



G CODES PART 4 TEACHING AND DIRECT CARE

Selman-Holman & Associates, LLC
CoDR—Coding Done Right

Selman-Holman & Associates, LLC

2

Lisa Selman-Holman, JD, BSN, RN,
HCS-D, COS-C
Diane Taylor, BSN, RN, COS-C
Home Health Insight—Consulting, Education and Products
CoDR—Coding Done Right
606 N. Bell Ave.
Denton, Texas 76209
214.550.1477
972.692.5908 fax
Lisa@selmanholman.com
Diane@selmanholman.com
www.selmanholmanblog.com
www.selmanholman.com

G Codes

3

- New billing HCPCs codes as “administrative change”
- Implementation : January 2011
- *HH claims for episodes beginning on or after January 1, 2011*

Reminder About G Codes

4

- G Codes and 15 minute increments have been required on home health claims for several years.
- What’s new?
 - There are more specific G codes that we are required to use beginning January 1, 2011.
 - So if you are using the old ones now...
 - HOWEVER you are required to use the new ones also.

Nursing G Codes

- G0162 Skilled services by a RN (RN) in the delivery of Management & Evaluation of the Plan of Care (Part 3)
- G0163 Skilled services of a licensed nurse (LPN or RN) in the delivery of Observation and Assessment of the patient's condition (Part 2)

5

Nursing G Codes

- G0164 Skilled services of a licensed nurse, in the training and/or education of a patient or family member (Part 4)
- G0154 Direct care by licensed nurse (RN or LPN) (Part 4)

6

Billing Codes—The Originals

- G0151 SERVICES PERFORMED BY A *QUALIFIED* PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
- G0152 SERVICES PERFORMED BY A *QUALIFIED* OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
- G0153 SERVICES PERFORMED BY A *QUALIFIED* SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
- *G0154 DIRECT SKILLED NURSING SERVICES OF A LICENSED NURSE (LPN OR RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
- G0155 SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES
- G0156 SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES

Hospice G Codes

- Although all the new G codes include in their description a reference to hospice, Medicare is not requiring hospices to use the new G-codes described below at this time.

8

Billing Codes

9

- HHAs must not report more than one G-code for the nursing visit regardless of the variety of nursing services provided during the visit.

15 Minute Increments

10

- Service Units --number of 15 minute increments that comprise the time spent treating the beneficiary.
- Time spent completing the OASIS assessment in the home as part of an otherwise covered and billable visit and time spent updating medical records in the home as part of such a visit may also be reported.
- Visits of any length are to be reported, rounding the time to the nearest 15-minute increment. Visits cannot be split into multiple lines. Report covered and noncovered increments of the same visit on the same line.

The Ones We're Covering Today

11

- G0164 Skilled services of a licensed nurse, in the training and/or education of a patient or family member, in the home health setting, each 15 minutes
- G0154 Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes
- The first item of discussion has to be:
What exactly in Teaching and Training?
- Then: What constitutes Direct Care?

12

Medicare Coverage Guidelines

Teaching and Training

Medicare Benefit Policy Manual

Chapter 7

40.1.2.3

What are Skilled Services

13

- ❑ Skilled Observation and Assessment
- ❑ Administration of Medication
- ❑ Diabetic Care
- ❑ Wound Care
- ❑ Management & Evaluation
- ❑ Psychiatric Nursing
- ❑ Therapy

AND
Teaching and Training

Teaching and training activities that constitute skilled nursing services and are reimbursable

- ❑ Task would require skilled nursing personnel to teach a patient, the patient's family, or caregivers how to manage the treatment regimen
- ❑ When reasonable and necessary to the treatment of the illness or injury
- ❑ The teaching or training is appropriate to the patient's functional loss, illness, or injury.

14

When Teaching and Training is not appropriate

15

- ❑ Where it becomes apparent after a reasonable period of time that the
 - ❑ Patient
 - ❑ family
 - ❑ caregiverwill not or is not able to be trained, then further teaching and training would cease to be reasonable and necessary.

Documentation

16

- The reason why the training was unsuccessful should be documented in the record.
- Notwithstanding that the teaching or training was unsuccessful, the services for teaching and training would be considered to be reasonable and necessary prior to the point that it became apparent that the teaching or training was unsuccessful, as long as such services were appropriate to the patient's illness, functional loss, or injury.

Reasonable and Necessary or Not?

17

A physician has ordered skilled nursing care for teaching a diabetic who has recently has been prescribed insulin. The patient does not have any cognitive deficits.

The physician has ordered teaching of self-injection and management of insulin, signs, and symptoms of insulin shock, and actions to take in emergencies.

Skilled or Not Skilled---The Litmus Test

18

- The test of whether a nursing service is skilled relates to the skill required to teach and not to the nature of what is being taught.
- Therefore, where skilled nursing services are necessary to teach an unskilled service, the teaching may be covered.



Setting Frequency and Duration for Teaching and Training

19

- Initial Teaching and Training
 - Consider the complexity of the activity to be taught
 - Consider the unique abilities of the patient
- Reinforcement of Teaching and Training
 - Teaching may have been provided previously in an institutional setting or in the home
 - Consider the patient's retained knowledge and their anticipated learning progress
- Skills taught in a controlled institutional setting often need to be reinforced when the patient returns home.
 - Reinforcement of the institutional teaching
 - Additional teaching visits in the home are covered.

NOTE:

20

There is no requirement that the patient, family or other caregiver be taught to provide a service if they cannot or choose not to provide the care



Teaching and training activities that require the skills of a licensed nurse include, but are not limited to, the following

1. Teaching the self-administration of injectable medications, or a complex range of medications;
2. Teaching a newly diagnosed diabetic or caregiver all aspects of diabetes management, including how to prepare and to administer insulin injections, to prepare and follow a diabetic diet, to observe foot-care precautions, and to observe for and understand signs of hyperglycemia and hypoglycemia;
3. Teaching self-administration of medical gases;

21

4. Teaching wound care where the complexity of the wound, the overall condition of the patient or the ability of the caregiver makes teaching necessary;
5. Teaching care for a recent ostomy or where reinforcement of ostomy care is needed;
6. Teaching self-catheterization;
7. Teaching self-administration of gastrostomy or enteral feedings;
8. Teaching care for and maintenance of peripheral and central venous lines and administration of intravenous medications through such lines;

22

9. Teaching bowel or bladder training when bowel or bladder dysfunction exists;
10. Teaching how to perform the activities of daily living when the patient or caregiver must use special techniques and adaptive devices due to a loss of function;
11. Teaching transfer techniques, e.g., from bed to chair, that are needed for safe transfer;
12. Teaching proper body alignment and positioning, and timing techniques of a bed-bound patient;

23

13. Teaching ambulation with prescribed assistive devices (such as crutches, walker, cane, etc.) that are needed due to a recent functional loss;
14. Teaching prosthesis care and gait training;
15. Teaching the use and care of braces, splints and orthotics and associated skin care;
16. Teaching the preparation and maintenance of a therapeutic diet;

24

- 17. Teaching proper administration of oral medication, including signs of side-effects and avoidance of interaction with other medications and food.
- 18. Teaching the proper care and application of any special dressings or skin treatments, (for example, dressings or treatments needed by patients with severe or widespread fungal infections, active and severe psoriasis or eczema, or due to skin deterioration due to radiation treatments)

25

Let's look at some examples

26

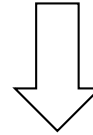
- A physician has ordered skilled nursing visits to teach self-administration of insulin to a patient who has been self-injecting insulin for 10 years.
 - The patient has recently lost the use of the dominant hand and must be retrained to use the other hand.

What do you think? Reasonable and Necessary or NOT?

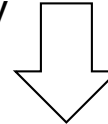
- Skilled nursing visits to re-teach self-administration of the insulin would be reasonable and necessary.
- How many visits?

27

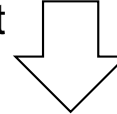
Initial Training



Complexity of the activity

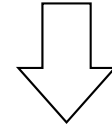


Unique abilities of the patient

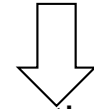


Determine # of visits

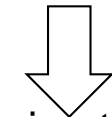
Re-Training



Analyze the patient's retained knowledge



Analyze the patient's anticipated learning




Determine the # of visits

28

Patient #2

29

- A patient recovering from pneumonia is being sent home requiring I.V. infusion of antibiotics four times per day.
- The patient's spouse has been shown how to administer the drug during the hospitalization and has been told the signs and symptoms of infection.
- The physician has ordered home health services for a nurse to teach the administration of the drug and the signs and symptoms requiring immediate medical attention.

Is this Initial Teaching and Training or Re-Teaching and Re-Training? 


Re-Teaching/Re-Training

30

- This will be appropriate for a period of time and may be considered reasonable and necessary where there is a change in the procedure or the patient's condition that requires re-teaching, or where the patient, family, or caregiver is not properly carrying out the task.
- The medical record should document the reason that the re-teaching or retraining is required.

Patient #3

31

- A physician has ordered skilled nursing care to teach a patient to follow a new medication regimen in which there is a significant probability of adverse drug reactions due to the nature of the drug and the patient's condition
- The skilled nurse will need to instruct on
 - Signs and symptoms of adverse reactions
 - Necessary dietary restrictions 

Patient #3

32

- It becomes apparent that the patient is
 - Unable to take the medications properly
 - Cannot demonstrate awareness of potential adverse reactions
 - Is not following the necessary dietary restrictions

What do you think? Reasonable and Necessary or NOT? 

NOT!

33

Skilled nursing care for further teaching would not be reasonable and necessary, since the patient has demonstrated an inability to be taught.

Would the prior visits be reimbursable?

How to write an order for Teaching and Training

SNV frequency increased to 7wk1, 4wk1, 1wk1 for teaching and training of proper administration of G-tube feeding due to change in primary caregiver.

Note the tapering frequency
May be a good place to use ranges

How to document for Teaching and Training

SNV to perform teaching and training of proper administration of G-tube feeding. Primary c/g instructed on proper aspiration technique, acceptable parameters for residual, safe and proper technique to flush tube and trouble shoot problems. C/g was able to give successful return demonstration of all techniques. C/g able to state parameters re: residual.

It's important to document the following:

- The reason why continued teaching or re-teaching is necessary
- The patient's response to the teaching

No assistance needed in this area	Caregiver(s) currently provide assistance	Caregiver(s) need training/ supportive services to provide assistance X
Caregiver(s) not likely to provide assistance	Unclear if Caregiver(s) will provide assistance	Assistance needed, but no Caregiver(s) available X

37

38

Medicare Coverage Guidelines

Direct Care
Medicare Benefit Policy Manual
Chapter 7
40.1.2.4--40.1.2.15

G Code

39

- G0154
- The BEST G code as far as coverage (my opinion)
- Still may provide more than one service in the visit and will have to decide on the best G code to assign

Administration of Medication

- Must be ordered by a physician
- Medication requires the services of a licensed nurse to safely and effectively administer the drug
- It is *reasonable and necessary* for the treatment of the patient's medical condition or injury

How to document Administration of Medication

Medication

Route

Dosage

If injection, location, clean technique,
disposal of sharps.

Be careful to distinguish between
administration and assistance with
administration in Texas!

Oral Medications, etc.

- ❑ The administration of oral medication is not a covered service under Medicare's home health benefit.
- ❑ Pre-filling a pill pack is a nursing intervention and does not require an order from the physician...doesn't hurt to have one
- ❑ These are good tasks to do as incidental when providing a covered service and under special circumstances as observation and assessment.

Topicals and Eye Drops

43

- ❑ The administration of eye drops and topical ointments does not require the skills of a nurse.
- ❑ Even if the administration of eye drops or ointments is necessary to the treatment of an illness or injury and the patient cannot self-administer the drops, and there is no one available to administer them, the visits cannot be covered as a skilled nursing service.
- ❑ This section does not eliminate coverage for skilled nursing visits for observation and assessment of the patient's condition.

Injections and Infusions

44

- ❑ Intravenous, intramuscular, or subcutaneous injections and infusions, and hypodermoclysis or intravenous feedings require the skills of a licensed nurse to be performed (or taught) safely and effectively.
- ❑ Accepted as safe and effective treatment of the patient's illness or injury, and
- ❑ There must be a medical reason that the medication cannot be taken orally.

EXAMPLE 1 (not covered)

45

- A physician has ordered skilled nursing visits to administer eye drops and ointments for a patient with glaucoma. The administration of eye drops and ointments does not require the skills of a nurse. Therefore, the skilled nursing visits cannot be covered as skilled nursing care, notwithstanding the importance of the administration of the drops as ordered.

EXAMPLE 2 (not covered)

46

- A physician has ordered skilled nursing visits for a patient with a reddened area under the breast. The physician instructs the patient to wash, rinse, and dry the area daily and apply vitamin A and D ointment. Skilled nursing care is not needed to provide this treatment and related services safely and effectively.

B-12 Administration

The administration of B-12 injections are covered when provided for the following physician certified conditions:

- Specified anemias
 - Pernicious anemia
 - Megaloblastic anemia
 - Macrocytic anemia
 - Fish tapeworm anemia



Specified Gastrointestinal Disorders

- Specified gastrointestinal disorders:
 - Gastrectomy – total or partial
 - Malabsorption syndromes, i.e., Crohn's Disease, Sprue, Idiopathic Steatorrhea, etc.
 - Surgical and mechanical disorders, i.e., resection of the small intestine, strictures, anastomoses and blind loop syndrome
- Posterolateral sclerosis
- Other neuropathies associated with pernicious anemia
- Acute phase or acute exacerbation of a neuropathy due to malnutrition and Alcoholism

Insulin Injections

- Insulin is customarily self-injected by patients or is injected by their families.
- Must be ordered by a physician
- The documentation must support the need
- The patient's inability to self inject must be documented
- It is documented that there is not a willing/able/available caregiver

Pre filling insulin syringes (direct care?)

- This is not considered a skilled nursing service under Medicare's home health benefit
- This is not a qualifying skilled nursing service under Medicare's home health benefit
- Patient must be receiving a qualifying service (SN, PT, SLP or continuing OT)
- Where State law requires that a licensed nurse prefill syringes, a skilled nursing visit to prefill syringes is paid as a skilled nursing visit (if the patient otherwise needs skilled nursing care, physical therapy, or speech-language pathology services), but is not considered to be a skilled nursing service.

Tube Feedings

- 51
- Nasogastric tube, and percutaneous tube feedings (including gastrostomy and jejunostomy tubes), and replacement, adjustment, stabilization, and suctioning of the tubes are skilled nursing services, and if the feedings are required to treat the patient's illness or injury, the feedings and replacement or adjustment of the tubes would be covered as skilled nursing services.

Nasopharyngeal and tracheostomy aspiration

- 52
- Nasopharyngeal and tracheostomy aspiration are skilled nursing services and, if required to treat the patient's illness or injury, would be covered as skilled nursing services.

Catheters

53

- Insertion and sterile irrigation and replacement of catheters, care of a suprapubic catheter, and in selected patients, urethral catheters, are considered to be skilled nursing services.
- Catheter is necessitated by permanent or temporary loss of bladder control

Wound Care Coverage

- A physician must order the service
- May be direct hands on wound treatment
- May be to teach the wound care to patient or to caregiver
- May be for skilled observation and assessment of the wound
- The POC must contain specific instructions for the treatment of the wound.

Wound Care Coverage

55

- Active treatment (e.g. sterile or complex dressings, administration of prescription medications, etc.) of wounds with the following characteristics, the skills of a licensed nurse are usually reasonable and necessary:

Wound Care Coverage

56

- Open wounds which are draining purulent or colored exudate or have a foul odor present or for which the patient is receiving antibiotic therapy;
- Wounds with a drain or T-tube with requires shortening or movement of such drains;
- Wounds which require irrigation or instillation of a sterile cleansing or medicated solution into several layers of tissue and skin and/or packing with sterile gauze;
- Recently debrided ulcers;

Wound Care Coverage

57

Pressure sores (decubitus ulcers) with the following characteristics:

- ▣ There is partial tissue loss with signs of infection such as foul odor or purulent drainage; or
- ▣ There is full thickness tissue loss that involves exposure of fat or invasion of other tissue such as muscle or bone.
- ▣ **NOTE: Wounds or ulcers that show redness, edema, and induration, at times with epidermal blistering or desquamation do not ordinarily require skilled nursing care.**

Wound Care Coverage

58

- ▣ Wounds with exposed internal vessels or a mass that may have a proclivity for hemorrhage when a dressing is changed (e.g., post radical neck surgery, cancer of the vulva);
- ▣ Open wounds or widespread skin complications following radiation therapy, or which result from immune deficiencies or vascular insufficiencies;
- ▣ Post-operative wounds where there are complications such as infection or allergic reaction or where there is an underlying disease that has a reasonable potential to adversely affect healing (e.g., diabetes);

Wound Care Coverage

59

- ▣ Third degree burns, and second degree burns where the size of the burn or presence of complications causes skilled nursing care to be needed;
- ▣ Skin conditions that require application of nitrogen mustard or other chemotherapeutic medication that present a significant risk to the patient;
- ▣ Other open or complex wounds that require treatment that can only be provided safely and effectively by a licensed nurse.

Example

60

- ▣ The new wound initially required skilled nursing visits to provide the wound care (G0154).
- ▣ Then there were orders to teach the wound care to a family member. (G0164).
- ▣ Once taught, the skilled nurse continues to make visits for skilled observation and assessment for a potential fluctuating condition (G0163) and re-teaching as required (G0164).

How to write an order for Wound Care

SN to perform wound care to (type of wound)(frequency determined by condition of wound and ordered care) to coccyx area.

Utilizing clean technique SN to irrigate wound site with normal saline, pat dry with 4x4's. Debride site prn. Apply (medicated ointment) @ bed of wound, apply (some kind of fancy dressing) . Measure wound q wk. Assess for excoriation at surrounding skin.....

How to document for Wound Care

- Type – surgical, pressure, stasis, diabetic, trauma, etc.
- Cause – how it occurred
- Size – length and width at widest points
- Depth – at deepest point
- Undermining – depth and direction
- Color of wound – pink, red, yellow, green, black, etc.
- Drainage – color, odor, consistency, and quantity
- Condition/appearance of the surrounding tissue
- Wound status – healing, unchanged, deteriorating
- Staging – if warranted
- Pain – use pain scale to measure

Ostomies

63

- Ostomy care during the post-operative period and in the presence of associated complications where the need for skilled nursing care is clearly documented is a skilled nursing service. Teaching ostomy care remains skilled nursing care regardless of the presence of complications.

Venipuncture

Performing a venipuncture is not a qualifying service under the Medicare home health benefit.

If a patient is receiving home health services based on a skilled service and requires a venipuncture , the visit will be covered.

When a venipuncture will be considered for coverage:

- The patient qualifies for home health services based on another skilled need
 - Intermittent SN
 - PT, SLP, OT
- The physician orders the service
- The frequency of the blood work is
 - Consistent with accepted standards of medical practice
 - Medically *reasonable and necessary* for the patient's medical condition

Venipuncture

66

- Even where the laboratory results are consistently stable, periodic venipuncture may be reasonable and necessary because of the nature of the treatment.
- Example: In monitoring phenytoin (e.g., Dilantin) administration, the difference between a therapeutic and a toxic level of phenytoin in the blood is very slight and it is therefore appropriate to monitor the level on a routine basis (every three months) when the results are stable and the patient is asymptomatic.

Example: Venipuncture for Prothrombin

67

- Where the documentation shows that the dosage is being adjusted, monitoring would be reasonable and necessary as ordered by the physician.
- Where the results are stable within the therapeutic ranges, monthly monitoring would be reasonable and necessary.
- Where the results are stable within nontherapeutic ranges, there must be documentation of other factors which would indicate why continued monitoring is reasonable and necessary.

Psychiatric Evaluation, Therapy, and Teaching

68

- Psychiatric nursing can include:
 - Observation and assessment—assessment of a problem and active response to that problem
 - Therapy—direct care?
 - Teaching—Teaching and Training
 - It could even include Management and Evaluation

69

Back to the G Codes

Billing Codes

70

- In cases where more than one nursing or therapy service is provided in a visit, the HHA must report the G-code which reflects the service for which the clinician spent most of his/her time.
- Patient has a wound. You provide observation and assessment (you react to a new reddened area at the wound's edge), you provide the ordered wound care and you teach the family member to watch and report any extended redness around the wound or other s/s of infection. What's your skill?

Revenue Codes

71

- Claims must report all services provided to the beneficiary within the episode. Each service must be reported in line item detail. Each service visit (revenue codes 042X (PT), 043X (OT), 044X (SLP), 055X (SN), 056X(MSS) and 057X (HHA) must be reported as a separate line.

UB-04 (claim only)

72

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS
0023		HBHP2	01032011	
055x	SN	G0164	01032011	5
043x	OT evaluation	G0152	01042011	4
055x	SN	G0154	01052011	3
043x	OTA	G0158	01062011	3
	And so on with each visit			
055x	SN	G0154	01182011	2
043x	OTA	G0158	01192011	3

Wrap it up! Nursing G Codes

73

- First, the clinicians need to understand covered services.
- Second, the clinicians need to provide covered services.
- Third, the clinicians need to document covered services provided.
- Fourth, the clinicians need to decide on the service provided that is most important to that visit.

Wrap it up! Therapy G Codes

74

- Who is providing the visit? Qualified therapist or therapy assistant?
- Therapy maintenance documentation requirements are strict to distinguish between what is actually skilled vs what is custodial.
 - Only provided by qualified therapists.

Operations

75

- If your agency uses the same nursing note for observation and assessment, teaching and direct care, our recommendation: Add boxes such as:
() O () T () D () M
and a space for total increments.

Sources

76

- <http://www.cms.gov/manuals/Downloads/bp102c07.pdf>
- <http://www.cms.gov/transmittals/downloads/R859OTN.pdf>
- <http://www.cms.gov/MLN MattersArticles/downloads/MM7182.pdf>

Questions?? Send to
QandA@selmanholman.com

Sign up for my blog at
www.selmanholmanblog.com

