Medicare Part B Functional Data Reporting for CY 2013

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American Occupational Therapy Association (AOTA)
PODCAST
(originally recorded June 14, 2013, slides include new updates)

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The Medicare Program

- Medicare was established in 1965 and is administered for the federal government by the Centers for Medicare & Medicaid Services (CMS).
- The Medicare program has 4 parts:
 - · Part A: Inpatient hospital care
 - Part B: Outpatient care (physician and nonphysician services)
 - Part C: Medicare Advantage
 - Part D: Prescription drug coverage

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Medicare Part B Reimbursement, generally

- Medicare will reimburse for Part B outpatient occupational therapy services that are:
 - · provided by a qualified professional, and
 - · medically reasonable and necessary.

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Functional Data Collection

- Congressionally-mandated*
- Proposed and finalized by CMS through the notice and comment rulemaking process**
- CMS first proposed this requirement in July 2012 (AOTA published an <u>Analysis of the Proposed Rule</u> at the time, and submitted a <u>Comment Letter to CMS</u>) and finalized it in the November 2012 <u>Physician Fee Schedule Final Rule for CY 2013</u> (which creates and amends regulations governing payment practices for Medicare Part B outpatient therapy services each year).

* Middle Class tax Relief and Job Creation Act of 2012 (MCTRJCA).

**Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013.77 Fed. Rep. 68.892 (November 16, 2012).

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Functional Data Collection

- Roll out
 - Testing period: January 1-June 30, 2013
 - Formal Implementation: July 1, 2013

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Functional Data Collection

- Functional Reporting is required of:
- Skilled Nursing Facilities (for beneficiaries in a Part B stay)
- Rehabilitation Agencies
- Home Health Agencies (for beneficiaries who are not under a Home Health plan of care, are not homebound, and whose therapy or other services are not paid under the Home Health prospective payment system)
- Comprehensive Outpatient Rehabilitation Facilities (PT, OT, and SLP services)
- Hospitals (beneficiaries in Outpatient and Emergency Departments)
- Critical Access Hospitals
- Therapists in Private Practice/Office Settings
- Physicians billing outpatient therapy codes as well as Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Physician Assistants (PAs)

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Functional Data Collection: G-CODES

- G-Codes
 - New
 - · Non-payable
 - · Claims-based
 - · Not restricted by discipline
 - · Used by the provider to identify the primary issue being addressed by therapy

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Functional Data Collection: G-CODES

- Mobility: Walking & Moving
 Swallowing Around
- Changing & Maintaining Body Position
- Carrying, Moving & Handling Objects
- Self-Care
- Other PT/OT Primary
- Other PT/OT Subsequent
- Memory

- Motor Speech
- Spoken Language Comprehension
- Spoken Language Expression
- Voice
- Attention
- Other SLP Functional Limitation

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Functional Data Collection: G-CODES

- http://www.aota.org/DocumentVault/Surveys/G-Codes.aspx?FT=.pdf
- This CMS chart showing codes and descriptors is being interpreted problematically (link)

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Functional Data Collection: MODIFIERS

- Modifiers
 - · Scale of 7
 - · Based on the ICF
 - Indicate the complexity/impairment/limitation/restriction of the patient
 - · Used to track functional change over time

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Functional Data Collection: MODIFIERS

<u>Modifier</u>

Impairment/Limitation

- CH
- CI
- CJ
- CK
- CL
- CM
- CN

impairment/Limitation

- 0%
- **1**-19%
- 20-39%
- 40-59%
- 60-79%80-99%
- CN 100%

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Functional Data Collection

Selecting the appropriate G-code

When a beneficiary has more than one functional limitation, as is often the case, the therapist may need to make a determination as to which functional limitation is primary. In these cases, the therapist may choose the functional limitation that is:

- Most clinically relevant to a successful outcome for the beneficiary;
- The one that would yield the quickest and/or greatest functional progress (e.g., select "mobility" over "self-care" even though both are addressed simultaneously if the therapist expects the patient to attain their mobility goals before their self-care goals); or
- The one that is the greatest priority for the beneficiary.

Occupational therapists can select a code from any of the G-code functional categories (mobility, changing & maintaining body position, self-care, attention, memory, carrying/moving/handling objects, etc.).

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Functional Data Collection

Selecting the appropriate modifier

You should always use your clinical judgment in the assignment of the appropriate modifier. Therapists should document in the medical record how they made the modifier selection so that the same process can be followed at succeeding assessment intervals.

A therapist may use a modifier that reflects the patient's score on the functional assessment tool or other performance measurement instrument used. Members want AOTA to recommend appropriate assessment tools for the g-code categories.

MediServe has made available a free functional modifier mapping tool and conversion calculator to help providers with the modifier selection process. The tool is provided as a resource to you and is available here.

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Reporting Frequency

The functional reporting period matches the progress reporting period. CMS has, however, recently made changes to the progress reporting period, effective January 1, 2013. Currently, the rule is that therapists report once every 10th treatment day or every 30 calendar days, whichever is less. Under new rules beginning in 2013, therapists must report once on or before the 10th treatment day.

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- Functional reporting must thus occur at the following times:
 - At the outset of a therapy episode of care (i.e., on the claim for the date of service (DOS) of the initial therapy service)
 - At least once every 10 treatment days
 - When an evaluative procedure is furnished and billed (CPT codes 97003 & 97004)
 - At the time of discharge from the therapy episode of care
 - At the time reporting of a particular functional limitation is ended (and further therapy is necessary)
 - At the time reporting is begun on a different (second, third, etc.) functional limitation

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 Outpatient Therapy Claim Submission as of July 1, 2013

As of July 1, 2013, CMS will reject claims that do not include the required G-codes and modifiers.

UPDATED: During a provider Open Door Forum (ODF) on June 4, 2013, CMS announced that its claims processing system would be unable to track and reconcile G-codes and modifiers that had been reported for a patient pre-July 1 with those reported post-July 1. Consequently, CMS said that the system would open a new therapy reporting episode and start counting to the next 10 treatment dates of service for claims on/after July 1 – meaning that occupational therapists would have to begin their functional reporting for returning patients again.

AOTA contacted CMS about this issue, and on June 17, CMS rescinded this announcement. Therapists will not have to re-start G-code reporting for returning patients if the therapist had already begun reporting prior to July 1.

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Thank You

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