Clinical Profiles of Functional Impairment Measurement Used for G-Code Reporting in Outpatient Rehabilitation

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Objectives

• Describe clinical discipline use patterns in choice and use of functional measures to comply with CMS G-code reporting requirements for outpatient rehabilitation services.
• Identify discipline variation in functional limitation measurement selection and reporting.
• Discuss current clinical practice variation when linking goals of outpatient therapy to value based purchasing initiatives.
Methods

• Functional Limitation Reporting was implemented on January 1, 2013 and the payment adjustment phase was scheduled to be effective July 1, 2013.
• The CBOR G-Code Modifier Calculator was designed to add convenience and consistency to the requirement of performing calculations; converting assessment scores to severity code modifiers as dictated by CMS Claims-Based Outcomes Reporting (CBOR) for Medicare Part B claim submissions.
• Mediware created the conversion calculator to help score and report patient status appropriately. The calculator has been available online since January 2013 and as a downloadable app for iPhones and Android devices since September 2013.
• To date, the calculator has been used more than 149,000 times to convert more than 104 standard clinical measures used for severity modifier conversion.
• Analysis of calculator use has been tabulated and presented by frequency of use for PT, OT and SLP.
• Measurement instruments were mapped to G-Code definitions for therapy goals.

Functional Impairment Dilemma

Care Delivery Model

Problem → Goal → Intervention → Measurement → Outcome

Payment Model

Classification → Treatment / Objective → Effectiveness

FFS, Caps, Bundle, Risk
The Ziggy Theorem

Middle Class Tax Relief and Job Creation Act of 2012

- **Section 3005 - Outpatient Therapy Caps**
  - extends the therapy caps exceptions process
  - extended to the hospital outpatient department setting
  - required to **collect data to assist in reforming the payment system for therapy services**
  - improvements to the outpatient therapy benefit to **reflect the individual needs of patients**
  - **CBO estimates this provision would increase spending by $700 million from 2012 through 2022**

- **Outpatient Therapy Services** - three separate categories of clinical services that aim to improve and restore function that patients have lost after an illness or injury and to help patients maintain improved function:
  - physical therapy,
  - occupational therapy, and
  - speech–language pathology services

*Prepared by the Committees on Ways and Means and Energy and Commerce Staff, February 16, 2012*
G-Codes

Claims Based Outcomes Reporting (CBOR)

This five (5) year project is intended to support payment reform with outcome based data. This is strictly a data collection effort and no other uses beyond analysis have been published.

“a loose, non-standardized approach to trying to assess a beneficiary’s functional limitation” N. Beckley
### G-Code Categories

<table>
<thead>
<tr>
<th>Functional Reporting</th>
<th>Current</th>
<th>Goal</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PT/OT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility: walking &amp; moving around</td>
<td>G8978</td>
<td>G8979</td>
<td>G8980</td>
</tr>
<tr>
<td>Changing &amp; Maintaining Body Position</td>
<td>G8981</td>
<td>G8982</td>
<td>G8983</td>
</tr>
<tr>
<td>Carrying, Moving &amp; Handling Objects</td>
<td>G8984</td>
<td>G8985</td>
<td>G8986</td>
</tr>
<tr>
<td>Self care</td>
<td>G8987</td>
<td>G8988</td>
<td>G8989</td>
</tr>
<tr>
<td>Other PT/OT Primary</td>
<td>G8990</td>
<td>G8991</td>
<td>G8992</td>
</tr>
<tr>
<td>Other PT/OT Subsequent</td>
<td>G8993</td>
<td>G8994</td>
<td>G8995</td>
</tr>
<tr>
<td><strong>SLP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swallowing</td>
<td>G8996</td>
<td>G8997</td>
<td>G8998</td>
</tr>
<tr>
<td>Motor Speech</td>
<td>G8999</td>
<td>G9160</td>
<td>G9161</td>
</tr>
<tr>
<td>Spoken Language Comprehension</td>
<td>G9159</td>
<td>G9160</td>
<td>G9161</td>
</tr>
<tr>
<td>Spoken Language Expression</td>
<td>G9162</td>
<td>G9163</td>
<td>G9164</td>
</tr>
<tr>
<td>Attention</td>
<td>G9165</td>
<td>G9166</td>
<td>G9167</td>
</tr>
<tr>
<td>Memory</td>
<td>G9168</td>
<td>G9169</td>
<td>G9170</td>
</tr>
<tr>
<td>Voice</td>
<td>G9171</td>
<td>G9172</td>
<td>G9173</td>
</tr>
<tr>
<td>Other Speech Language Pathology</td>
<td>G9174</td>
<td>G9175</td>
<td>G9176</td>
</tr>
</tbody>
</table>


### G-Code Reporting

**Intent:**

Clarify to understand the disorder or disease conditions treated by PTs, OTs and SLPs by describing the therapeutic goals to modify functional impairment and quantifying resulting changes with clinical measures used in rehabilitation.
G-Code Reporting

+ Requirements
FLR program was created through a provision in the Middle Class Tax Relief and Job Creation Act (2012) that mandated the collection of information regarding the beneficiaries function and condition

<table>
<thead>
<tr>
<th>SERVICE TO</th>
<th>11/5/2014</th>
<th></th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLR program was created through a provision in the Middle Class Tax Relief and Job Creation Act (2012) that mandated the collection of information regarding the beneficiaries function and condition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Severity Modifiers

+ Therapist determined percent of impairment
+ Reflects the score of a functional assessment tool or other appropriate performance measurement
+ Uses clinical judgment to combine results of multiple measures or the therapist’s judgment alone to determine a functional limitation percentage
+ The measurement instrument used to determine the percent impairment is not reported to CMS
Impairment Conversion Calculation

+ The score of an instrument is converted to percent by dividing the test score results by the “best” possible score and multiplying by 100 to obtain a percentage.
+ The resulting value is applied to the CMS defined lookup table to obtain the severity modifier code.
+ This approach to defining patient impairment does not enable comparison of converted scores across patients measured with different instruments.

Classification of Function

+ Common Language
+ Definition
+ Schema and Structure
+ ICF
+ CMS G-Codes
+ Measurement
Hierarchy Of Activity Measurement

- Vigorous activities (run 5 miles)
- Managing finances
- Managing household
- Walk Slowly
- Trouble bending, stooping
- Need help to bathe
- Cannot maintain balance
- Move about with help
- Stand up with help
- Staying in bed/partly undressed
- Lying down most of the time
- Confined to room, bed

Measures Converted

- 245,902 scores have been converted to date
- 117 Measurement instruments have been used
- 25 Measures account for 91.5% of conversions
Most Frequently Used Measures (91.5%)
### CBOR Calculator Use by Discipline

- **PT**: 83.3%
- **OT**: 14.5%
- **SLP**: 2.2%
- **N=118,946**

#### Spending for and Utilization of Medicare Outpatient Therapy Services, 2011

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Number of Beneficiaries (in millions)</th>
<th>Per User Service Counts</th>
<th>Per User Visits per User</th>
<th>Mean Length of Episode (in days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical therapy</td>
<td>4.3</td>
<td>1.8</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>1.1</td>
<td>0.5</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>Speech-language pathology</td>
<td>0.6</td>
<td>0.5</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>4.9</td>
<td>3.7</td>
<td>16</td>
<td>32</td>
</tr>
</tbody>
</table>

**Note:** Totals include beneficiaries who use multied therapy types. Total number of beneficiaries is an unadjusted count. Service counts use inpatient/acute/service bases. Per user service counts show the number of 15 minute services billed per user for occupational and physical therapy. Mean speech-language pathology service counts are not defined in 15 minute trend increases. An episode begins with the first therapy service provided during the year and ends after a 60-day period during which there are no additional therapy services.

**Source:** Mediware analysis of 100 percent Medicare Part Therapy claims, 2011.

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### SLP Use of Outcome Measures

- **General Medical Care (i.e., hospital)**: 54%
- **Inpatient Hospital**: 89%
- **Outpatient Hospital**: 86%
- **Speech Therapy (All)**: 56%
- **Outpatient Speech Therapy**: 56%
- **Inpatient Speech Therapy**: 20%
- **Outpatient Physical Therapy**: 75%
- **Inpatient Physical Therapy**: 71%
- **Outpatient Occupational Therapy**: 72%
- **Inpatient Occupational Therapy**: 72%

**Note:** Outcomes are available from www.asha.org.

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PT Instruments Used
Top 25 measures (93.4%) recorded for discipline, N=99060

- AMPAC: Basic Mobility: 0.4%
- Dizziness Handicapped Inventory: 0.4%
- Four Step Square Test: 0.3%
- Upper Extremity Functional Scale: 0.5%
- Roland-Morris Questionnaire: 0.6%
- Barthe Index Modified: 0.6%
- Quebec Back Pain Disability Scale: 0.6%
- Functional Reach Test / Modified Functional Reach Test: 0.6%
- Functional Reach Test: 0.6%
- Activities-Specific Balance Confidence Scale: 0.7%
- Modified Elderly Mobility Scale: 1.0%
- Patient Specific Functional Scale: 1.0%
- OPTIMAL: 1.0%
- Functional Gait Assessment: 1.1%
- Tinetti Performance Oriented Mobility Assessment: 2.1%
- Shoulder Pain and Disability Index: 2.2%
- Quick DASH: 2.3%
- Upper Extremity Functional Index: 2.4%
- Disabilities of the Arm, Shoulder, and Hand Questionnaire: 2.5%
- Dynamic Gait Index: 3.1%
- Neck Disability Index: 3.5%
- Oswestry Disability Index: 8.0%
- Timed Up and Go: 9.0%
- Berg Balance Scale: 14.6%
- Tinetti Gait & Balance: 17.4%
- Lower Extremity Functional Scale: 21.9%

OT Instruments Used
(Top 25 measures (91.8%) recorded for discipline, N=12,609)

- AMPAC: Daily Activity: 0.6%
- Lower Limb Functional Index: 0.6%
- FOTO Elbow, Wrist, Hand: 0.6%
- Dynamic Gait Index: 0.7%
- Oswestry Disability Index: 0.8%
- Neck Disability Index: 0.9%
- Lower Extremity Functional Scale: 0.9%
- Upper Extremity Functional Scale: 0.9%
- Ashworth Scale / Modified Ashworth Scale: 0.9%
- Mini-Mental State Examination: 1.2%
- Braden Scale: 1.5%
- Montreal Cognitive Assessment: 1.6%
- Box and Block Test: 1.8%
- Patient Specific Functional Scale: 1.9%
- Functional Independence Measure: 1.9%
- Shoulder Pain and Disability Index: 2.1%
- Timed Up and Go: 2.1%
- Functional Reach Test / Modified Functional Reach Test: 2.7%
- Tinetti Gait & Balance: 3.6%
- Berg Balance Scale: 4.5%
- Disabilities of the Arm, Shoulder, and Hand Questionnaire: 4.7%
- Quick DASH: 5.0%
- Upper Extremity Functional Index: 10.2%
- Barthe Index: 17.4%
- Barthe Index Modified: 22.2%
SLP Instruments Used
Top 25 (95.6%) of all measures recorded for discipline, N=2266

Instruments Used – Everyone Else
Top 25 (95.8%) of all measures recorded for all others, N=6616
Professional Preferences

Measure Use (%) per Discipline Total

- 53.8% PT Measures
- 44.1% OT Measures
- 48.3% SLP Measures

Everyone Else

- Admin N=192
- AT N=267
- MD/DO N=221
- RN N=181
- Other N=1233
Rehabilitation Problems

- Problems that rehabilitation professionals address involve interactions among multiple factors, including the individual’s;
  - Body structures and functions,
  - Ability to perform activities and participate in society,
  - Environmental barriers and facilitators present, and
  - Personal factors unrelated to the health condition, but that may influence function and disability

G-Code Goals

(reasons for receiving outpatient therapy)

Top five clinical categories by therapy type

<table>
<thead>
<tr>
<th>Clinical category</th>
<th>Share of total claims within therapy type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical therapy</td>
<td></td>
</tr>
<tr>
<td>Back problem</td>
<td>27%</td>
</tr>
<tr>
<td>Other nontraumatic joint disorders</td>
<td>19%</td>
</tr>
<tr>
<td>Other connective tissue disease</td>
<td>15%</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>9%</td>
</tr>
<tr>
<td>Other nervous system disorders</td>
<td>7%</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td></td>
</tr>
<tr>
<td>Other connective tissue disorder</td>
<td>16%</td>
</tr>
<tr>
<td>Other nontraumatic joint disorders</td>
<td>12%</td>
</tr>
<tr>
<td>Rehabilitation care, fitting for prostheses, adjustment of devices</td>
<td>9%</td>
</tr>
<tr>
<td>Other nervous system disorders</td>
<td>9%</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>8%</td>
</tr>
<tr>
<td>Speech-language pathology</td>
<td></td>
</tr>
<tr>
<td>Other gastrointestinal disorders</td>
<td>24%</td>
</tr>
<tr>
<td>Rehabilitation care, fitting for prostheses, adjustment of devices</td>
<td>14%</td>
</tr>
<tr>
<td>Delirium, dementia, and anemic and other cognitive disorders</td>
<td>7%</td>
</tr>
<tr>
<td>Other nervous system disorders</td>
<td>7%</td>
</tr>
<tr>
<td>Late effects of cerebrovascular disease</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: MedPAC analysis of 100 percent Medicare Part B therapy claims, 2009
Goals of Treatment

- AOTA suggests that the “Other PT/OT” code categories will not clarify the specific occupational therapy intervention goals.
- Use any code that fits your work with a patient, and be as specific as possible.

Measures Mapped to G-Codes

PT Measures Mapped to Therapy Goals
Summary

+ G-Code and severity modifier reporting is part of the CMS initiative to redefine Medicare beneficiary therapy needs and restructure payments anticipating a cost in excess of $700M over ten years.
+ Limited information has been summarized to provide the relationship of measures used to G-Code reporting by outpatient therapists.
+ To date the value of these data have not been used for meaningful improvements in outpatient therapy or its cost reduction.
+ Clinical measurement tools to quantify functional impairment vary by professional discipline and their clinical focus in patient care.
+ Non standard calculation of functional impairment continues to impede accurate assessment of therapy value.
+ The alignment of therapy goals, standardized functional measurement and outcome valuation requires greater study and practice incentives to realize value based purchasing objectives.
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