

Functional Limitation Reporting (FLR) for Medicare:

Utilizing Tests and Measures to determine a patient's Severity Modifier codes

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Learning objectives:

Following this presentation, participants will:

- Be able to list the intervals required by Medicare for reporting G-codes.
- Be able to describe the 3 components of PT Judgement for selecting Severity Modifiers, outlined by the APTA.
- Be able to identify 3 resources for more information about G-codes, Severity Modifiers, and Tests and Measures.
- Report feeling at least 50% more confident in selecting Severity Modifier codes following the presentation.

Introduction to Functional Limitation Reporting

Definition of Functional Limitation used by CMS¹

The International Classification of Functioning, Disability and Health (ICF)

Functional Limitation =
Activity Limitation + Participation Limitation

Intervals for Reporting Functional Limitation G-codes¹

Typically:

1. Evaluation
2. Progress reporting
3. Discharge

Also when:

- Primary functional limitation has ended and therapy is needed for a different limitation in the same episode of care

Selecting the Primary Functional Limitation¹

It should reflect the predominant limitation that therapy is intended to address.

If more than one limitation exists, the primary is chosen as:

1. Most clinically relevant to a successful outcome
2. Yields the quickest and/or greatest progress
3. Greatest priority for patient

Progression of Reporting¹

Code	Information Communicated	When Reported
GXXX	Current functional status	<ul style="list-style-type: none"> • Therapy episode outset (initial evaluation) • Reporting intervals (every 10th visit) • Formal reevaluation (if performed during the episode)
GXXX	Projected goal functional status	<ul style="list-style-type: none"> • All reporting intervals
GXXX	Discharge functional status	<ul style="list-style-type: none"> • Discharge from therapy or to end reporting

PT G-Code Categories¹

1. Mobility: Walking & Moving Around
2. Changing & Maintaining Body Position
3. Carrying, Moving & Handling Objects
4. Self-Care
5. Other PT/OT Primary Functional Limitation
6. Other PT/OT Subsequent Functional Limitation

Clarification of PT G-Code Categories:²

1. **Mobility:** Moving by changing body position or location or by transferring from one place to another, by carrying, moving or manipulating objects, by walking, running or climbing, and by using various forms of transportation.
 a. Walking: Moving along a surface on foot, step by step, so that one foot is always on the ground, such as when strolling, sauntering, walking

<http://www.apta.org/Payment/Medicare/CodingBilling/FunctionalLimitation/ClarificationofICFCategories/>

2. **Changing basic body position:** Getting into and out of a body position and moving from one location to another, such as getting up out of a chair to lie down on a bed, and getting into and out of positions of kneeling or squatting. Inclusion: changing body position from lying down, from squatting or kneeling, from sitting or standing, bending and shifting the body's center of gravity
 a. Maintaining a body position: Staying in the same body position as required, such as remaining seated or remaining standing for work or

3. **Lifting and carrying objects:** Raising up an object or taking something from one place to another, such as when lifting a cup or carrying a child from one room to another. Inclusions: lifting, carrying in the hands or arms, or on shoulders, hip, back or head; putting down
 a. Moving objects with lower extremities: Performing coordinated actions aimed at moving an object by using the legs and feet, such as kicking a ball or pushing pedals on a bicycle. Inclusions: pushing with lower

4. **Self Care:** caring for oneself, washing and drying oneself, caring for one's body and body parts, dressing, eating and drinking, and looking after one's health.
 a. Washing oneself: Washing and drying one's whole body, or body parts, using water and appropriate cleaning and drying materials or methods,

More information on use of "Other" categories¹

Use the "other" categories when...

- Functional Limitation is not defined by 1 – 4
 - Ex. Pelvic Health
- Therapy is not intended to treat a Functional Limitation
 - Ex. Wound Care
- Selected measurement tool provides a composite functional score **AND** limitation is not clearly defined by 1 – 4
 - Ex. OPTIMAL by APTA – Limitations may be in more than one category

Severity Modifier:¹

Indicates the % of Functional Impairment

Determined by:

- Score from assessment tool, if composite (ex. OPTIMAL by APTA)
- Clinical judgement when combining multiple measurement tools
- Clinical judgement to assign modifiers
- 0% impairment when not intended to address Functional Limitation

Considerations for Determining Severity Modifier Codes

CMS recommends using these tools (not required):³

1. National Outcomes Measurement System (NOMS) by the American Speech-Language Hearing Association
2. Patient Inquiry by Focus On Therapeutic Outcomes, Inc. (FOTO)
3. Activity Measure – Post Acute Care (AM-PAC)
4. OPTIMAL by Cedaron through the American Physical Therapy Association

Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL) ⁴



OPTIMAL Mapping to ICF Codes

OPTIMAL items	ICF: Activities and Participation
1. Lying flat	Change & Maintaining body position
2. Rolling over	Change & Maintaining body position
3. Moving – lying to sitting	Change & Maintaining body position
4. Sitting	Change & Maintaining body position
5. Squatting	Change & Maintaining body position
6. Bending / Stooping	Change & Maintaining body position
7. Balancing	Change & Maintaining body position or Walking and Moving
8. Kneeling	Change & Maintaining body position
9. Standing	Change & Maintaining body position
10. Walking – short distance	Walking and Moving
11. Walking – long distance	Walking and Moving
12. Walking – outdoors	Walking and Moving
13. Climbing stairs	Walking and Moving
14. Hopping	Walking and Moving
15. Jumping	Walking and Moving
16. Running	Walking and Moving
17. Pushing	Carrying moving & handling objects
18. Pulling	Carrying moving & handling objects
19. Reaching	Carrying moving & handling objects
20. Grasping	Carrying moving & handling objects
21. Lifting	Carrying moving & handling objects
22. Carrying	Carrying moving & handling objects

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[http://www.apta.org/
OPTIMAL/](http://www.apta.org/OPTIMAL/)

OPTIMAL INSTRUMENT

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Difficulty–Baseline

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving–lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9

Confidence–Baseline

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Instructions: Please circle the level of confidence you have for doing each activity today.	Fully confident in my ability to perform	Very confident	Moderate confidence	Some confidence	Not confident in my ability to perform	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving–lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9

Scoring:

$$= \frac{[\text{Total score} - \text{Total number of items scored}]}{[\text{Total possible score} - \text{Total number of items scored}]}$$

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Example 1: All 22 items were scored for both confidence and difficulty.

$$= \frac{[\text{Total score} - \text{Total number of items scored}]}{[\text{Total possible score} - \text{Total number of items scored}]}$$

Confidence:

$$= \frac{[55 - 22]}{[110 - 22]}$$

$$= \frac{33}{88}$$

$$= 37\%$$

Difficulty:

$$= \frac{[50 - 22]}{[110 - 22]}$$

$$= \frac{28}{88}$$

$$= 32\%$$

Modifier	Impairment Limitation Restriction
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted

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Example 2: Three items were scored for both confidence and difficulty.

$$= \frac{[\text{Total score} - \text{Total number of items scored}]}{[\text{Total possible score} - \text{Total number of items scored}]}$$

Confidence:

$$= \frac{[11 - 3]}{[15 - 3]}$$

$$= \frac{8}{12}$$

$$= 66\%$$

Difficulty:

$$= \frac{[10 - 3]}{[15 - 3]}$$

$$= \frac{7}{12}$$

$$= 58\%$$

In this case the amount of difficulty that the patient has performing the task is felt to be the focus of the physical therapist intervention and increased importance is placed on the difficulty score.

Modifier	Impairment Limitation Restriction
CK	At least 40 percent but less than 60 percent impaired, limited or restricted

Example 3: One item was scored for both confidence and difficulty.

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$$= \frac{[\text{Total score} - \text{Total number of items scored}]}{[\text{Total possible score} - \text{Total number of items scored}]}$$

Confidence:

$$= \frac{[5 - 1]}{[5 - 1]}$$

$$= \frac{4}{4}$$

$$= 100\%$$

Difficulty:

$$= \frac{[4 - 1]}{[5 - 1]}$$

$$= \frac{3}{4}$$

$$= 75\%$$

In this case the amount of difficulty that the patient has performing the task is felt to be the focus of the physical therapist intervention and increased importance is placed on the difficulty score.

Modifier	Impairment Limitation Restriction
CL	At least 60 percent but less than 80 percent impaired, limited or restricted

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If you choose not to use CMS recommended tools: ³

Therapist must document objective, measurable patient physical function using:

- Functional assessment individual item and summary scores

OR

- Functional assessment scores from tests and measurements validated in the professional literature appropriate for the condition

OR

- Other measurable progress towards goals for functioning in the home environment

APTA's EDGE Taskforce⁵

Suggested Tests/Measures for "High-Volume Conditions"

<http://www.ptnow.org/FunctionalLimitationReporting/TestsMeasures>

Orthopaedic Section

- **Disabilities of the Arm, Shoulder, and Hand Scale (DASH)** ** [Get Test - Elbow Conditions](#) | [Get Test - Osteoarthritis](#) | [Get Test - Shoulder Conditions](#)
- **Disabilities of the Arm, Shoulder, and Hand Scale - QuickDASH** ** [Get Test](#)
- **Foot and Ankle Ability Measure (FAAM)** **
- **Hip Outcome Score** **
- **International Knee Documentation Committee (IKDC)-Subjective Knee Evaluation Form** **
- **Knee Outcome Survey Activities of Daily Living Scale (KOS-ADLS)** ** [Get Test](#)
- **Lower Extremity Functional Scale (LEFS)** ** [Get Test - Hip Disorders](#) | [Get Test - Ankle Disorders](#) | [Get Test - Knee Disorders](#)
- **Modified Low Back Pain Disability Questionnaire** ** [Get Test](#)
- **Neck Disability Index (NDI)** ** [Get Test](#)

Submitted by James J. Irgang, PT, PhD, ATC, FAPTA, on behalf of the section, Julie Fritz, PT, PhD, OCS, and colleagues at Intermountain Healthcare also contributed.

Section on Women's Health

- **Chronic Prostatitis Symptom Index (NIH-CPSI)** [Get Test](#)
- **Colorectal Functional Outcome Questionnaire (COREFO)**
- **Constipation Scoring System (CSS)**
- **Depression, Anxiety, Stress Scale (DASS21)** [Get Test](#)
- **Fear Avoidance Beliefs Questionnaire (FABQ)** [Get Test](#)
- **Female Sexual Function Index (FSFI)** [Get Test](#)
- **Geriatric Self Efficacy Scale for Urinary Incontinence (GSE-UI)**
- **Incontinence Impact Questionnaire (IIQ)**
- **International Consultation on Incontinence Questionnaire-Bowels (ICIQ-B)**

APTA Tests and Measures Database⁶

<http://www.ptnow.org/tests-measures>

Tests & Measures

Access tests and measures that have been identified for use in [functional limitation reporting](#), as well as tests that have been cited in [Clinical Summaries](#) and APTA section-generated clinical practice guidelines.

APTA has secured permission for members to download copies of the tests/tools/instruments for the purpose of patient examination in the practice setting. The licensing agreements do not permit APTA to grant permission for other purposes or for third-party use. Please contact copyright holders directly for permission to use the instruments for other purposes. Questions? Contact PTNow@apta.org.

Filter Results

<input type="text" value="Search"/> <input type="button" value="Q"/>	
Health Condition <input type="text" value="Select One"/>	Practice Area <input type="text" value="Select One"/>
ICF Domain <input type="text" value="Select One"/>	G-Code <input type="text" value="Select One"/>
Body Region <input type="text" value="Select One"/>	

APTA Clinical Summaries⁷

Information on Managing Specific Conditions

<http://www.ptnow.org/clinical-summaries>

Clinical Summaries

Clinical Summaries and "Clinician's QuickTakes" synthesize evidence on managing specific conditions in different populations. You also can download condensed Portable Summaries. Browse topics below. Additional summaries are in development.

1-20 of 26 results 1 2

Achilles Tendinitis/Tendinopathy

Achilles tendinopathy is a common overuse injury. Lifetime incidence of Achilles tendinopathy for competitive athletes is 24%. About 7% to 9% of runners will incur an Achilles tendon injury in a given year, with a lifetime incidence of Achilles tendinopathy as high as 40% to 50%. But it's not just athletes who develop this condition, sedentary people also report pain in the Achilles tendon. Physical therapists diagnose and provide conservative management of Achilles tendinopathy, helping people return to their daily activities and preventing long-term disability.

Acute Kidney Injury

Patients who are diagnosed with acute kidney injury (AKI) may present in the critical care setting with multisystem involvement impacting fluid and electrolyte balance, arterial blood pressure and acid-base regulation, and regulation of certain hormones. As a result, cognition, muscle function, mobility and activity tolerance may be affected. Therefore, physical therapists have a role in screening, examining, and providing intervention with this patient population in order to help minimize deleterious effects of bedrest and cognitive impairment. Careful review of the patient's medical record, vital signs

<http://www.ptnow.org/clinical-summaries-detail/urinary-incontinence>⁸

www.ptnow.org/clinical-summaries-detail/urinary-incontinence

Activity Limitations, Participation Restrictions, and Quality of Life

Areas of focus include:

- Ability to do housework
- Ability to do physical activities
- Ability to engage in entertainment and hobbies
- Ability to engage in social activities
- Ability to travel far distances
- Emotional health status
- Feelings of frustration

Outcome measures that can be used to identify activity limitations and participation restrictions include:

- Urogenital Distress Inventory (36)
- Incontinence Impact Questionnaire (36)
- Geriatric Self Efficacy Scale for Urinary Incontinence (37)
- Pelvic Floor Distress Inventory (38)
- Pelvic Floor Impact Questionnaire (38)
- Pelvic Organ Prolapse-Urinary Incontinence Sexual Function Questionnaire (PISQ) (39)

APTA's Section on Women's Health also provides a list of tests and measures.

Requirements for Reporting G-Codes

Reporting Example¹

REPORTING EXAMPLE

	Evaluation Visit 1, Begin Reporting Period #1	Visit 10, End Reporting Period #1	Visit 11, Begin Reporting Period #2	Visits 12-13	Visit 14, End Reporting Primary Limitation	Visit 15, Begin Reporting Subsequent Limitation	Visits 16-19	Visit 20, End Reporting Period #2 for Discharge
Mobility: Walking & Moving Around								
G8978 Current	X	X						
G8979 Goal	X	X			X			
G8980 Discharge					X			
Other PT/OT Primary								
G8990 Current						X		
G8991 Goal						X		X
G8992 Discharge								X
No Functional Reporting Required								
No coding submitted			X	X			X	

Required Documentation¹

- How was selection made?
 - Include details
 - Need to be able to reproduce the process
- Long term goals must align with functional impairments
- Progress reports required at least every 10 treatment days

Unique situations¹

1. No functional limitation
 - Ex. Wound care – “Other” PT/OT Primary Functional Limitation, 0% impaired for current status and goal
2. Maintenance therapy
 - Medicare Benefit Policy Manual
 - 220.2 – Reasonable and Necessary Outpatient Rehabilitation Therapy Services, Section D – Maintenance Programs
 - Parkinson’s, MS, Progressive Degenerative Disease
 - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

Choosing Appropriate Tests and Measures

Types of Standardized Measurements¹

- Performance based
 - Abilities of patient are measured based on specific tasks directed to them by the therapist
 - Ex. Berg, 6 Min Walk test, 9 Hole Peg Test
- Self-report
 - Surveys measure a patient's perceived impact of the disorder/symptoms on their basic functions, activities, and participation
 - Ex. OPTIMAL, Oswestry Disability Index, Parkinson's Disease Quality of Life questionnaires

Selecting a Standardized Measure¹

Important Characteristics

- Reliability – captures the same info, under same conditions, by 1 or more examiners (precision)
- Validity – measures what it claims to measure (accuracy)
- Standard Error of Measure (SEM) – the extent of the measurement error among repeated scores, helps determine range of “true” scores
- Responsiveness – ability to detect change
- Minimal Detectable Change (MDC) – amount of change you have to exceed to show true change beyond the error of the tool
- Minimal Clinically Important Difference (MCID) - the amount of change needed for us to believe there has been a clinically meaningful change

Where to look?⁹

Rehab Measures Database - <http://www.rehabmeasures.org>

Browse Instruments

Search by Category

Search by Instrument Name

OR

Just go to “Google” and type “rehab measures” followed by instrument name.

Ex. “rehab measures TUG”

Using Clinical Judgement

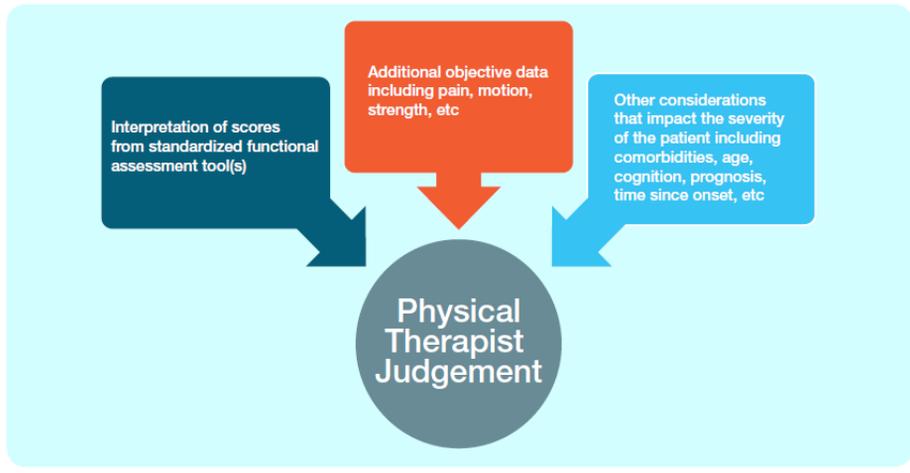
Tests and Measures: Determining % Limitation

- Many factors to consider:
 - Score interpretation guidelines included with instrument
 - Norms
 - Age
 - Gender
 - Diagnosis (i.e. stroke, Parkinson's, TBI)
 - Cut-Off Scores
 - MCID

- Examples: Berg Balance Scale, Dynamic Gait Index

Integrating Results – 3 Components¹

Integrating Results From Standardized Instruments With Other Clinical Data



When can a score be used on its own? ¹

Things to consider...

1. If it has good predictive validity
 - Predictive validity – the ability of the outcome of the test to predict a future outcome
2. Are there other patient characteristics that can influence outcome of assessment
 - Ability to follow directions, level of alertness, etc.

Determining G-Code/Severity Modifiers¹

Functional Limitation Reporting Toolkit – <http://www.apta.org/FLR/Toolkit/>

- Examples, Pg. 12
 - Example 1: Interpretation of Scores For Performance-Based Instrument
 - Example 2: Interpretation of Scores For Self-Report Instrument

- Case Studies, Pg. 13 – 17
 - Case 2: Orthopedic Patient, Private Practice Setting

Other Useful Links

- Medicare Functional Reporting Information - <https://www.cms.gov/Medicare/Billing/TherapyServices/Functional-Reporting.html>
- APTA General Information on Functional Limitation Reporting - <http://www.apta.org/Payment/Medicare/CodingBilling/FunctionalLimitation/> (APTA Member Access)

Questions?

Resources

1. APTA. Functional Limitation Reporting for Medicare Part B Patients: A Toolkit. <http://www.apta.org/FLR/Toolkit/>. Accessed June 12, 2017.
2. APTA. Functional Limitation Reporting Categories and the International Classification of Functioning, Disability and Health (ICF). <http://www.apta.org/Payment/Medicare/CodingBilling/FunctionalLimitation/ClassificationofICFCategories/>. Accessed June 12, 2017.
3. CMS. Medicare Benefit Policy Manual Chapter 15. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>. Accessed June 12, 2017.
4. APTA. OPTIMAL 1.1 Data Collection Instrument. <http://www.apta.org/OPTIMAL/>. Updated October 10, 2013. Accessed June 12, 2017.
5. APTA. Functional Limitation Reporting (FLR) Under Medicare: Tests and Measures for High-Volume Conditions. PT Now. <http://www.ptnow.org/FunctionalLimitationReporting/TestsMeasures>. Accessed June 12, 2017.
6. APTA. Tests & Measures. PT Now. <http://www.ptnow.org/tests-measures>. Accessed June 12, 2017.
7. APTA. Clinical Summaries. PT Now. <http://www.ptnow.org/clinical-summaries>. Accessed June 12, 2017.
8. APTA. Urinary Incontinence in Women. PT Now. <http://www.ptnow.org/clinical-summaries-detail/urinary-incontinence>. Accessed June 12, 2017.
9. Rehabilitation Institute of Chicago. Rehabilitation Measures Database. <http://www.rehabmeasures.org>. Accessed June 12, 2017.



Thank you!