Health Care Acronyms

Acronym	Meaning
PT	Physical Therapist
OT	Occupational Therapist
SLP	Speech-Language Pathologist
ICD	International Classification of Diseases
ICF	International Classification of Functioning, Disability, and Health
FLR	Functional Limitation Reporting
CMS	Centers for Medicare and Medicaid Services
NCCI/CCI	National Correct Coding Initiative
WHO	World Health Organization
EHR	Electronic Health Record
EMR	Electronic Medical Record
HIPAA	Health Insurance Portability and Accountability Act
STS	Society of Thoracic Surgeons
ACC	American College of Cardiology
NCDR	National Cardiovascular Data Registry
AHA	American Heart Association
MIPS	Merit-based Incentive Payment System
PQRS	Physician Quality Reporting System
APTA	American Physical Therapy Association
AOTA	American Occupational Therapy Association
ASHA	American Speech-Language-Hearing Association
ASHT	American Society of Hand Therapists

ICD – International Classification of Diseases

- is the international "standard diagnostic tool for epidemiology, health management and clinical purposes," created by the World Health Organizations (WHO)
- a healthcare classification system providing a system of diagnostic codes for classifying diseases, including nuanced classifications for a wide variety of signs, symptoms, etc.
- codes for information on diagnosis and health status, NOT for functioning
- currently on ICD-10, with ICD-11 tentative for 2018

ICF – International Classification of Functioning, Disability, and Health

- a classification of the health components of functioning and disability
- complements the World Health Organization's (WHO) ICD-10

FLR - Functional Limitation Reporting

- Functional Limitation Reporting (FLR) is a Centers for Medicare and Medicaid Services (CMS) reporting regulation for physical therapists, occupational therapists, and speech-language pathologists who provide outpatient care to Medicare beneficiaries
- FLR exists to show that there is a connection between rehab therapy and patient progress
- CMS uses this information to get a better sense of the Medicare beneficiary population and evaluate the effectiveness of the therapy this group is receiving

Completing FLR with G-Codes

- to comply with FLR, therapists need to report functional limitation data in the form of G-codes:
    - with corresponding severity modifiers
    - with corresponding therapy modifiers
    - at the initial examination
    - at minimum every 10th visit
    - and at discharge
    - for every patient who has Medicare as their primary or secondary insurance
- only report functional limitation data on the patient's primary functional limitation, or the main reason the patient is seeking rehabilitation services
- the documentation and claim should include two FLR G-codes, each followed by a severity modifier and a therapy modifier, for a total of six FLR codes
- completing this reporting with proper G-codes ensures that a therapist properly reimbursed for their services by Medicare

Medicare Fee Cap

- Medicare law limits how much it pays for your medically necessary outpatient therapy services in one calendar year. These limits are called "therapy caps" or "therapy cap limits"
- cap limits for 2017 are:
    - $1980 for physical therapy and speech-language pathology services combined

- $1980 for occupational therapy services

KX Modifiers

- if a therapist believes that continuing therapy with a patient is medically necessary after they have met the Medicare fee cap, they may attach the KX modifier
- by attaching the KX modifier, the therapist attests that the services billed:
  - qualify for the cap exception
  - are reasonable and necessary
  - require the skills of the therapists
  - and are justified by supporting documentation in the patient's medical record

Modifier 59

- used to identify procedures/services that are commonly bundled together but are appropriate to report separately under some circumstances
- a health care provider may need to use modifier 59 to indicate that a procedure or service was distinct or independent from other services performed on the same day
- usually means a different location, different anatomical site, and/or a different session

Medicare Fee Schedule

- a complete listing of fees used by Medicare to pay doctors or other providers/suppliers
- this list of fee maximums is used to reimburse a physician and/or other providers on a fee-for-service basis
- the fee schedule is determined by locality, and is set by the CMS

NCCI – National Correct Coding Initiative (CCI for short)

- started by the CMS to "promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims"
- CCI edits are when the CMS annually updates the NCCI to prevent improper payment when incorrect code combinations are reported