DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

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Related CR Transmittal #: R165BP and R2622CP | **Implementation Date: January 7, 2013**

Implementing the Claims-Based Data Collection Requirement for Outpatient Therapy Services — Section 3005(g) of the Middle Class Tax Relief and Jobs Creation Act (MCTRJCA) of 2012

Note: We revised this article on March 5, 2019, to inform providers that, as established through CY 2019 PFS rulemaking, effective for dates of service on or after January 1, 2019, Medicare no longer requires the functional reporting nonpayable HCPCS G-codes and severity modifiers − adopted to implement section 3005(g) of MCTRJCA − on claims for therapy services. For details about these payment policies, see MLN Matters article MM11120 at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11120.pdf

Provider Types Affected

This MLN Matters® Article for Change Request (CR) 8005 is intended for physicians, other providers, and suppliers who submit claims to Medicare Administrative Contractors (MACs) for outpatient therapy services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8005 which implements a new claims-based data collection requirement for outpatient therapy services by requiring reporting with 42 new non-payable functional G-codes and seven new modifiers on claims for Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP) services. Be sure your billing staff know of these new requirements.

Background

The Middle Class Tax Relief and Jobs Creation Act of 2012 (MCTRJCA; Section 3005(g); see http://www.gpo.gov/fdsys/pkg/CRPT-112hrpt399/pdf/CRPT-112hrpt399.pdf) states that "*The Secretary of Health and Human Services shall implement, beginning on January 1, 2013, a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)). Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes.*"

This claims-based data collection system is being implemented to include both 1) the reporting of data by therapy providers and practitioners furnishing therapy services, and 2) the collection of data by the contractors. This reporting and collection system requires claims for therapy services to include nonpayable G-codes and related modifiers. These non-payable G-codes and severity/complexity modifiers provide information about the beneficiary's functional status at:

- The outset of the therapy episode of care,
- Specified points during treatment, and
- The time of discharge.

These G-codes and related modifiers are required on specified claims for outpatient therapy services – not just those over the therapy caps.

Application of New Coding Requirements.

This functional data reporting and collection system is effective for therapy services with dates of service on and after January 1, 2013. However, a testing period will be in effect from January 1, 2013, through June 30, 2013, to allow providers to use the new coding requirements in order to assure that their systems work. During this time period claims without G-codes and modifiers will be processed.

Note: A separate CR (and related MLN Matters® Article) will be issued regarding the editing required for claims with therapy services on and after July 1, 2013, at which time Medicare will begin returning and rejecting claims, as applicable, that do not contain the required functional G-code/modifier information.

In order to implement use of these G-codes for reporting function data on January 1, 2013, a new status indicator of "Q" has been created for the Medicare Physician Fee Schedule Database (MPFSDB). This new status indicator will identify codes being used exclusively for functional reporting of therapy services. These functional G-codes will be added to the MPFSDB with the new "Q" status indicator. Because these are non-payable G-codes, there will be no Relative Value Units or payment amounts for these codes. The new "Q" status code indicator reads, as follows:

- Status Code Indicator "Q" –"Therapy functional information code, used for required reporting purposes only."

A separate instruction/article (see MLN Matters® Article MM8126 at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8126.pdf) was issued to alert providers/suppliers

and contractors that these non-payable functional G-codes will be added as "always therapy" codes to the new 2013 therapy code list.

Services Affected

The reporting and collection requirements of beneficiary functional data apply to all claims for services furnished under the Medicare Part B outpatient therapy benefit and the PT, OT, and SLP services furnished under the Comprehensive Outpatient Rehabilitation Facility (CORF) benefit. They also apply to the therapy services furnished incident to the service of a physician and certain Non-Physician Practitioners (NPPs), including, as applicable, Nurse Practitioners (NPs), Certified Nurse Specialists (CNSs), and Physician Assistants (PAs).

Providers and Practitioners Affected

These reporting requirements apply to the therapy services furnished by the following providers: hospitals, Critical Access Hospitals (CAHs), Skilled Nursing Facilities (SNFs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), rehabilitation agencies, and Home Health Agencies (HHAs) (when the beneficiary is not under a home health plan of care). It also applies to the following practitioners: Therapists in Private Practice (TPPs), physicians, and NPPs as noted above.

Function-related G-codes

The following Healthcare Common Procedure Coding System (HCPCS) G-codes are used to report the status of a beneficiary's functional limitations:

Mobility G-code set:

- G8978*, Mobility: walking & moving around functional limitation, current status, at therapy episode outset and at reporting intervals.*
  - Short descriptor: Mobility current status
- G8979*, Mobility: walking & moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting.*
  - Short descriptor: Mobility goal status
- G8980*, Mobility: walking & moving around functional limitation, discharge status, at discharge from therapy or to end reporting.*
  - Short descriptor: Mobility D/C status

Changing & Maintaining Body Position G-code set:

- G8981, *Changing & maintaining body position functional limitation, current status, at therapy episode outset and at reporting intervals.*
  - Short descriptor: Body pos current status
- G8982, *Changing & maintaining body position functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting*
  - Short descriptor: Body pos goal status
- G8983, *Changing & maintaining body position functional limitation, discharge status, at discharge from therapy or to end reporting.*
  - Short descriptor: Body pos D/C status

Carrying, Moving & Handling Objects G-code set:

- G8984, *Carrying, moving & handling objects functional limitation, current status, at therapy episode outset and at reporting intervals*
  - Short descriptor: Carry current status
- G8985, *Carrying, moving & handling objects functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting*
  - Short descriptor: Carry goal status
- G8986, *Carrying, moving & handling objects functional limitation, discharge status, at discharge from therapy or to end reporting*
  - Short descriptor: Carry D/C status

Self Care G-code Set:

- G8987, *Self care functional limitation, current status, at therapy episode outset and at reporting intervals*
  - Short descriptor: Self care current status
- G8988, *Self care functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting*
  - Short descriptor: Self care goal status
- G8989, *Self care functional limitation, discharge status, at discharge from therapy or to end reporting*
  - Short descriptor: Self care D/C status

Other PT/OT Primary G-code Set:

- G8990, *Other physical or occupational primary functional limitation, current status, at therapy episode outset and at reporting intervals*
  - Short descriptor: Other PT/OT current status
- 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*
  - Short descriptor: Other PT/OT goal status
- G8992, *Other physical or occupational primary functional limitation, discharge status, at discharge from therapy or to end reporting*
  - Short descriptor: Other PT/OT D/C status

Other PT/OT Subsequent G-code Set:

- G8993, *Other physical or occupational subsequent functional limitation, current status, at therapy episode outset and at reporting intervals*
  - Short descriptor: Sub PT/OT current status
- 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*
  - Short descriptor: Sub PT/OT goal status
- G8995, *Other physical or occupational subsequent functional limitation, discharge status, at discharge from therapy or to end reporting*
  - Short descriptor: Sub PT/OT D/C status

Swallowing G-code Set:

- G8996, *Swallowing functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals*
  - Short descriptor: Swallow current status
- G8997, *Swallowing functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy*
  - Short descriptor: Swallow goal status
- G8998, *Swallowing functional limitation, discharge status, at discharge from therapy/end of reporting on limitation*
  - Short descriptor: Swallow D/C status

Motor Speech G-code Set: (Note: These codes are not sequentially numbered)

- G8999, *Motor speech functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals*
  - Short descriptor Motor speech current status
- G9186, *Motor speech functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy*
  - Short descriptor Motor speech goal status
- G9158, *Motor speech functional limitation, discharge status at discharge from therapy/end of reporting on limitation*
  - Short descriptor: Motor speech D/C status

Spoken Language Comprehension G-code Set:

- G9159, *Spoken language comprehension functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals*
  - Short descriptor: Lang comp current status
- G9160, *Spoken language comprehension functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy*
  - Short descriptor: Lang comp goal status
- G9161, *Spoken language comprehension functional limitation, discharge status at discharge from therapy/end of reporting on limitation*
  - Short descriptor: Lang comp D/C status

Spoken Language Expressive G-code Set:

- G9162, *Spoken language expression functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals*
  - Short descriptor: Lang express current status
- G9163, *Spoken language expression functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy*
  - Short descriptor: Lang express goal status
- G9164, *Spoken language expression functional limitation, discharge status at discharge from therapy/end of reporting on limitation*
  - Short descriptor: Lang express D/C status

Attention G-code Set:

- G9165, *Attention functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals*
  - Short descriptor: Atten current status

- G9166, *Attention functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy*
  - Short descriptor Atten goal status
- G9167, *Attention functional limitation, discharge status at discharge from therapy/end of reporting on limitation*
  - Short descriptor: Atten D/C status

Memory G-code Set:

- G9168, *Memory functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals*
  - Short descriptor: Memory current status
- G9169, *Memory functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy*
  - Short descriptor: Memory goal status
- G9170, *Memory functional limitation, discharge status at discharge from therapy/end of reporting on limitation*
  - Short descriptor: Memory D/C status

Voice G-code Set:

- G9171, *Voice functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals*
  - Short descriptor Voice current status
- G9172, *Voice functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy*
  - Short descriptor Voice goal status
- G9173, *Voice functional limitation, discharge status at discharge from therapy/end of reporting on limitation*
  - Short descriptor: Voice D/C status

Other Speech Language Pathology G-code Set:

- G9174, *Other speech language pathology functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals*
  - Short descriptor: Speech lang current status
- G9175, *Other speech language pathology functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy*
  - Short descriptor: speech lang goal status
- G9176, *Other speech language pathology functional limitation, discharge status at discharge from therapy/end of reporting on limitation*
  - Short descriptor: speech lang D/C status

Severity/Complexity Modifiers.

For each non-payable G-code shown above, a modifier must be used to report the severity/complexity for that functional measure. The severity modifiers reflect the beneficiary's percentage of functional impairment as determined by the therapist, physician, or NPP furnishing the therapy services. The beneficiary's current status, the anticipated goal status, and the discharge status are reported via the appropriate severity modifiers. The seven modifiers are defined in the following table:

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*

Required Reporting of Functional G-codes and Severity Modifiers

The functional G-codes and corresponding severity modifiers listed above are used in the required reporting on specified therapy claims for certain Dates of Service (DOS). Only one functional limitation shall be reported at a given time for each related therapy plan of care (POC). However, functional reporting is required on claims throughout the entire episode of care; so, there will be instances where two or more functional limitations will be reported for one beneficiary's POC, just not during the same time frame. In these situations, where reporting on the first reported functional limitation is complete and the need for treatment continues, reporting is required for a second functional limitation using another set of G-codes. Thus, reporting on more than one functional limitation may be required for some beneficiaries, but not simultaneously.

Specifically, functional reporting, using the G-codes and modifiers, is required on therapy claims for certain DOS as described below:

- At the outset of a therapy episode of care, i.e., on the DOS for the initial therapy service;
- At least once every 10 treatment days -- which is the same as the newly-revised progress reporting period -- the functional reporting is required on the claim for services on same DOS that the services related to the progress report are furnished;
- The same DOS that an evaluative procedure, including a re-evaluative one, is submitted on the claim (see below for applicable HCPCS/CPT codes);
- At the time of discharge from the therapy episode of care, if data is available; and,
- On the same DOS the reporting of a particular functional limitation is ended, in cases where the need for further therapy is necessary.

As noted above, this functional reporting coincides with the progress reporting frequency, which is being changed through this instruction. Previously, the progress reporting was due every 10th treatment day or 30 calendar days, whichever was less. The new requirement is for the services related to the progress reports to be furnished on or before every 10th treatment day. In the example below, the G-codes for the mobility functional limitation (G8978 - 8980) are used to illustrate the timing of the functional reporting.

- At the outset of therapy -- the DOS the evaluative procedure is billed or the initial therapy services are furnished:
  - G8978 and G8979, along with the related severity modifiers, are used to report the current status and projected goal status of the mobility functional limitation.
- At the end of each progress reporting period -- the DOS when the progress report services are furnished:
  - G8978 and G8979, along with the related severity modifiers, are used to report the current status and projected goal status of the mobility functional limitation.
  - This step is repeated as clinically appropriate
- At the time the beneficiary is discharged from the therapy episode -- the DOS the discharge progress report services are furnished:
  - G8979 and G8980, along with the related severity modifiers, are used to report the projected goal and discharge status of the mobility functional limitation.

In the above example, if further therapy is medically necessary once reporting for the mobility functional limitation has ended, the therapist begins reporting on another functional limitation using a different set of G-codes. Reporting of the next functional limitation is required on the DOS of the first treatment day after the reporting was ended for the mobility functional limitation.

Evaluative Procedures. The presence of an HCPCS/CPT code on a claim for an evaluation or re-evaluation service listed as follows requires reporting of functional G-code(s) and corresponding modifier(s) for the same date of service:

HCPCS/CPT Codes requiring Functional G-code(s) and Corresponding Modifier(s)				
92506	92597	92607	92608	92610
92611	92612	92614	92616	96105
96125	97001	97002	97003	97004

When functional reporting is required on a claim for therapy services, two G-codes will generally be required. Two exceptions exist:

1. Therapy services under more than one therapy POC. Claims may contain more than two non-payable functional G-codes when in cases where a beneficiary receives therapy services under multiple POCs (PT, OT, and/or SLP) from the same therapy provider.

2. One-Time Therapy Visit. When a beneficiary is seen and future therapy services are either not medically indicated or are going to be furnished by another provider, the clinician reports on the claim for the DOS of the visit, all three G-codes in the appropriate code set (current status, goal status and discharge status), along with corresponding severity modifiers.

Each reported functional G-code must also contain the following essential line of service information:

- Functional severity modifier in the range CH - CN
- Therapy modifier indicating the discipline of the POC – GP, GO or GN – for PT, OT, and SLP services, respectively
- Date of the corresponding billable service
- Nominal charge, e.g., a penny, for institutional claims submitted to the FIs and A/MACs. For professional claims, a zero charge is acceptable for the service line. If provider billing software requires an amount for professional claims, a nominal charge, e.g., a penny, may be included.

In addition, claims containing any of these functional G-codes must also contain another billable and separately payable (non-bundled) service.

Required Tracking and Documentation of Functional G-codes and Severity Modifiers

The reported functional information is derived from the beneficiary's functional limitations set forth in the therapy goals, a requirement of the POC, that are established by a therapist, including – an occupational therapist, a speech-language pathologist or a physical therapist – or a physician/NPP, as applicable. The therapist or physician/NPP furnishing the therapy services must not only report the functional information on the therapy claim, but, he/she must track and document the G-codes and modifiers used for this reporting in the beneficiary's medical record of therapy services.

Remittance Advice Messages

Medicare will return a Claim Adjustment Reason Code 246 (This non-payable code is for required reporting only.) and a Group Code of CO (Contractual Obligation) assigning financial liability to the provider. In addition, beneficiaries will be informed via Medicare Summary Notice 36.7 that they are not responsible for any charge amount associated with one of these G-codes.

Additional Information

CR 8005 was issued via two transmittals. The first revises the "Medicare Benefit Policy Manual" and it is available at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R165BP.pdf. The second transmittal updates the "Medicare Claims Processing Manual" and it is at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2622CP.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

The following provides additional information and related links for therapy providers and practitioners:

- **CMS Therapy Services Web Page:** The CMS Therapy Services home page is located at http://www.cms.gov/Medicare/Billing/TherapyServices/index.html.
- **Therapy Services Transmittals:** Transmittals for the Therapy Services provider community is available at https://www.cms.gov/Medicare/Billing/TherapyServices/index.html..

Note that this list may not include all instructions for which Therapy Service providers are responsible. For a list of ***all instructions***, view the CMS Transmittals web page under Regulations and Guidance at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2012-Transmittals.html.

- **Annual Therapy Update:** You can find and download the Therapy Code List and Dispositions for 2009, 2010, 2011, and 2012 at http://www.cms.gov/Medicare/Billing/TherapyServices/AnnualTherapyUpdate.html. The additions, changes, and deletions to the therapy code list reflect those made in the applicable year for the Healthcare Common Procedure Coding System and Current Procedural Terminology, Fourth Edition (HCPCS/CPT-4).
- **Studies and Reports:** Studies and reports (report to Congress, CMS contracted, and other government) relating to utilization and policy for Outpatient Part B Therapy can be found at **http://www.cms.gov/Medicare/Billing/TherapyServices/Studies-and-Reports.html**.
- **MLN Matters article MM11063,** which announces CMS is finalizing its proposal to discontinue the functional status reporting requirements for services furnished on or after January 1, 2019, is available at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11063.pdf.

Document History

Date of Change	Description
March 5, 2019	We revised this article to inform providers that, effective for services on or after January 1, 2018, Section 50202 of the Bipartisan Budget Act (BBA) of 2018 repeals application of the Medicare outpatient therapy caps but retains the former cap amounts as a threshold of incurred expenses above which claims must include a KX modifier as confirmation that services are medically necessary as justified by appropriate documentation in the medical record; and retains the targeted medical review process, but at a lower threshold amount. In addition, effective for dates of service on or after January 1, 2019, as established through CY 2019 PFS rulemaking, Medicare no longer requires the functional reporting nonpayable HCPCS G-codes and severity modifiers – adopted to implement section 3005(g) of MCTRJCA of 2012 − on claims for therapy services. For details, see MLN Matters article MM11120 at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11120.pdf.
December 20, 2018	The article was revised to add a link to MM11063 in the Additional Information section and to note that the Functional Reporting requirements have been discontinued, effective for dates of service on and after January 1, 2019. As such the instructions in this article apply when the Functional Reporting requirements were in effect: January 1, 2013 through December 31, 2018.
December 26, 2012	The article was revised to reflect a revised CR8005 issued on December 21. In the article, CPT code 96125 was added to the list of evaluation codes and information was added to provide direction for one-time therapy visits. Also, the transmittal numbers and the Web addresses for accessing the CR8005 transmittals is updated. All other information remains the same.
December 3, 2012	Initial article released.