

CR 11721 New G-Codes for Therapist Assistants

Prepared for

myUnity Essentials Financial



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Table of Contents

Overview.....	1
Setup	1
Add PTA & OTA Disciplines	1
Revenue/HCPCS Codes	2
Charge Code Setup	3
Insurance Setup.....	5
Option Set Setup.....	6

Overview

With an implementation date of October 5, 2020, Medicare has established two new G-codes for physical and occupational therapist assistants providing maintenance programs in the Home Health setting.

G2168 has been added for “Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes.”
G2169 has been added for “Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes.”

Medicare systems will accept claims submitted with these codes after the 10/5/2020 implementation for dates of service on or after 1/1/2020. Complete the following steps to meet [CR 11721](#) requirements.

Setup

Add PTA & OTA Disciplines

Go to **File>File Maintenance>System Settings**. Enter the Master Password (Admins with the Master Password should perform this step).

Click on the **Modality** tab.

Confirm the PTA and OTA modalities are not already listed. If not listed proceed with the following steps in this section. If these modalities are already listed, skip to [Revenue/HCP](#).

Press the ‘+’ button to add a new row and enter the fields as follows:

Description: PTA

Is-Visit: check this box

Care-Type: Physical Therapy

Cost-Type: Visit

Cost-Amt: enter your agency’s cost for the discipline (optional, used for Margin reports)

Save changes.

Press the ‘+’ button to add another new row and enter the fields as follows:

Description: OTA

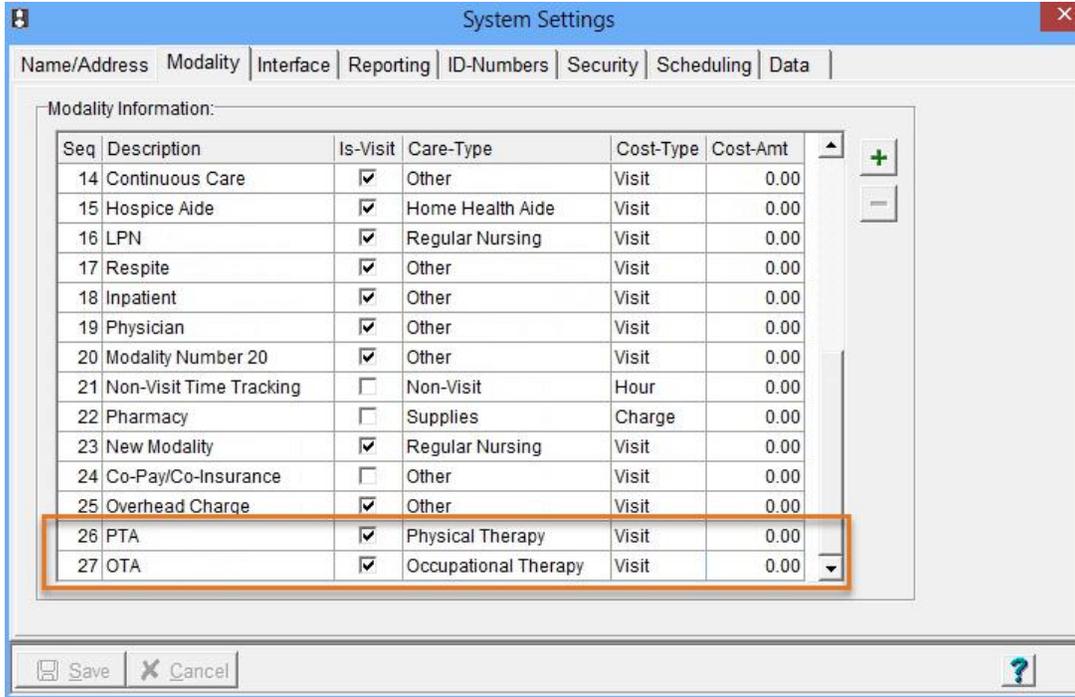
Is-Visit: check this box

Care-Type: Occupational Therapy

Cost-Type: Visit

Cost-Amt: enter your agency's cost for the discipline (optional, used for Margin reports)

Save changes.



Revenue/HCPCS Codes

Go to **File>File Maintenance>Category**, press **Change Type** and set the radio button to **Revenue Code**.

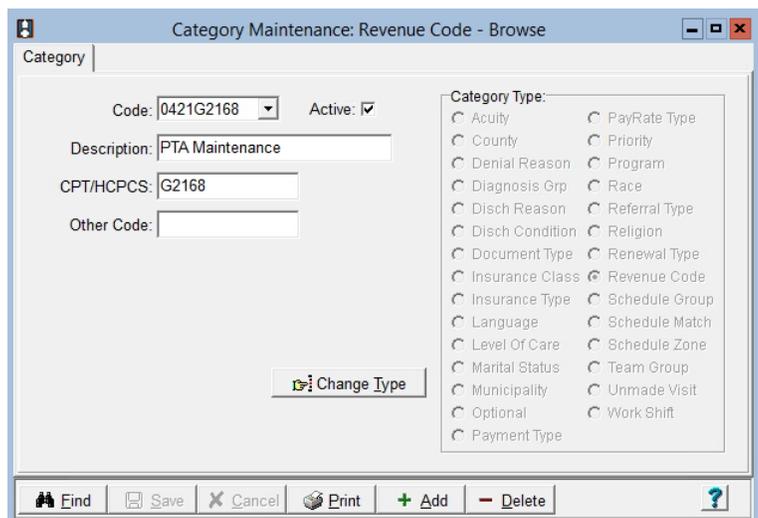
Click the **Add** button and enter the fields as follows:

Code: 0421G2168

Description: PTA Maintenance

CPT/HCPCS: G2168

Save changes.



Click the **Add** button again and enter the fields as follows:

Code: 0431G2169

Description: OTA Maintenance

CPT/HCPCS: G2169

Save changes.

Category Maintenance: Revenue Code - Browse

Code: 0431G2169 Active:

Description: OTA Maintenance

CPT/HCPCS: G2169

Other Code:

Change Type

Category Type:

- Acuity
- County
- Denial Reason
- Diagnosis Grp
- Disch Reason
- Disch Condition
- Document Type
- Insurance Class
- Insurance Type
- Language
- Level Of Care
- Marital Status
- Municipality
- Optional
- Payment Type
- PayRate Type
- Priority
- Program
- Race
- Referral Type
- Religion
- Renewal Type
- Revenue Code
- Schedule Group
- Schedule Match
- Schedule Zone
- Team Group
- Unmade Visit
- Work Shift

Find Save Cancel Print Add Delete

Charge Code Setup

New Charge Codes need to be created and linked to the new G-codes for claim submission. **Since Medicare systems aren't implementing the new HCPCS until 10/05/2020, they will initially be setup with standard PTA and OTA visit HCPCS codes and can be changed to the new code set on October 5th.** The Charge Codes and Descriptions established here will need to be setup in the Billing Code library in Clinical and attached to the appropriate form there. **You should not wait until October to start using these billing/charge codes.**

Go to **File>File Maintenance>Charge Code.**

Click the **Add** button and enter the fields as follows:

Code: PTAVTMN

Description: PTA Maintenance Visit

Modality: PTA

Non-Billable: leave unchecked

Click on the **Bill-Rate** tab and press the '+' button and enter 1/1/2020 as the Start-Date.

Choose **Visit** as the Basis and enter your Gross and Net amounts.

Charge: PTAVTMN - PTA Maintenance Visit - Browse

Code: PTAVTMN Active:

Description: PTA Maintenance Visit

Modality: PTA

Non-Billable:

Charge: PTAVTMN - PTA Maintenance Visit - Edit

Start-Date	End-Date	Basis	Gross	Net	Cost
1/1/2020	12/31/2099	Visit	78.00	78.00	

Find Save Cancel Print Add Delete

Click on the **Revenue-Codes** tab and press the '+' button to add a new row.

Type: Medicare Revenue Type.

Code/Description:0421G0157 (On or after 10/05/2020 this code should be changed to the new PTA Maintenance 0421G2168 code)

Start-Date: 1/1/2020.

End-Date: 12/31/2099.

GL-Account: Enter appropriate account if using for GL reporting. Optional.

Add any other Revenue Types if needed (e.g. Medicare Advantage).

Save changes.

This charge code must be added to the Billing Codes library in Clinical and attached to all necessary forms.

Go back to the **Charge** tab.

Click the **Add** button and enter the fields as follows:

Code: OTAVTMN

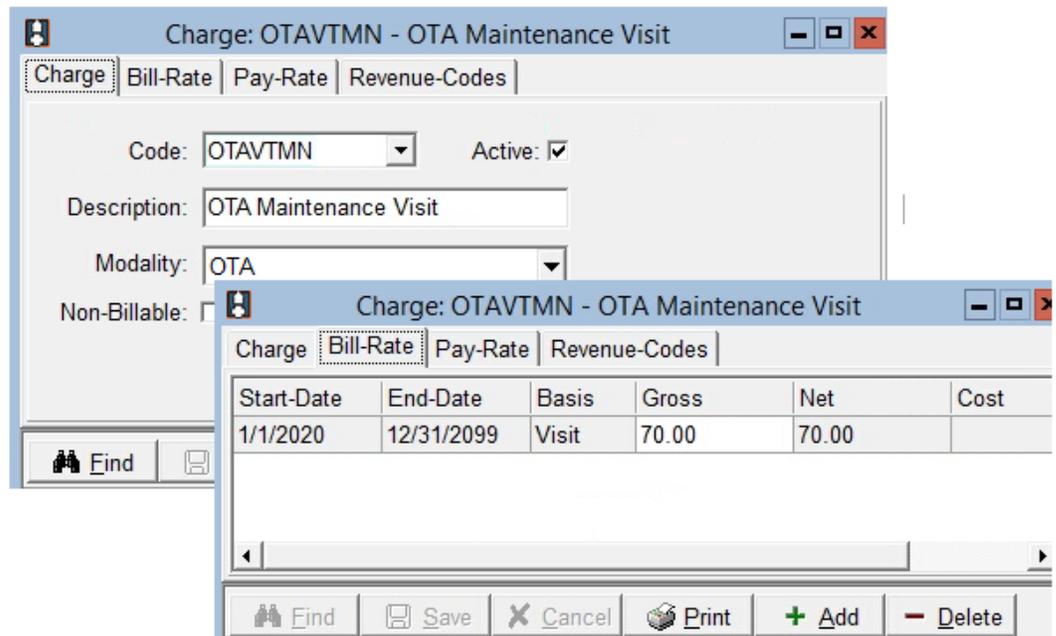
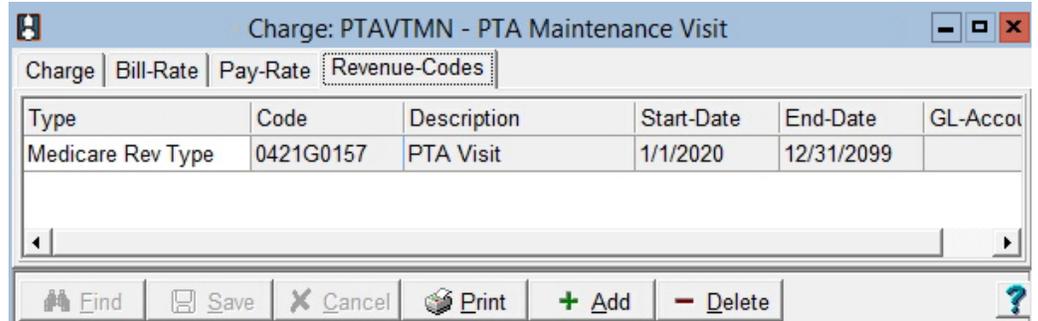
Description: OTA Maintenance Visit

Modality: OTA

Non-Billable: leave unchecked

Click on the **Bill-Rate** tab and press the '+' button and enter 1/1/2020 as the Start-Date.

Choose **Visit** as the Basis and enter Gross and Net amounts.



Click on the **Revenue-Codes** tab and press the '+' button to add a new row.

Type: Choose the Medicare revenue code type.

Code/Description: If entering this record prior to 10/05/2020, choose the existing OTA G0158 code.

On or after 10/05/2020 this code should be changed to the new OTA Maintenance G2169 code.

Start-Date: Enter 1/1/2020.

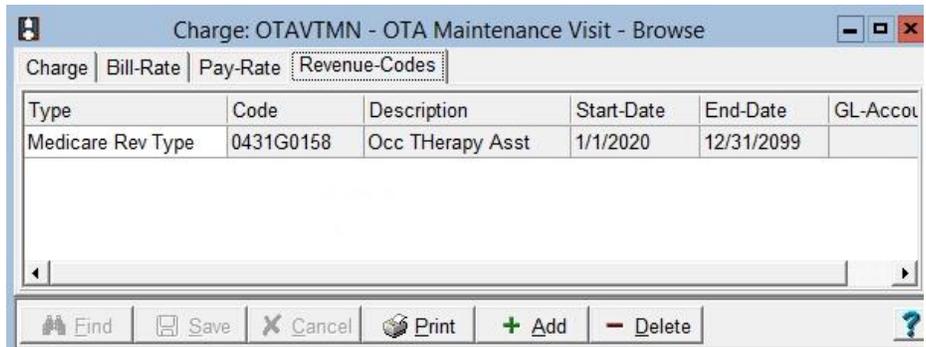
End-Date: 12/31/2099.

GL-Account: Optional. Enter appropriate account if using for GL reporting.

Add any other Revenue Types if needed (i.e Medicare Advantage).

Save changes.

This charge code must be added to the Billing Codes library in Clinical and attached to all necessary forms.



Insurance Setup

Go to **File>File Maintenance>Entity**, press **Change Type** and set to **Insurance**.

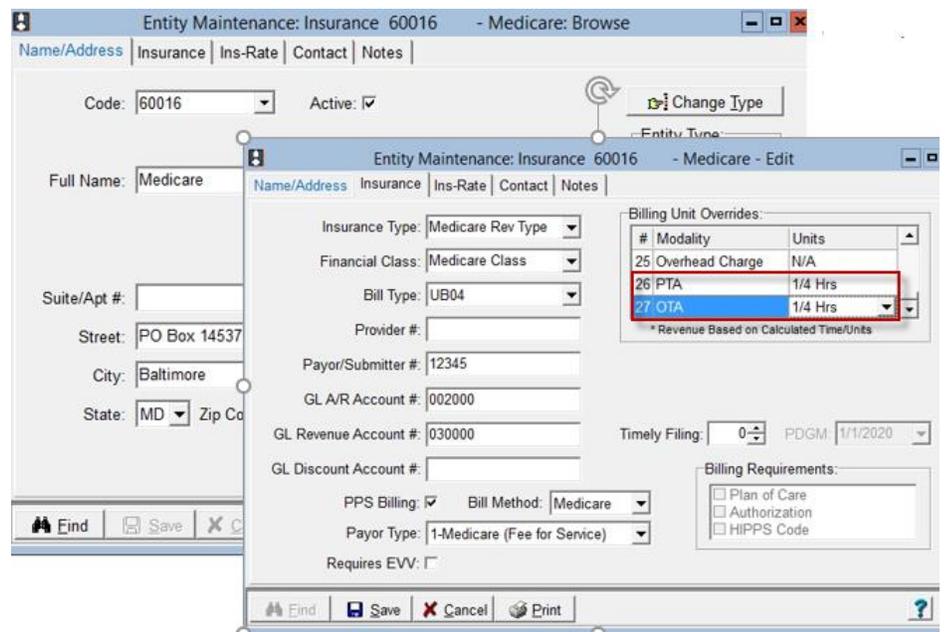
Select the Medicare Insurance.

Click the **Insurance** tab.

In the **Billing Unit Overrides**, select ¼ hours for the PTA and OTA modalities.

Save changes.

Complete these steps for any other payers that require these modalities on claims (selecting the Unit override as required for that payer).



Option Set Setup

Go to Billing>Electronic Claims.

The screenshot shows the 'Electronic Billing: X12 Creation' window with the following settings:

- Report Sequence: Patient
- Selection Type: Insurances
- Submitted Type: All Records
- PPS Claim Type: Final
- Bill Date Selection: From: 4/30/2020 To: 4/30/2020
- Unit Selection: Active: [Empty]
- Option Set Selection: 0150 - Medicare Elec Claims - 5010
- PPS Type: Medicare
- Include Held Certs:
- Print Charge Detail:
- Include Paid Bills:
- Any Form Type:
- Test Submission File:
- Upper Case Only:
- Reissued Claim:
- UnSubmitted Details Only:
- Exceptions Only:
- Claim Type: Normal
- Filename: RAP.x12

Option Set Selection: Select the Medicare option set.

Click on the **Options** button.

Go to **Locator 2390.15**.

For the PTA and OTA modalities make these selections:

Use Modality: Check

Service Units: Select ¼ Hours (entries here can be overridden in the Insurance Billing Units Override).

Itemization: select Visit.

Save changes.

The screenshot shows the 'Billing Options Wizard' window with the following details:

- 150 - Medicare Elec Claims - 5010
- Locator: 2390.15 Charge Itemizations
- 2390.15 Charge Itemizations

Use Modality	Modality Description	Non-Covered	Service-Units	Itemization
<input type="checkbox"/>	Non-Visit Time Tracking	<input type="checkbox"/>	Units	N/A
<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Units	N/A
<input type="checkbox"/>	New Modality	<input type="checkbox"/>	Units	N/A
<input type="checkbox"/>	Co-Pay/Co-Insurance	<input type="checkbox"/>	Units	N/A
<input type="checkbox"/>	Overhead Charge	<input type="checkbox"/>	Units	N/A
<input checked="" type="checkbox"/>	PTA	<input type="checkbox"/>	1/4 Hours	Visit
<input checked="" type="checkbox"/>	OTA	<input type="checkbox"/>	1/4 Hours	Visit

Complete these steps for any other option sets that will be used to bill PTA and/or OTA claims.