal discharge visit)
- A subsequent functional limitation may be reported if care continues to address the subsequent limitation after you end reporting of the primary limitation

# Functional Limitation Reporting

| Outset | Every 10th Visit | Re-Evaluation | Discharge/ End Reporting | Reporting of Subsequent Limitation* |
|---|---|---|---|---|
| • Current functional status<br>• Projected functional goal | • Current functional status<br>• Projected functional goal | • Current functional status<br>• Projected functional goal | • Discharge functional status<br>• Projected functional goal | • Current functional status<br>• Projected functional goal |

* Reporting of a subsequent limitation only occurs in the instance where the primary limitation resolves and the patient continues care for treatment of a subsequent limitation

# Program Basics: How

- Therapists will use a valid and reliable assessment tool(s) and/or objective measure(s) in determination of the severity of the functional limitation
  - Multiple tools may be used
  - Therapist judgment may be used in the severity modifier determination in combination with data gathered
  - Documentation of the G-codes and the rationale for selection of severity *must* be included in the medical record

# Reporting Timeline

## January 1- June 30, 2013

- 6 month testing period for functional limitation data submission

## July 1- December 31, 2013

- Claims will be returned unpaid if functional information is missing

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# FUNCTIONAL LIMITATION REPORTING DETAILS

# Nonpayable G-codes

- G-codes are based on the International Classification of Functioning, Disability and Health (ICF)
  - Functional limitation: activity limitations + participation restriction
- Specific categories plus an other category
- Therapist can choose the most appropriate category that applies or choose other

# Nonpayable G-codes Guide

| Code | Information Communicated | When Reported |
|---|---|---|
| GXXX | Current functional status | •Therapy episode outset (initial evaluation)<br>•Reporting intervals (every 10th visit)<br>•Formal re-evaluation (if performed during the episode) |
| GXXX | Projected goal functional status | •Therapy episode outset (initial evaluation)<br>•Reporting intervals (every 10th visit)<br>•Discharge from therapy OR to end reporting |
| GXXX | Discharge functional status | •Discharge from therapy OR to end reporting |

# Nonpayable G-codes CY2013

| | 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 |

# Nonpayable G-codes CY2013

| | 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 |

# Nonpayable G-codes CY2013

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

# Use of the “Other” category

- If the patient’s limitation is not defined by one of the four categories
- When a patient receiving therapy services that are not intended to treat a functional limitation (wound care, lymphedema)
- When the therapist uses a composite functional assessment tool (such as AMPAC or FOTO) and does not clearly represent a functional limitation as defined by the four categorical codes

# Severity Modifiers

- 7 point scale
- Therapist will use valid and reliable functional assessments and/or objective measures in addition to their clinical judgment in selecting the severity modifier and must document accordingly
- If therapy services are not intended to address a functional limitation then use “other” G-code and the CH modifier.

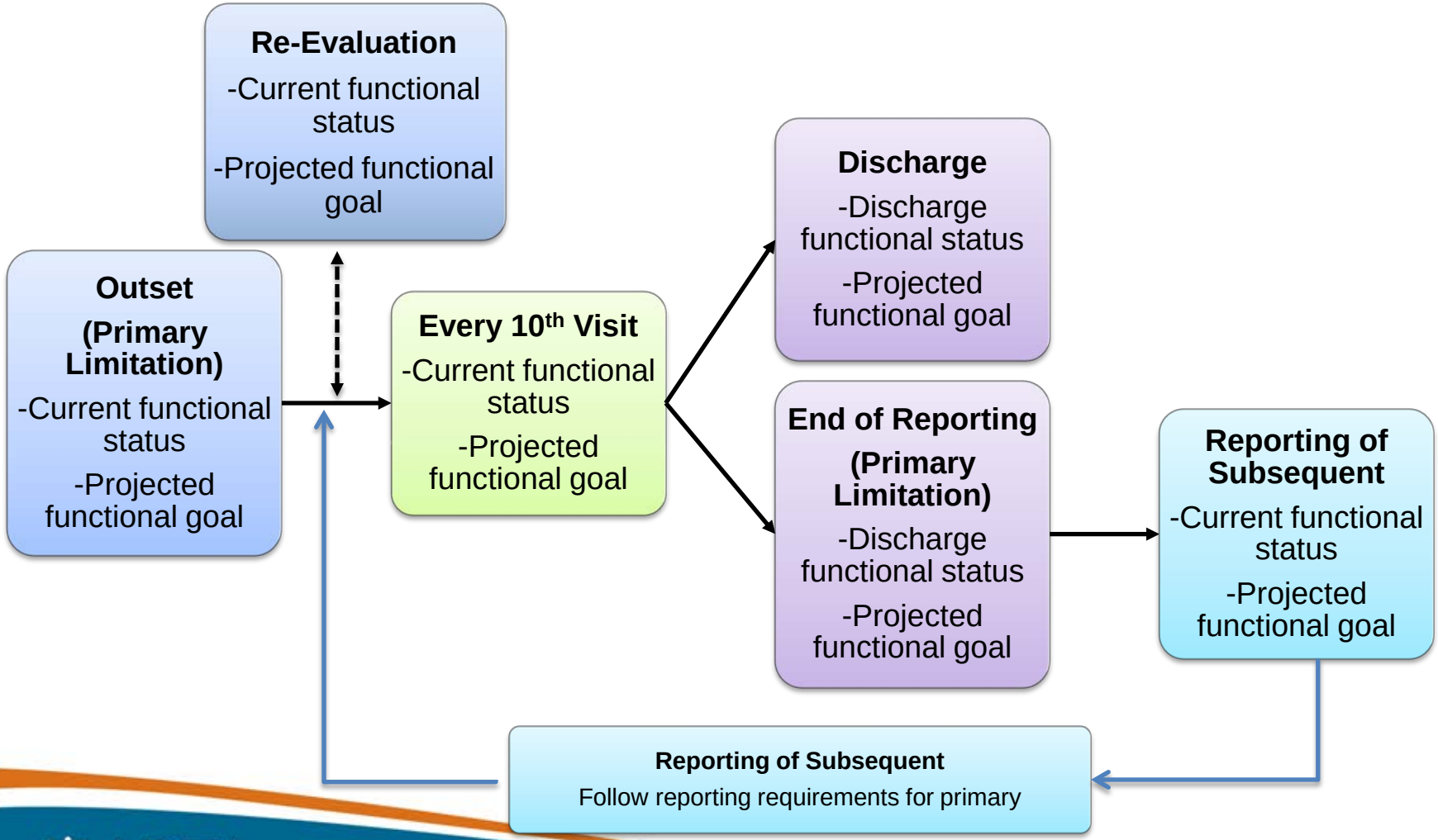
# Severity Modifiers CY2013

| 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 |

# Reporting Frequency

- G-codes are reported throughout care at specific intervals
- Report only on one limitation (primary)
- You may report on a second limitation but not simultaneously
  - If a patient is seen for a second condition beyond the resolution of first then you will report a second (subsequent) limitation

# Functional Limitation Reporting

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# Example of Required Reporting

| | Mobility: Walking & Moving Around | | | Other Primary Limitation | | | No Reporting |
|---|---|---|---|---|---|---|---|
| | G8978-Current | G8979-Goal | G8980-Discharge | G8990-Current | G8991-Goal | G8992-Discharge | No code submitted |
| Evaluation/ Beginning of reporting period #1 | X | X | | | | | |
| Treatment days 2-9 | | | | | | | X |
| End of reporting period #1 (10th visit) | X | X | | | | | |
| Reporting period #2 begins | | | | | | | X |
| Treatment days 12-13 | | | | | | | X |
| Treatment day14/ End of reporting on Walking & Moving | | X | X | | | | |
| Begin Reporting Period for other primary | | | | X | X | | |
| Treatment days 16-19 | | | | | | | X |
| End of reporting period #2 (20th visit)/ Discharge | | | | | X | X | |

# Documentation

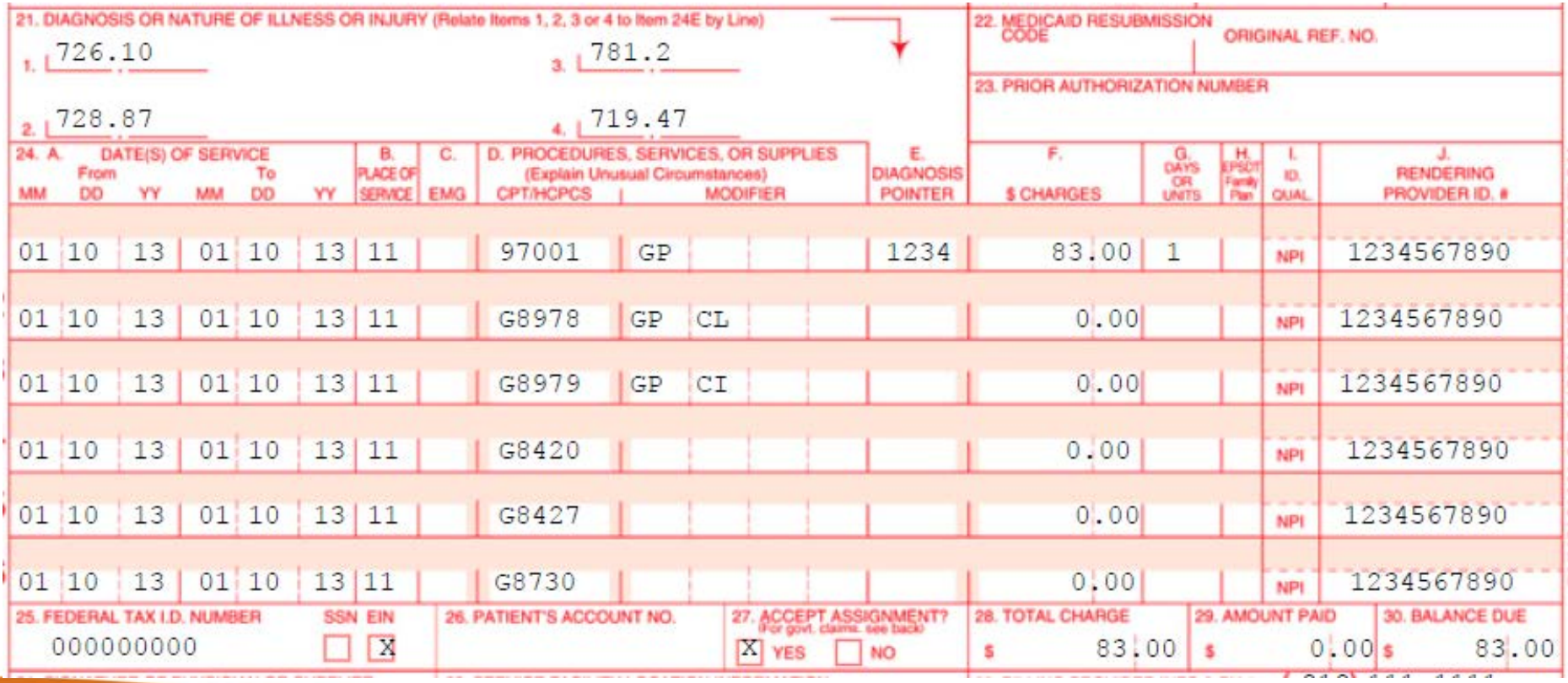
- For each date of service that functional reporting is required the therapist must document in the medical record the specific nonpayable G codes and severity modifiers used to report the functional limitation.
- The therapist must document how the modifier selection was made (e.g. through use of one functional assessment tool; use of more than one tool; or use of clinical judgment to determine modifier)

# Claim Submission

- Reported as a separate line item
- Functional limitation data is comprised of three pieces of information:
  - G code
  - Severity modifier
  - Therapy modifier (GP, GO, GN)

  (Do NOT report the KX or 59 modifiers on this line item)
- Nonpayable code
  - $0.01 institutions
  - $0.00 private
- Multiple page claims:
  - Complete total for item 28 on the last CMS-1500 claim form

# Claims Example: 1500



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)
1. 726.10
2. 728.87
3. 781.2
4. 719.47

22. MEDICAID RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | 97001 | GP | 1234 | 83.00 | 1 | | NPI | 1234567890 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | G8978 | GP CL | | 0.00 | | | NPI | 1234567890 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | G8979 | GP CI | | 0.00 | | | NPI | 1234567890 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | G8420 | | | 0.00 | | | NPI | 1234567890 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | G8427 | | | 0.00 | | | NPI | 1234567890 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | G8730 | | | 0.00 | | | NPI | 1234567890 |

25. FEDERAL TAX I.D. NUMBER: 000000000 SSN ☐ EIN ☒
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☒ YES ☐ NO
28. TOTAL CHARGE $ 83.00
29. AMOUNT PAID $ 0.00
30. BALANCE DUE $ 83.00

# Claims Example: UB-04

| | 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES | 49 |
|---|---|---|---|---|---|---|---|---|
| 1 | 420 | PT Evaluation | 97001GP | 011013 | 1 | 75 00 | | |
| 2 | 420 | PT Treatment | 97110GP | 011013 | 1 | 28 72 | | |
| 3 | 420 | Mobility Current Status | G8978CLGP | 011013 | | 00 01 | | |
| 4 | 420 | Mobility Goal Status | G8979CIGP | 011013 | | 00 01 | | |
| 5 | 420 | PT Treatment | 97110GP | 011113 | 1 | 28 72 | | |
| 6 | 420 | PT Treatment | 97116GP | 011113 | 1 | 25 42 | | |
| 7 | 420 | PT Treatment | 97110GP | 011413 | 2 | 57 44 | | |
| 8 | 420 | PT Treatment | 97110GP | 011613 | 1 | 28 72 | | |
| 9 | 420 | PT Treatment | 97116GP | 011613 | 1 | 25 42 | | |
| 10 | 420 | PT Treatment | 97110GP | 011813 | 2 | 57 44 | | |
| 11 | 420 | PT Treatment | 97112GP | 012113 | 2 | 60 00 | | |
| 12 | 420 | PT Treatment | 97110GP | 012313 | 1 | 28 72 | | |
| 13 | 420 | PT Treatment | 97116GP | 012313 | 1 | 25 42 | | |
| 14 | 420 | PT Treatment | 97112GP | 012513 | 2 | 60 00 | | |
| 15 | 420 | PT Treatment | 97110GP | 012813 | 2 | 57 44 | | |
| 16 | 420 | PT Treatment | 97116GP | 013013 | 1 | 25 42 | | |
| 17 | 420 | PT Treatment | 97110GP | 013113 | 2 | 57 44 | | |
| 18 | 420 | Mobility Current Status | G8978CKGP | 013113 | | 0 01 | | |
| 19 | 420 | Mobility Goal Status | G8979CIGP | 013113 | | 0 01 | | |
| 20 | 430 | OT Evaluation | 97003GO | 011613 | 1 | 75 00 | | |
| 21 | 430 | Self Care Current Status | G8987CJGO | 011613 | | 0 01 | | |
| 22 | 430 | Self Care Goal Status | G8988CIGO | 011613 | | 0 01 | | |
| 23 | 0001 | PAGE 1 OF 2 | CREATION DATE | 020913 | TOTALS | 716 38 | | |

| 50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL INFO | 53 ASG. BEN. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | 8888888888 |
|---|---|---|---|---|---|---|---|

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# Functional Limitation Reporting: Step by Step

| | Check Point | Action Required |
|---|---|---|
| 1. | Patient visit :<br>If patient is at one of the indicated visits then move to check point 2 otherwise STOP | ❑Evaluation (1st visit)<br>❑Every 10th visit<br>❑*Re-evaluation (if performed)*<br>❑Discharge OR end of reporting |
| 2. | Determine the primary functional limitation: | ❑Mobility: walking and moving around<br>❑Changing and maintaining body position<br>❑Carrying, moving and handling objects<br>❑Self care<br>❑Other |
| 3. | Pick the appropriate G-codes | ❑Current functional status OR<br>❑Discharge functional status<br>AND<br>❑Projected functional goal |
| 4. | Pick the appropriate severity modifier | ❑Pick a modifier for current or discharge functional status<br>AND<br>❑Pick a modifier for projected goal |
| 5. | Submit functional limitation codes for the current/ discharge status AND projected goal on claims | ❑G-code<br>❑Severity modifier<br>❑Therapy modifier |

# Unique Clinical Situations

- Acute care:
  - Observation beds
  - Inpatient stay billed under Medicare part B
- Evaluation only (one visit/ consultation visit):

# CASE EXAMPLE

# Scenario for Patient s/p CVA

- 83 y/o female four week s/p ischemic event of the left middle cerebral artery resulting in right hemiplegic and mild aphasia
- Previous therapy includes inpatient rehabilitation
- Co-morbidity of severe osteoporosis with wrist, hip, and spinal compression fractures within past year
- Chief complaints include assistance needed to walk short distance and weakness or right arm
- Reports fatigue with minimal exertion

# Initial Evaluation Functional Data Requirements

## Determine current primary functional limitation

- Select an appropriate functional assessment tool(s) or objective measure(s)
  - Determine the category of the primary functional limitation
  - Determine the severity of limitation

## Determine the projected goal

- Based on the current functional limitation status and other patient information
  - Determine the projected goal

## Report the functional limitation data

- Current status with severity modifier
- Projected goal with severity modifier

# Determine Current Functional Status

Specific test and measures administered include the following:

- OPTIMAL
- Berg balance test
- 4 meter walk

# OPTIMAL

- 22 item questionnaire
- Each item can be scored for difficulty and confidence  on a 1-5 scale
  - 1=Able to do without any difficulty/Fully Confident
  - 5= Unable to do/Not confident
- Identifies 3 activities that they would most like to do without difficulty

Guccione A, et al. Development and testing of a self-report instrument to measure actions: Outpatient Physical Therapy Improvement in Movement Assessment Log. *Physical Therapy*. 2005;85,6:515-530.

# Berg Balance Test

- 14 items test
- five-point scale, ranging from 0-4. “0” indicates the lowest level of function and “4” the highest level of function. Total Score = 56
- 41-56 = low fall risk
- 21-40 = medium fall risk

Thorbahn L, Newton R. Use of the Berg Balance Test to predict Falls in elderly persons. Physical Therapy. 1996; 76:576-583.

# 4 Meter Walk

- Walks 4 meters at usual speed (2 trials)
- Usual pace for female age 70-85 is 0.98 meter per sec.
- Decrease pace indicates increased risk for fall, decreased community ambulation, and decreased independence with ADLs

Bohannon R. Comfortable walking speed: Norms for adults derived using meta-analysis. NIH Toolbox Conference: Bethesda, MD. 2008.

Perry J, Garrett M, Gronley JK, Mulroy SJ. Classification of walking handicap in the stroke population. *Stroke.* 1995;26:982-989.

# Initial Evaluation Functional Measurement Data

| Test | Key findings | Score | Severity translation | Functional limitation category |
|---|---|---|---|---|
| OPTIMAL | Patient identified:<br>•walking outdoors*<br>•climbing up stairs<br>•carrying objects | 9<br>(on primary item*) | 70 percent limitation: At least 60 but less than 80% impaired, limited or restricted<br>- CL modifier | Mobility: walking & moving around G8978-CL |
| Berg balance test | | 29/56 | | |
| 4 meter walk | Walks with close supervision and use of cane | 4 meter walk at 0.6 m/sec | | |

# Determine the Projected Goal

- Prior to CVA lived in home w husband and was independent in ADLs and driving
- Goal is to return to this setting and prior activities
- Projected goal is at least 1 percent but less than 20 percent impaired, limited or restricted (CI modifier)
- G8979-CI

# Initial Evaluation Functional Limitation Documentation

Patient's primary goal for PT is to be able to walk outdoors (G8978) with minimal help. Her current impairment level is 70% (CL) based on her OPTIMAL, Berg balance, and 10 meter walk scores. She is expected to be able to walk outside her home with less than 20% (G8979 CI) impairment after 8 weeks of therapy.

# Example of Charge Form for Initial Evaluation Visit

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 342.92 3. ____.____

2. ____.____ 4. ____.____

22. MEDICAID RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | 97001 | GP | 1 | 83 00 | 1 | | NPI | 987654321 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | 97110 | GP | 1 | 34 00 | 1 | | NPI | 987654321 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | G8978 | GP CL | | 0 00 | | | NPI | 987654321 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | G8979 | GP CI | | 0 00 | | | NPI | 987654321 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | G8427 | | | 0 00 | | | NPI | 987654321 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | 3288F | | | 0 00 | | | NPI | 987654321 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | 1100F | | | 0 00 | | | NPI | 987654321 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | 0518F | | | 0 00 | | | NPI | 987654321 |
| 01 | 10 | 13 | 01 | 10 | 13 | 11 | | G8539 | | | 0 00 | | | NPI | 987654321 |

| 25. FEDERAL TAX I.D. NUMBER | SSN EIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) | 28. TOTAL CHARGE | 29. AMOUNT PAID | 30. BALANCE DUE |
|---|---|---|---|---|---|---|
| | ☐ ☐ | | ☐ YES ☐ NO | $ 117 00 | $ 0 00 | $ 117 00 |

# 10th Visit Functional Data Requirements

## Determine current primary functional limitation

- Re-administer the functional assessment tool(s) or objective measure(s)
  - Determine the severity of limitation

## Determine the projected goal

- Re-verify the projected goal

## Report the functional limitation data

- Current status with severity modifier
- Projected goal with severity modifier

# 10th Visit Description

- The patient is happy with her progress
- She is able to walk with only close supervision now demonstrating slightly greater walking speed
- She still notes some decreased confidence walking outside
- Her balance is improved especially with single limb stance activities

# 10th Visit Functional Measurement Data

| Test | Key findings | Score | Severity translation | Functional limitation category |
|---|---|---|---|---|
| OPTIMAL | Patient identified:<br>•walking outdoors*<br>•climbing up stairs<br>•carrying objects | 5<br>(on primary item*) | 40 percent limitation: At least 40 but less than 60 %impaired, limited or restricted<br>- CK modifier | Mobility: walking & moving around G8978-CK |
| Berg balance test | | 40/56 | | |
| 4 meter walk | Walks with close supervision without an assistive devise | 4 meter walk at 0.8 m/sec | | |

# 10th Visit Documentation

Patient has improved in safety with her mobility. Her current impairment level for walking around (G8978) is 40% (CK) based on her OPTIMAL, Berg balance, and 10 meter walk scores. She is expected to be able to walk outside her home (G8979) with less than 20% (CI) impairment at time of discharge from physical therapy.

# Example of Charge Form for 10th Visit

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 342.92 3. . 2. . 4. .

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 02 | 14 | 13 | 02 | 14 | 13 | 11 | | 97110 | GP | 1 | 68 00 | 2 | | NPI | 987654321 |
| 02 | 14 | 13 | 02 | 14 | 13 | 11 | | 97112 | GP | 1 | 35 00 | 1 | | NPI | 987654321 |
| 02 | 14 | 13 | 02 | 14 | 13 | 11 | | G8978 | GP CK | | 0 00 | | | NPI | 987654321 |
| 02 | 14 | 13 | 02 | 14 | 13 | 11 | | G8979 | GP CI | | 0 00 | | | NPI | 987654321 |
| | | | | | | | | | | | | | | NPI | |
| | | | | | | | | | | | | | | NPI | |

| 25. FEDERAL TAX I.D. NUMBER | SSN EIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) | 28. TOTAL CHARGE | 29. AMOUNT PAID | 30. BALANCE DUE |
|---|---|---|---|---|---|---|
| | ☐ ☐ | | ☐ YES ☐ NO | $ 103 00 | $ 0 00 | $ 103 00 |

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# Discharge Visit Functional Data Requirements

## Determine discharge primary functional limitation

- Re-administer the functional assessment tool(s) or objective measure(s)
  - Determine the severity of limitation

## Determine the projected goal

- Re-verify the projected goal

## Report the functional limitation data

- Discharge status with severity modifier
- Projected goal with severity modifier

# Discharge Visit Description

- Visit 12
- The patient is much more confident moving around outside
- She is able to walk independently at a speed that is appropriate for community participation
- Her balance is improved overall and her Berg score indicates she has a low fall risk

# Discharge Visit Functional Measurement Data

| Test | Key findings | Score | Severity translation | Functional limitation category |
|---|---|---|---|---|
| OPTIMAL | Patient identified:<br>•walking outdoors*<br>•climbing up stairs<br>•carrying objects | 3<br>(on primary item*) | 10 percent limitation: At least 1 but less than 20 %impaired, limited or restricted<br>- CI modifier | Mobility: walking & moving around G8980-CI |
| Berg balance test | | 46/56 | | |
| 4 meter walk | Walks independently without an assistive devise | 4 meter walk at 1.0 m/sec | | |

# Discharge visit documentation

Patients has improved in safety with her mobility. Her current impairment level for walking around (G8980) is 10% (CI) based on her OPTIMAL, Berg balance, and 10 meter walk scores.  She has achieved her goal to be able to walk outside her home (G8979) with less than 20% (CI) impairment at time of discharge from physical therapy.

# Example of charge form for Discharge visit

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 342 . 92 3. . 

2. . 4. .

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 02 | 26 | 13 | 02 | 26 | 13 | 11 | | 97110 | GP | 1 | 34 00 | 1 | | NPI | 987654321 |
| 02 | 26 | 13 | 02 | 26 | 13 | 11 | | 97112 | GP | 1 | 35 00 | 1 | | NPI | 987654321 |
| 02 | 26 | 13 | 02 | 26 | 13 | 11 | | 97530 | GP | 1 | 37 00 | 1 | | NPI | 987654321 |
| 02 | 26 | 13 | 02 | 26 | 13 | 11 | | G8980 | GP CI | | 0 00 | | | NPI | 987654321 |
| 02 | 26 | 13 | 02 | 26 | 13 | 11 | | G8979 | GP CI | | 0 00 | | | NPI | 987654321 |
| | | | | | | | | | | | | | | NPI | |

| 25. FEDERAL TAX I.D. NUMBER SSN EIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) | 28. TOTAL CHARGE | 29. AMOUNT PAID | 30. BALANCE DUE |
|---|---|---|---|---|---|
| | | YES NO | $ 106 00 | $ 0 00 | $ 106 00 |

# Summary of reporting

| Initial Evaluation Visit | | 10th Visit | | D/C Visit | |
|---|---|---|---|---|---|
| G-code | Modifier | G-code | Modifier | G-code | Modifier |
| G8978 | CL | G8978 | CK | | |
| G8979 | CI | G8979 | CI | G8979 | CI |
| | | | | G8980 | CI |

| **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 |

| 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 |

# CONCLUSION

# Resources

- APTA website
  - http://www.apta.org/Payment/Medicare/CodingBilling/FunctionalLimitation/
- CMS transmittals R260CP & R163BP
  - http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2012-Transmittals-Items/R2603CP.html
  - http://www.cms.gov/Regulations-and-Guidance/Ghttp://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2012-Transmittals-Items/R163BP.html

# Questions