

G-CODES EXPLAINED – A GUIDE FOR PHYSICAL THERAPISTS

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By Apollo Team | [Blog](#) | March 16, 2016 | Reading Time: 2 minutes

Physical therapists primarily use G-Codes to fulfill certain mandatory requirements for reporting on Medicare patients and conditions.

What are G-Codes?

G-codes are quality data codes that are used on Medicare claim forms to satisfy certain requirements for Physician Quality Reporting System (PQRS) and Functional Limitation Reporting (FLR). These are extensively used by physical therapists, speech-language pathologists, and occupational therapists.

It must be remembered that G-Codes for FLR and PQRS are different, however, CMS makes use of both sets of codes to easily track data about Medicare conditions and functions.

What are Functional Limitation Reporting G-Codes?

Let's take a look at FLR basics. FLR is a reporting tool for speech- language pathologists, occupational therapists, physical therapists who are primary providing outpatient therapy services to Medicare beneficiaries. It must be noted that Medicare will not reimburse any claims for providers who does not follow the necessary requirements for FLR.

The aim of FLR is to provide a platform for an evidence-based connection between patient progress and rehab therapy treatment. The data of FLR is used to reform future payment structure and evaluate the overall usefulness of the therapy treatment that Medicare beneficiaries population is receiving.

Complying with FLR

For effective FLR compliance, physical therapists must report functional limitation data in the form of G-codes. This is presented along with therapy modifiers and severity modifiers – which are tracked with the progress of the recovery – starting from the initial examination to the discharge of all patients.

Reimbursement of claims

For ensuring that you receive rightful reimbursement for your services, keep these simple tips in mind:

- Create a clear, detailed documental for each patient.
- Ensure that you file claims in a timely manner
- Stay current on reporting legislation and regulations
- Have a physical therapy billing software to help with effective compliance of G-codes.

Rejections of claims

If you receive a rejection to any of your claims because you omitted the corresponding G-codes and severity modifiers, after identifying the patient's primary limitation, and documenting the resulting process of care appropriately, you can create a new addendum with the missing codes and provide a new form for your claim. However, if this is not the case, you cannot do much if your claim was missing FLR data.

ICD-10 G-Codes

According to new legislature, all healthcare professionals including speech, occupational, and physical therapists must switch to **ICD-10** diagnosis codes from October 1, 2015. Failing to comply with the new code will result in non-payment of claims. However, with Apollo Practice Management – an effective physical therapy product, you can make this transition effortlessly.

With our [physical therapy billing software](#), you automatically get an upgraded reporting system within your existing infrastructure – complete with built-in alerts ensuring that your practice is compliant every time.

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