Functional G Codes / Severity Modifier Conversion

When to Assess G-Code:
- At start of care/therapy evaluation
- At each progress report / once every 10 treatment visits
- At time of a substantial change in condition (Re-Certification)
- At time of discharge
- To end reporting of one functional limitation and to begin reporting of a different functional limitation
- If the patient is seen for only one visit and further services are either (1) not medically necessary or (2) will be rendered by another provider, then all 3 codes are to be reported.

Guidelines for Selecting the Severity Modifier:
- Use the severity modifier that reflects the score from a functional assessment tool or other performance measurement instrument
- If multiple tools are used, clinical judgment is used to combine these results to determine a functional limitation percentage
- How the severity modifier was selected must be documented in the clinical record

When to Use the “Other” Functional G-Codes
- A functional limitation is not defined by one of the categories;
- Therapy services are not intended to treat a functional limitation (e.g., unstable fracture or lymphedema)
- A composite or global functional score is used which does not clearly represent a functional limitation defined by one of the four functional categories
## Table 4. G-Codes

<table>
<thead>
<tr>
<th>G-Codes</th>
<th>Functional Limitation &amp; Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Swallowing</strong></td>
<td></td>
</tr>
<tr>
<td>G8996</td>
<td>Swallowing functional limitation, <strong>current status</strong> at time of initial therapy treatment/episode outset and reporting intervals</td>
</tr>
<tr>
<td>G8997</td>
<td>Swallowing functional limitation, <strong>projected goal status</strong>, at therapy episode outset, at reporting intervals, and at discharge or to end reporting</td>
</tr>
<tr>
<td>G8998</td>
<td>Swallowing functional limitation, <strong>discharge status</strong>, at discharge from therapy/end of reporting on limitation</td>
</tr>
<tr>
<td><strong>Motor Speech</strong></td>
<td></td>
</tr>
<tr>
<td>G8999</td>
<td>Motor speech functional limitation, <strong>current status</strong> at time of initial therapy treatment/episode outset and reporting intervals</td>
</tr>
<tr>
<td>G9186</td>
<td>Motor speech functional limitation, <strong>projected goal status</strong>, at therapy episode outset, at reporting intervals, and at discharge or to end reporting</td>
</tr>
<tr>
<td>G9158</td>
<td>Motor speech functional limitation, <strong>discharge status</strong> at discharge from therapy/end of reporting on limitation</td>
</tr>
<tr>
<td><strong>Spoken Language Comprehension</strong></td>
<td></td>
</tr>
<tr>
<td>G9159</td>
<td>Spoken language comprehension functional limitation, <strong>current status</strong> at time of initial therapy treatment/episode outset and reporting intervals</td>
</tr>
<tr>
<td>G9160</td>
<td>Spoken language comprehension functional limitation, <strong>projected goal status</strong>, at therapy episode outset, at reporting intervals, and at discharge or to end reporting</td>
</tr>
<tr>
<td>G9161</td>
<td>Spoken language comprehension functional limitation, <strong>discharge status</strong> at discharge from therapy/end of reporting on limitation</td>
</tr>
<tr>
<td><strong>Spoken Language Expression</strong></td>
<td></td>
</tr>
<tr>
<td>G9162</td>
<td>Spoken language expression functional limitation, <strong>current status</strong> at time of initial therapy treatment/episode outset and reporting intervals</td>
</tr>
<tr>
<td>G9163</td>
<td>Spoken language expression functional limitation, <strong>projected goal status</strong>, at therapy episode outset, at reporting intervals, and at discharge or to end reporting</td>
</tr>
<tr>
<td>G9164</td>
<td>Spoken language expression functional limitation, <strong>discharge status</strong> at discharge from therapy/end of reporting on limitation</td>
</tr>
<tr>
<td><strong>Attention</strong></td>
<td></td>
</tr>
<tr>
<td>G9165</td>
<td>Attention functional limitation, <strong>current status</strong> at time of initial therapy treatment/episode outset and reporting intervals</td>
</tr>
<tr>
<td>G9166</td>
<td>Attention functional limitation, <strong>projected goal status</strong>, at therapy episode outset, at reporting intervals, and at discharge or to end reporting</td>
</tr>
<tr>
<td>G9167</td>
<td>Attention functional limitation, <strong>discharge status</strong> at discharge from therapy/end of reporting on limitation</td>
</tr>
</tbody>
</table>

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**G-Codes** | **Functional Limitation & Status**
---|---
**Memory**
G9168 | Memory functional limitation, **current status** at time of initial therapy treatment/episode outset and reporting intervals
G9169 | Memory functional limitation, **projected goal status**, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G9170 | Memory functional limitation, **discharge status** at discharge from therapy/end of reporting on limitation
**Voice**
G9171 | Voice functional limitation, **current status** at time of initial therapy treatment/episode outset and reporting intervals
G9172 | Voice functional limitation, **projected goal status**, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G9173 | Voice functional limitation, **discharge status** at discharge from therapy/end of reporting on limitation
**Other Speech-Language Pathology Functional Limitation**
G9174 | Other speech language pathology functional limitation, **current status** at time of initial therapy treatment/episode outset and reporting intervals
G9175 | Other speech language pathology functional limitation, **projected goal status**, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G9176 | Other speech language pathology functional limitation, **discharge status** at discharge from therapy/end of reporting on limitation

**Table 3: G-Code Modifiers**

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Impairment Limitation Restriction</th>
<th>NOMS Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH</td>
<td>0% impaired, limited or restricted</td>
<td>7</td>
</tr>
<tr>
<td>CI</td>
<td>At least 1% but less than 20% impaired, limited or restricted</td>
<td>6</td>
</tr>
<tr>
<td>CJ</td>
<td>At least 20% but less than 40% impaired, limited or restricted</td>
<td>5</td>
</tr>
<tr>
<td>CK</td>
<td>At least 40% but less than 60% impaired, limited or restricted</td>
<td>4</td>
</tr>
<tr>
<td>CL</td>
<td>At least 60% but less than 80% impaired, limited or restricted</td>
<td>3</td>
</tr>
<tr>
<td>CM</td>
<td>At least 80% but less than 100% impaired, limited or restricted</td>
<td>2</td>
</tr>
<tr>
<td>CN</td>
<td>100% impaired, limited or restricted</td>
<td>1</td>
</tr>
</tbody>
</table>

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Appendix 3: Case Scenarios for Outcome Reporting on the Claim Form


**Scenario 1: Patient Seen for One Functional Limitation**

Patient presents with a history of CVA and was referred because of severely reduced speech intelligibility. Language and cognitive function are normal. The patient can produce short consonant-vowel combinations, but is rarely intelligible in context. Plan of care is for 12 visits, with goal for intelligibility in routine activities with familiar and unfamiliar partners.

- **Functional limitation:** Motor Speech (G-code: G8999), NOMS Level 2 (Modifier: CM)
- **Projected goal:** Motor Speech (G-code : G9186), NOMS Level 5 (Modifier: CJ)

**Reporting on the Initial Claim**

- **Box 24.D. (Procedures, Services, or Supplies)**
  - **Line 1:** CPT/HCPCS: 92506, Modifier: GN
  - **Line 2:** CPT/HCPCS: G8999, Modifier: GN, CM (Current status of motor speech limitation)
  - **Line 3:** CPT/HCPCS: G9186, Modifier: GN, CJ (Projected goal for motor speech limitation)

**Reporting on the Claim for Visits #2-#9**

- **Box 24.D. (Procedures, Services, or Supplies)**
  - **Line 1:** CPT/HCPCS: 92507, Modifier: GN
  - No additional outcome/goal reporting

**Reporting on the Claim for Visit #10 (Reporting must occur at least once every 10 treatment days)**

**Status:** Patient has progressed to being able to produce short phrases intelligibly with moderate cuing (NOMS Level 4).

- **Box 24.D. (Procedures, Services, or Supplies)**
  - **Line 1:** CPT/HCPCS: 92507, Modifier: GN
  - **Line 2:** CPT/HCPCS: G8999, Modifier GN, CK (Current status of motor speech limitation)
  - **Line 3:** CPT/HCPCS: G9186, Modifier: GN, CJ (Projected goal for motor speech limitation)

**Reporting on the Claim for Final Visit** (Patient discharged from plan of care)

**Status:** Patient intelligible in routine activities (NOMS Level 5).

- **Box 24.D. (Procedures, Services, or Supplies)**
  - **Lines 1–2:** CPT/HCPCS: 92507 and/or 92506 (see note below)
  - **Line 3:** CPT/HCPCS: G9158, Modifier: GN, CJ (Status of motor speech limitation at discharge)
  - **Line 4:** CPT/HCPCS: G9186, Modifier: GN, CJ (Status of projected motor speech goal at discharge=goal met)

**ASHA Note:** Final visit may include treatment (92507) and/or re-evaluation (92506). The *Medicare Benefit Policy Manual* states that “a re-evaluation may be appropriate prior to planned discharge for the purpose of determining whether goals have been met, or for the use of the physician or the treatment setting at which treatment will be continued.”

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Scenario 2: Patient Seen for Multiple Functional Limitations

Patient presents post CVA with expressive and receptive aphasia. The patient is able to follow simple directions with maximal cues, verbal attempts to speak are not meaningful or accurate, and consistent moderate cues are necessary for safe swallowing. The speech language evaluation reveals severe expressive and receptive language scores, and the swallowing evaluation indicates a moderate-severe swallowing deficiency.

- **Functional Limitations:**
  - Swallowing (G-code: G8996), NOMS Level 2 (Modifier: CM)
  - Spoken Language Comprehension (G-code: G9159), NOMS Level 2 (Modifier: CM)
  - Spoken Language Expression (G-code: G9162), NOMS Level 1 (Modifier: CN)

CMS allows the reporting of one functional limitation at a time. For this case, it was determined that **Swallowing** would be reported initially.

- **Projected goal:** Swallowing (G-code G8997), NOMS Level 6 (Modifier: CI)

### Reporting on the Initial Claim

- **Box 24.D. (Procedures, Services, or Supplies)**
  - Line 1: CPT/HCPCS: 92610, Modifier: GN
  - Line 2: CPT/HCPCS: 92506, Modifier: GN
  - Line 3: CPT/HCPCS: G8996, Modifier: GN, CM (Current status of swallowing limitation)
  - Line 4: CPT/HCPCS: G8997, Modifier: GN, CI (Projected goal for swallowing)

### Reporting on the Claim for Visits #2–#9

- **Box 24.D. (Procedures, Services, or Supplies)**
  - Line 1: CPT/HCPCS: 92507, Modifier: GN
  - Line 2: CPT/HCPCS: 92526, Modifier: GN
  - No additional outcome/goal reporting

### Reporting on the Claim for Visit #10 (Reporting must occur at least once every 10 treatment days)

**Status:** Patient has progressed, swallowing is safe, but usually requires moderate cues to use compensatory strategies (NOMS Level 4).

- **Box 24.D. (Procedures, Services, or Supplies)**
  - Line 1: CPT/HCPCS: 92507, Modifier: GN
  - Line 2: CPT/HCPCS: 92526, Modifier: GN
  - Line 3: CPT/HCPCX: G8996, Modifier GN, CK (Current status of swallowing limitation)
  - Line 4: CPT/HCPCS: G8997, Modifier: GN, CI (Projected goal for swallowing)

*Scenario continued on next page*

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Reporting on the Claim for Visit #18 (Patient was discharged from swallowing therapy)

**Status:** The SLP determines reassessment is necessary. Goals were met for swallowing, but spoken language comprehension and expression have not met therapy goals. The claim will indicate a discharge from the plan of care for swallowing, and the following claim will report the secondary condition of spoken language comprehension.

- **Box 24.D. (Procedures, Services, or Supplies)**
  - **Line 1:** CPT/HCPCS: 92506, Modifier: GN
  - **Line 2:** CPT/HCPCS: 92610, Modifier: GN
  - **Line 3:** CPT/HCPCS: G8998, Modifier: GN, CI (Status of swallowing limitation at discharge)
  - **Line 4:** CPT/HCPCS: G8997, Modifier: GN, CI (Status of swallowing projected goal at discharge= goal met)

Reporting on the Claim for Visits #19 (Patient continues therapy for spoken language comprehension)

**Status:** Therapy is still necessary for spoken language comprehension, as moderate contextual support and cueing are necessary (NOMS Level 4). The claim will indicate the continued care, and spoken language comprehension will be reported on the claim with the goal of NOMS Level 6.

- **Box 24.D. (Procedure, Services, or Supplies)**
  - **Line 1:** CPT/HCPCS: 92507, Modifier: GN
  - **Line 2:** CPT/HCPCS: G9159, Modifier: GN, CK (Current status of spoken language comprehension)
  - **Line 6:** CPT/HCPCS: G9160, Modifier: GN, CI (Projected goal for spoken language comprehension)

Reporting on the Claim for Visits #20–#27

- **Box 24.D. (Procedures, Services, or Supplies)**
  - **Line 1:** CPT/HCPCS: 92507, Modifier: GN
  - No additional outcome/goal reporting

Reporting on the Claim for Final Visit (Patient discharged from plan of care)

**Status:** Patient has plateaued in therapy progression at NOMS Level 5. The patient is discharged from the plan of care.

- **Box 24.D. (Procedures, Services, or Supplies)**
  - **Line 1:** CPT/HCPCS: 92507, Modifier: GN
  - **Line 2:** CPT/HCPCS: G9161, Modifier: GN, CJ (Status of spoken language comprehension at discharge)
  - **Line 3:** CPT/HCPCS: G9160, Modifier: GN, CI (Status of spoken language comprehension projected goal at discharge=goal not met)


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