









- 1  **ARE THE USE OF MEDICARE "G" CODES MAKING YOU SPIN?**
HERE ARE SOME ANSWERS:
VESTIBULAR REHABILITATION SPECIAL INTEREST GROUP
- 2  **Functional Limitation Reporting**
 - o Kenda Fuller, PT
 - o South Valley Physical Therapy
 - o www.southvalleypt.com
 - o
 - o
- 3  **Middle Class Tax Relief Act of 2012**
 - o CMS mandated to collect information regarding beneficiaries on the claim form by January 1, 2013
 - To describe:
 - o Function and condition
 - o Therapy services furnished
 - o Outcomes achieved from treatment affecting patient function
- 4  **The result: G-codes**
 - o New codes that start with the letter G
 - o New for 2013
 - o Non-payable but required for billing
 - o No reimbursement associated with use of code
 - o Continue using current, payable CPT codes to describe clinical services provided same day including evaluation and intervention codes
 - o Include PQRS if you are participating
- 5  **Deadlines**
 - o January 1- June 30, 2013
 - o 6 month testing period for functional limitation data submission of G codes on billing forms
 - o July 1- December 31, 2013
 - o Claims will be returned unpaid if functional information, via G code billing is missing
- 6  **Out-Patient Therapy Practice Required to use G Codes:**
 - o OP Hospital Departments and Satellites
 - o Critical Access Hospitals
 - o Home Health Agencies (Delivering Part B Services)
 - o Private Practice & Office-Based Practices
 - o Skilled Nursing Facilities – Part B services
 - o Rehabilitation Agencies (ORF's)
 - o CORFs
 - o
- 7  **How to start now:**
 - o Identify Primary limitation
 - o Must choose one of following four categories related to primary reason for intervention.
 - o Report only on one primary limitation at a time
 - o Limitation must be measurable in one of four categories or associated with the *other* category of impairment for which intervention is appropriate
- 8  **Mobility: Walking & Moving Around**
 - o G8978 Mobility: walking & moving around functional limitation
 - o current status, reported at evaluation and at reporting intervals
 - o G8979 Mobility: walking & moving around functional limitation

- o projected goal status, at evaluation, at reporting intervals, and at discharge or end of reporting for this condition
- o G8980 Mobility: walking & moving around functional limitation
 - o discharge status, at discharge from therapy or end of reporting for this condition

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Changing & Maintaining Body Position

- o G8981 Changing & maintaining body position functional limitation
 - o current status, at initial evaluation and at reporting intervals
- o G8982 Changing & maintaining body position functional limitation
 - o projected goal status at initial evaluation and reporting intervals, and at discharge or to end reporting
- o G8983 Changing & maintaining body position functional limitation,
 - o discharge status at discharge from therapy or end of reporting for this condition

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Carrying, Moving & Handling Objects

- o G8984 Carrying, moving & handling objects functional limitation
 - o current status, at initial evaluation and at reporting intervals
- o G8985 Carrying, moving & handling objects functional limitation
 - o projected goal status, at initial evaluation, at reporting intervals, and at discharge or end of reporting for this condition
- G8986 Carrying, moving & handling objects functional limitation
 - o discharge status, at discharge from therapy or end of reporting for this condition

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Self Care

- o G8987 Self care functional limitation, current status, at evaluation and at reporting intervals
- o G8988 Self care functional limitation, projected goal status, at evaluation, at reporting intervals, and at discharge
- o G8989 Self care functional limitation, discharge status, at discharge from therapy or end of reporting for this condition

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Other category

- o If the patient's limitation is not defined by one of the four categories
- o When a patient receiving therapy services that are not intended to treat a functional limitation, a goal still needs to be identified
- o When the therapist uses a composite functional assessment tool and does not clearly represent a functional limitation as defined by the other four category codes

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Other PT/OT Primary Functional Limitation

- o G8990 Other physical or occupational primary functional limitation
 - o current status, at initial evaluation and at reporting intervals
- o G8991 Other physical or occupational primary functional limitation
 - o projected goal status, at evaluation, at reporting intervals, and at discharge or end of reporting for this condition
- o G8992 Other physical or occupational primary functional limitation
 - o discharge status, at discharge from therapy or end of reporting for this condition
 - o

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Other PT/ OT Subsequent Functional Limitation

- o G8993 Other physical or occupational subsequent functional limitation, current status, at therapy episode outset and at reporting intervals
- o 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
- o G8995 Other physical or occupational subsequent functional limitation, discharge status, at discharge from therapy or to end reporting

- 15  **G-codes**
- o Submit G-code on initial evaluation
 - o G-codes are reported throughout care at specific intervals
 - o Use severity modifiers for the current status as well as projected goal status
 - o Choose only one G-code, but it may represent more than one measure used
- 16  **G-code: primary limitation**
- o Submitted for the primary limitation
 - o At the outset of the therapy episode (evaluation)
 - o At a minimum every 10th visit (re-evaluation)
 - o Or at separate formal re-evaluation (30 day requirement)
 - o At discharge/end reporting
- 17 
- 18  **Subsequent functional limitation:**
- o
 - o May be initiated if care continues to address a different or subsequent limitation after you end reporting of the *primary* limitation
 - o You may report on a second limitation but not simultaneously with the primary limitation
 - o Initiate reporting of subsequent limitation on the visit following reporting of final status of *primary* limitation
- 19  **Other PT/ OT Subsequent Functional Limitation**
- o G8993 Other physical or occupational subsequent functional limitation, current status, at initial evaluation and at reporting intervals
 - o G8994 Other physical or occupational subsequent functional limitation
 - o projected goal status, at therapy episode outset, at reporting intervals, and at discharge from therapy or to end reporting
 - o G8995 Other physical or occupational subsequent functional limitation
 - o -discharge status at discharge or end of reporting for this condition
- o
- 20  **Other G-code**
- o If therapy services are not intended to address a functional limitation
 - o Use the CH modifier
 - o CH: 0 percent impaired, limited or restricted
- o
- 21  **Severity Modifiers**
- o Seven point scale
 - o Severity based on valid and reliable functional assessments
 - o Objective measures in addition to clinical judgment in selecting the severity modifier
 - o Document in the medical record justification of modifier and process to determine use
- 22  **Severity Modifiers**
- o CH 0 percent impaired, limited or restricted
 - o CI At least 1 percent but less than 20 percent
 - o impaired, limited or restricted
 - o CJ At least 20 percent but less than 40 percent
 - o impaired, limited or restricted
 - o CK At least 40 percent but less than 60 percent
 - o impaired, limited or restricted
 - o CL At least 60 percent but less than 80 percent
 - o impaired, limited or restricted

- o CM At least 80 percent but less than 100 percent

- o impaired, limited or restricted

- o CN 100 percent impaired, limited or restricted

23 **Assessment tools**

- o Must be valid and reliable objective measure(s) to determine severity of the functional limitation

- o Multiple tools *may* be used

- o Therapist judgment can determine the severity modifier in combination with data obtained

- o G-codes documented and the rationale for selection of severity *must* be included in the medical record

24 **Initial Evaluation**

- o Primary Limitation

- o Current functional status

- o Projected functional goals

- o

25 **Reporting of Subsequent Limitation**

- o

- o Follow reporting requirements as you did for primary limitation

- o Re-evaluation code used

- o Current functional status of subsequent limitation

- o Projected functional goal for subsequent limitation

- o

- o

26 **Determining Severity/Complexity Modifiers**

- o Patient's performance on the selected standardized test

- o Other tests/measures such as MMT observational analysis

- o Other considerations such as co-morbidities, personal or environmental factors, etc.

27

28 **Examples of Measures and Severity**

- o DHI

- o FGA

- o DGI

- o Berg

- o ABC

- o SOT

- o

- o

29 **Dizziness Handicap Inventory**

- o CH - Score 0

- o CI - Score 1-19

- o CJ - Score 20-39

- o CK - Score 40-59

- o CL - Score 60-79

- o CM - Score 80-99

- o CN - Score 100

- o VESTIBULAR POPULATION

- o 0-30 Mild


- o 31-60 Moderate

- o 61-100 Severe

- o

30 **Functional Gait Assessment**

∅CH: 0%= 30 out of 30
 ∅CI: 1-19%= 24, 25, 26, 27, 28, 29, out of 30
 ∅CJ: 20-39%=18, 19, 20, 21, 22, 23 out of 30
 ∅CK: 40-59%= 12, 13, 14, 15, 16, 17 out of 30
 ∅CL: 60-79%= 6, 7, 8, 8, 9, 10, 11 out of 30
 ∅CM: 80-99%= 3, 4, 5 out of 30
 ∅CN: 100%= 1, 2 out of 30

31  **Dynamic Gait Index**

∅CH - Score 24
 ∅CI - Score 19 - 23 - > 22 *safe ambulator*
 ∅CJ - Score 15-18 - *FALL RISK*
 ∅CK - Score 11 - 14
 ∅CL - Score 5 - 10
 ∅CM - Score 1 - 4
 ∅CN - Score 0
 ∅

32  **Berg Balance Scale**

∅CH - Score 56
 ∅CI - Score 55 - 45
 ∅CJ - Score 44 - 32
 ∅CK - Score 33 - 22
 ∅CL - Score 21 - 12
 ∅CM - Score 1 - 11
 ∅CN - Score 0
 ∅

33  **Activities Specific Balance Confidence Scale (ABC)**








CH - 100%
 CI - 81% - 99%
 CJ - 61% - 80% - <67% *Identifies fall risk*
 CK - 41% - 60%
 CL - 21% - 40%
 CM - 1% - 20%
 CN - 0%
 ∅

34  **Sensory Organization Test 60-69**

- CH: 0%= 67
- CI: 1-19%= 54-66
- CJ: 20-39%= 41-53
- CK: 40-59%= 27-40
- CL: 60-79%= 14 -26
- CM: 80-99%= 1 – 13
- CN: 100%= 0

35  **Sensory Organization Test 70-79**

- CH: 0%= 63
- CI: 1-19%= 51-62
- CJ: 20-39%= 38-50
- CK: 40-59%= 26-37
- CL: 60-79%= 13 -25
- CM: 80-99%= 1 – 12
- CN: 100%= 0
∅

- 36  **Possible *Other* category**
- Use of Visual Analog scale
 - ◊ BPPV
 - ◊ Visual Motion Sensitivity
 - ◊ Chronic Subjective Dizziness
 - ◊ Dynamic visual acuity
- 37  **Additional severity measurement considerations**
- ◊ Age matched norms
 - ◊ Differences between genders
 - ◊ Differences between children and adults
 - ◊ When there is no end point to measure against, but there is evidence for fall risk
 - ◊ Examples
 - ◊ 6 Minute Walk Test
 - ◊ Four Step Square Test
 - ◊
- 38  **EX 1: 6 Minute Walk Test**
- ◊ Mean Distance in Meters by Age & Gender
 - ◊ 60-69yrs
 - ◊ Male 572m
 - ◊ Female 538m
 - ◊ 70-79yrs
 - ◊ Male 527m
 - ◊ Female 471m
 - ◊ 80-89yrs
 - ◊ Male 417m
 - ◊ Female 392m
 - ◊
- 39  **6 Minute Walk Test**
- ◊ Community-dwelling Elderly: (Steffen et al, 2002; $n = 96$ community-dwelling elderly people with independent function who are nonsmokers with no history of dizziness; mean age = 73 (8) years)
 - ◊ Healthy Caucasian Children: (Geiger et al, 2007; $n = 528$ healthy caucasian children between 3 and 18 years old (280 males, 248 females))
 - ◊
- 40  **EX 2: Four Step Square Test**
- ◊ Older Adults/ Geriatric: (Dite & Temple, 2002; $n = 81$ community dwelling adults > 65 years old)
 - ◊ >15s = at risk for multiple falls
 - ◊ Vestibular: (Whitney et al, 2007; $n = 32$; mean age = 63.7 (17.8) years)
 - ◊ >12s = at risks for falls
 - ◊ Transtibial Amputees: (Dite et al, 2007; $n = 40$; 13 multiple fallers mean age 65.23 (11.18) years, & 27 non-fallers mean age 59.93 (14.28) years, retest 6 months later)
 - ◊ >24s = at risk for falls
 - ◊
- 41  **Dilemmas in severity coding**
- ◊ In some measures, fall risk is found mid range of scoring
 - ◊ Some scales lack an end range
 - ◊ How to determine functional limitation in relationship to score in a 7 part breakdown
 - ◊ What is a meaningful change in scoring
- 42  **To be continued.....**
- ◊ PTNow Project

- Ø EDGE Group Participation
- Ø Neurology Section Support

43 **Case Example**

Ø 66 Y/O patient reports history of gamma knife surgery for a schwannoma (acoustic neuroma) six weeks ago. She had immediate onset of dizziness that has resolved to some degree, but she has dizziness with most daily activity, especially when she turns her head quickly. She is afraid to drive and has started using a cane for community mobility. She has lightheadedness which was there before surgery.

44 **Activity and participation**

- Ø Needs to hang on to a cart when she shops at target
- Ø Has stopped going to church
- Ø Cannot play golf
- Ø Used to go for long walks (> a mile) and now she has difficulty going around her block
- Ø Cannot drive to visit her grandchildren 30 miles away

45 **Examination: Findings for severity**

- Ø Reports sense of rotation and floating when sitting with eyes closed
- Ø Dizziness reported during smooth pursuit testing of oculomotor system (visual motion hypersensitivity)
- Ø Blurred vision with head motion
- Ø Head motion provoked dizziness
 - Ø With both head on body and body on head

Ø

Ø

46 **Somatosensation contributions**

- Ø Diminished sensation of vibration at 128HZ in right ankle, normal on left
- Ø Stiffness noted in neck when body is rotated under head, patient consistently moves head with body
- Ø sway increases with head turns when standing on firm surface with eyes closed and LOB on foam with eyes open or closed

Ø

47 **Sensory Organization Testing**

Increase sway when standing on a firm surface, eyes closed

Balance when standing on 6" foam

Normal with eyes open

LOB with eyes closed

Score= 30 CK

48 **Head Righting**









- Ø Impaired
 - Ø head on body orientation
 - Ø During sitting tilts
 - Ø During tandem stance
 - Ø startle response during testing
 - Ø Single leg stance > 5 seconds

Ø

49 **Strategy Selection**

- Ø Ankle strategy shows 6" functional reach
- Ø Lack of adequate hip strategy noted when standing on 2X4 and with tandem stance
- Ø Stepping strategy intact

Ø

- 50  **Substitution/Dependency**
 ◊ Visual dependence for balance
 ◊ Somatosensory reference for head on body orientation
 ◊
- 51  **Measures**
 ◊ Functional Gait Assessment (FGA) = 17/30
 ◊ CK with most difficulty seen when walking with head turns and stepping over obstacle
 ◊ Dizziness Handicap Inventory (DHI) = 40/100
 ◊ CK limitations primarily reported under physical and functional status
 ◊ Activities Specific Balance Confidence Scale (ABC) = 65% CJ
 ◊
- 52  **Considerations for severity**
 ◊ Both vestibular and somatosensory deficits
 ◊ Dependency pattern of visual dependence
 ◊ Maladaptive pattern of visual sensitivity
 ◊ Fall risk
 ◊ Dependent on assistive device
 ◊ Unwilling to drive
 ◊ Functional measures
 ◊
- 53  **Mobility: Walking and moving around**
 ◊ G8978 CK (at least 40 percent but less than 60 percent impaired, limited or restricted)
 ◊
 ◊ G8979 CJ (at least 20 percent but less than 40 percent impaired, limited or restricted)
- 54  **Status at 10th visit**
 ◊ Compliance with therapy
 ◊ Patient has been consistent with exercises at home
 ◊ She can drive for short distance around her neighborhood but is afraid to drive on highway
 ◊ Still uses railing and holds on when stepping down a curb
 ◊ No longer using her cane unless it is snowing
 ◊
- 55  **Considerations for Severity**
 ◊ Vestibular system has improved, no longer falls with eyes closed on foam
 ◊ Somatosensory deficits improved, no sway with eyes closed or head turns
 ◊ Dependency pattern of visual dependence has resolved
 ◊ Maladaptive pattern of visual sensitivity continues with inability to isolate central visual cues from peripheral
 ◊ Borderline for fall risk
 ◊ No longer dependent on assistive device
 ◊ Drives short distance only
 ◊ Functional measures
 ◊
- 56  **Measures**
 ◊ Functional Gait Assessment (FGA) = 23/30
 ◊ CJ occasional step out walking with head turns and hesitates before stepping over obstacle, uses railing for stairs
 ◊ Dizziness Handicap Inventory (DHI) = 26 /100
 ◊ CJ limitations primarily reported under physical and functional status
 ◊ Activities Specific Balance Confidence Scale (ABC) = 80% CJ
 ◊
- 57  **Mobility: Walking and moving around**

ØG8978 CJ (at least 20 percent but less than 40 percent impaired, limited or restricted)

ØG8979 CI (at least 1 percent but less than 20 percent impaired, limited or restricted)

58 **Discharge Status**

ØPatient seen for an additional 4 visits

ØReports she was able to drive on highway

ØStill uses railing for full flight of stairs but able to go up and down a curb without hanging on

ØHas returned to playing golf

ØWalking for longer distances for exercise, goes to church and can walk at Target without needing a cart

59 **Examination: Findings for severity**

ØReports no sense of movement when sitting with eyes closed

ØNo dizziness reported during smooth pursuits or with optokinetic stimulation

ØStable vision with head motion

ØNo head motion provoked dizziness

Ø

60 **Mobility: Walking and moving around**

ØG8980 CI (at least 1 percent but less than 20 percent impaired, limited or restricted)

Ø

ØThis is the point you would start a subsequent limitation code if patient had other problems that influenced activity or participation

61 **Good Luck!**