



Implementation of Functional Data Collection Requirements for Outpatient in 2013

CMS Announces Changes for 2013 as of January 1, 2013

Functional Data Collection Requirements for Outpatient Therapy (CY 2013)

The Centers for Medicare & Medicaid Services (CMS) Physician Fee Schedule Final Rule for CY 2013 establishes payment practices for outpatient therapy services billed under Medicare Part B. Under the rule, outpatient therapy providers billing the Medicare program will have to report functional data for patients on the claim form. CMS first proposed this in July 2012, finalized it in November 2012, and held a National Provider Call on the issue in December 2012. Reporting will take the form of new, non-payable "G-codes," which will be used to identify the primary issue being addressed by therapy, and modifiers – which indicate the complexity of the patient (i.e., their impairment/limitation/restriction) and can be used to track functional change over time. Reporting will begin January 1, 2013, with the first six months of the year constituting a "testing period." Beginning July 1, 2013, CMS contractors will stop accepting claims without the required functional data and will return them for re-submission with the required codes.

G-Code Categories

Mobility: Walking & Moving Around
Changing & Maintaining Body Position
Carrying, Moving & Handling Objects
Self Care
Other PT/OT Functional Limitation
Other SLP Functional Limitation
Swallowing
Motor Speech
Spoken Language Comprehension
Spoken Language Expression
Attention
Memory
Voice

Above are the G-code categories that occupational therapists will be using. Therapists should select the G-code set for the functional limitation that most closely relates to the primary functional limitation being treated or the one that is the primary reason for treatment. **There is no restriction by discipline.**

Severity/Complexity Modifiers

Modifier	Impairment/ Limitation/ Restriction
CH	0%
CI	1-19%
CJ	20-39%
CK	40-59%
CL	60-79%
CM	80-99%
CN	100%

This scale of 7 modifiers is intended to denote the patient's degree of impairment/limitation /restriction. This final scale has been reduced and simplified by CMS, as per AOTA request, from the original 12 proposed modifiers.

Additional Updates available at
AOTA's Regulatory Affairs Department at regulatory@aota.org or email CMS
directly at therapyservicesnpc@cms.hhs.gov