



Case Scenarios and Sample Claim Form Entries for Outcomes Reporting for Medicare Part B Therapy Services

The American Speech-Language-Hearing Association developed the following scenarios to help speech-language pathologists understand the claims process when reporting outcomes for Medicare Part B therapy services.

For more information on claims-based outcomes reporting, go to www.asha.org/practice/reimbursement/medicare/Claims-Based-Outcomes-Reporting-for-Medicare-Part-B/.

For questions, contact ASHA's health care economics and advocacy team at reimbursement@asha.org.

Scenarios

Scenario 1: Patient Seen for One Functional Limitation	2
Scenario 2: Patient Seen for Multiple Functional Limitations	4
Scenario 3: Patient Seen for Evaluation and Treatment Not Recommended	7
Scenario 4: Patient Seen for Evaluation and Referred for Treatment	8
Scenario 5: Patient Seen for Maintenance Therapy	10

Scenario 1: Patient Seen for One Functional Limitation

- **Functional limitation:** Motor Speech (G-code: G8999), FCM Level 2 (Modifier: CM)
- **Projected Goal:** Motor Speech (G-code : G9186), FCM Level 7 (Modifier CH)

Reporting on the Initial Claim (Note: The Motor Speech reporting codes are not sequentially numbered)

- **Box 24.D. (Procedures, Services, or Supplies)**
 - **Line 1:** CPT/HCPCS: **92522**, Modifier: **GN**
 - **Line 2:** CPT/HCPCS: **G8999**, Modifier: **GN, CM** (Current status of motor speech limitation)
 - **Line 3:** CPT/HCPCS: **G9186**, Modifier: **GN, CH** (Projected goal for motor speech limitation)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE FROM TO MM DD YY MM DD YY							B. Place of No	C. EM	D. PROCEDURES, SERVICES, OR (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E DIAGNOSI POINTE	F. \$ CHARGES	G. DAYS UNIT	H. Fam Pla	I. IN QUA	J. PROVIDER ID# RENDERING
01	06	14	01	06	14	11			92522	GN	01	\$100.00			NPI	123456789
01	06	14	01	06	14	11			G8999	GN CM	01	\$0.00			NPI	123456789
01	06	14	01	06	14	11			G9186	GN CH	01	\$0.00			NPI	123456789

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)

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

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE FROM TO MM DD YY MM DD YY							B. Place of No	C. EM	D. PROCEDURES, SERVICES, OR (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E DIAGNOSI POINTE	F. \$ CHARGES	G. DAYS UNIT	H. Fam Pla	I. IN QUA	J. PROVIDER ID# RENDERING
01	26	14	01	26	14	11			92507	GN	01	\$100.00			NPI	123456789
01	26	14	01	26	14	11			G8999	GN CI	01	\$0.00			NPI	123456789
01	26	14	01	26	14	11			G9186	GN CH	01	\$0.00			NPI	123456789

Scenario continued on the next page

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

- **Box 24.D. (Procedures, Services, or Supplies)**

- **Line 1:** CPT/HCPCS: **92507** and/or **92522** (see note below)
- **Line 2:** CPT/HCPCS: **G9158**, Modifier: **GN, CH** (Status of motor speech limitation at discharge)
- **Line 3:** CPT/HCPCS: **G9186**, Modifier: **GN, CH** (Status of projected motor speech goal at discharge=goal met)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE										B.	C.	D. PROCEDURES, SERVICES, OR		E.	F.	G.	H.	I.	J.
FROM TO										Place of	EM	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS	Fee	IN	PROVIDER ID#
MM	DD	YY	MM	DD	YY	No.						CPT/HCPCS	MODIFIER	POINT		UNIT	Fam	QUA	RENDERING
01	31	14	01	31	14	11						92522	GN	01	\$100.00			NPI	123456789
01	31	14	01	31	14	11						G8999	GN CH	01	\$0.00			NPI	123456789
01	31	14	01	31	14	11						G9186	GN CH	01	\$0.00			NPI	123456789

ASHA Note: Final visit may include treatment (92507) and/or re-evaluation (92506). The *Medicare Benefit Policy Manual* (www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf [PDF]) 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.”

Scenario 2: Patient Seen for Multiple Functional Limitations

Functional Limitations:

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

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

- Projected Goal:** Swallowing (G-code G8997), FCM 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: **G8996**, Modifier: **GN, CM** (Current status of swallowing limitation)
 - Line 3:** CPT/HCPCS: **G8997**, Modifier: **GN, CI** (Projected goal for swallowing)
 - Line 4:** CPT/HCPCS: **92523**, Modifier: **GN**
 - Line 5:** CPT/HCPCS: **G9159**, Modifier: **GN, CM** (Current status of spoken language comprehension)
 - Line 6:** CPT/HCPCS: **G9160**, Modifier: **GN, CI** (Projected goal for spoken language comprehension)
 - Line 7:** CPT/HCPCS: **G9161**, Modifier: **GN, CM** (Discharge for spoken language comprehension)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE							B.	C.	D. PROCEDURES, SERVICES, OR			E.	F.	G.	H.	I.	J.
FROM TO							Place of	EM	(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES	DAYS	Fee	IN	PROVIDER ID#
MM	DD	YY	MM	DD	YY		No.		CPT/HCPCS	MODIFIER		POINT		UNIT	File	QUA	RENDERING
01	01	14	01	01	14	11			92610	GN		01	\$100.00			NPI	123456789
01	01	14	01	01	14	11			G8996	GN CM		01	\$0.00			NPI	123456789
01	01	14	01	01	14	11			G8997	GN CI		01	\$0.00			NPI	123456789
01	01	14	01	01	14	11			92523	GN		01	\$100.00			NPI	123456789
01	01	14	01	01	14	11			G9159	GN CM		01	\$0.00			NPI	123456789
01	01	14	01	01	14	11			G9160	GN CI		01	\$0.00			NPI	123456789
01	01	14	01	01	14	11			G9161	GN CM		01	\$0.00			NPI	123456789

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

Scenario continued on the next page

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

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

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE FROM TO MM DD YY MM DD YY							B. Place of Service No.	C. EM	D. PROCEDURES, SERVICES, OR (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINT	F. \$ CHARGES	G. DAYS UNIT	H. Fee Fam Pla	I. in QUA	J. PROVIDER ID# RENDERING
01	16	14	01	16	14	11			92507	GN	01	\$100.00			NPI	123456789
01	16	14	01	16	14	11			92526	GN	01	\$100.00			NPI	123456789
01	16	14	01	16	14	11			G8996	GN CK	01	\$0.00			NPI	123456789
01	16	14	01	16	14	11			G8997	GN CI	01	\$0.00			NPI	123456789

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

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 **92507**, Modifier: **GN**
 - **Line 2:** CPT/HCPCS: **92526**, 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)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE FROM TO MM DD YY MM DD YY							B. Place of Service No.	C. EM	D. PROCEDURES, SERVICES, OR (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINT	F. \$ CHARGES	G. DAYS UNIT	H. Fee Fam Pla	I. in QUA	J. PROVIDER ID# RENDERING
01	24	14	01	24	14	11			92507	GN	01	\$100.00			NPI	123456789
01	24	14	01	24	14	11			92526	GN	01	\$100.00			NPI	123456789
01	24	14	01	24	14	11			G8998	GN CI	01	\$0.00			NPI	123456789
01	24	14	01	24	14	11			G8997	GN CI	01	\$0.00			NPI	123456789

Scenario continued on the next page

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

- **Box 24.D. (Procedures, 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 3:** CPT/HCPCS: **G9160**, Modifier: **GN, CI** (Projected goal for spoken language comprehension)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE										B.	C.	D. PROCEDURES, SERVICES, OR				E.	F.	G.	H.	I.	J.
FROM TO										Place of	EM	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	Per	in	PROVIDER ID#
MM	DD	YY	MM	DD	YY	No.						CPT/HCPCS				POINT		UNIT	File	QUA	RENDERING
01	25	14	01	25	14	11						92507	GN			01	\$100.00			NPI	123456789
01	25	14	01	25	14	11						G9159	GN	CK		01	\$0.00			NPI	123456789
01	25	14	01	25	14	11						G9160	GN	CI		01	\$0.00			NPI	123456789

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)

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

- **Box 24.D. (Procedures, Services, or Supplies)**
 - **Line 1:** CPT/HCPCS: **92507**
 - **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)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE										B.	C.	D. PROCEDURES, SERVICES, OR				E.	F.	G.	H.	I.	J.
FROM TO										Place of	EM	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	Per	in	PROVIDER ID#
MM	DD	YY	MM	DD	YY	No.						CPT/HCPCS				POINT		UNIT	File	QUA	RENDERING
02	25	14	02	25	14	11						92507	GN			01	\$100.00			NPI	123456789
02	25	14	02	25	14	11						G9161	GN	CJ		01	\$0.00			NPI	123456789
02	25	14	02	25	14	11						G9160	GN	CI		01	\$0.00			NPI	123456789

Scenario 3: Patient Seen for Evaluation and Treatment Not Recommended

- **Functional limitation:** Voice (G-code: G9171), FCM Level 5 (Modifier: CJ)
- **Projected Goal:** FCM Level 5 (Modifier: CJ)

Reporting on the Claim (Required for each time an evaluation procedure is billed)

- **Box 24.D. (Procedures, Services, or Supplies)**
 - **Line 1:** CPT/HCPCS: **92524**, Modifier: **GN**
 - **Line 2:** CPT/HCPCS: **G9171**, Modifier: **GN, CJ** (Current status of voice limitation)
 - **Line 3:** CPT/HCPCS: **G9172**, Modifier: **GN, CJ** (Status of projected goal for voice limitation at discharge)
 - **Line 4:** CPT/HCPCS: **G9173**, Modifier: **GN, CJ** (Status of voice limitation at discharge)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE							B.	C.	D. PROCEDURES, SERVICES, OR				E.	F.	G.	H.	I.	J.
FROM TO							Place of	EM	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	Per	in	PROVIDER ID#
MM	DD	YY	MM	DD	YY		No.		CPT/HCPCS	MODIFIER			POINT		UNIT	File	QUA	RENDERING
01	25	14	01	25	14	11			92524	GN			01	\$100.00			NPI	123456789
01	25	14	01	25	14	11			G9171	GN CJ			01	\$0.00			NPI	123456789
01	25	14	01	25	14	11			G9172	GN CJ			01	\$0.00			NPI	123456789
01	25	14	01	25	14	11			G9173	GN CJ			01	\$0.00			NPI	123456789

Scenario 4: Patient Seen for Evaluation and Referred for Treatment

- **Functional limitation:** Voice (G-code: G9171), FCM Level 3 (Modifier: CL)
- **Projected Goal:** FCM Level 7 (Modifier: CH)

Reporting on the Initial Claim (Provider #1)

- **Box 24.D. (Procedures, Services, or Supplies)**
 - **Line 1:** CPT/HCPCS: **92524**, Modifier: **GN**
 - **Line 2:** CPT/HCPCS: **G9171**, Modifier: **GN, CL** (Current status of voice limitation)
 - **Line 3:** CPT/HCPCS: **G9172**, Modifier: **GN, CH** (Status of projected goal for voice limitation at discharge)
 - **Line 4:** CPT/HCPCS: **G9173**, Modifier: **GN, CL** (Status of voice limitation at discharge)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE										B.	C.	D. PROCEDURES, SERVICES, OR				E.	F.	G.	H.	I.	J.
FROM TO										Place of	EM	(Explain Unusual Circumstances)				DIAGNOSI	\$ CHARGES	DAYS	==	in	PROVIDER ID#
MM	DD	YY	MM	DD	YY	No						CPT/HCPCS				POINTE		UNIT	Fam	QUA	RENDERING
01	01	14	01	01	14	11						92524	GN			01	\$100.00			NPI	123456789
01	01	14	01	01	14	11						G9171	GN	CL		01	\$0.00			NPI	123456789
01	01	14	01	01	14	11						G9172	GN	CH		01	\$0.00			NPI	123456789
01	01	14	01	01	14	11						G9173	GN	CL		01	\$0.00			NPI	123456789

Reporting on the Claim for Treatment (Provider #2 – Considered first visit)

Patient is seen by treating provider, who determines the projected goal should be FCM Level 5 (Modifier: CJ).

- **Box 24.D. (Procedures, Services, or Supplies)**
 - **Line 1:** CPT/HCPCS: **92507**, Modifier: **GN**
 - **Line 2:** CPT/HCPCS: **G9171**, Modifier: **GN, CL** (Current status of voice limitation)
 - **Line 3:** CPT/HCPCS: **G9172**, Modifier: **GN, CJ** (Projected goal for voice limitation)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE										B.	C.	D. PROCEDURES, SERVICES, OR				E.	F.	G.	H.	I.	J.
FROM TO										Place of	EM	(Explain Unusual Circumstances)				DIAGNOSI	\$ CHARGES	DAYS	==	in	PROVIDER ID#
MM	DD	YY	MM	DD	YY	No						CPT/HCPCS				POINTE		UNIT	Fam	QUA	RENDERING
02	01	14	02	01	14	11						92507	GN			01	\$100.00			NPI	123456789
02	01	14	02	01	14	11						G9171	GN	CL		01	\$0.00			NPI	123456789
02	01	14	02	01	14	11						G9172	GN	CJ		01	\$0.00			NPI	123456789

Scenario continued on the next page

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)

Patient has completed treatment at treatment visit #10 and is discharged from plan of care.

- **Box 24.D. (Procedures, Services, or Supplies)**
 - **Line 1:** CPT/HCPCS: **92507**, Modifier: **GN**
 - **Line 2:** CPT/HCPCS: **G9173**, Modifier: **GN, CJ** (Status of voice limitation at discharge)
 - **Line 3:** CPT/HCPCS: **G9172**, Modifier: **GN, CJ** (Status of projected voice goal at discharge=goal met)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE							B.	C.	D. PROCEDURES, SERVICES, OR		E.	F.	G.	H.	I.	J.
FROM TO							Place of	EM	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS	Fee	in	PROVIDER ID#
MM	DD	YY	MM	DD	YY		No.		CPT/HCPCS	MODIFIER	POINT		UNIT	Per	QUA	RENDERING
03	01	14	03	01	14	11			92507	GN	01	\$100.00			NPI	123456789
03	01	14	03	01	14	11			G9173	GN CJ	01	\$0.00			NPI	123456789
03	01	14	03	01	14	11			G9172	GN CJ	01	\$0.00			NPI	123456789

Scenario 5: Patient Seen for Maintenance Therapy

Maintenance therapy can be performed by an SLP if skilled services are rendered. CMS requires reporting minimally every 60 days. If the maintenance therapy is so infrequent that the 10th treatment is not within 60 days, reporting will be required. This patient is seen once every other week, requiring reporting at the 60 day interval.

- **Functional limitation:** Motor Speech (G-code: G8999), FCM Level 4 (Modifier: CK)
- **Projected Goal:** FCM Level 4 (Modifier: CK)

Reporting on the Claim at first evaluation (Note: Motor speech codes are not in sequential order)

- **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, CK** (Projected goal of motor speech limitation)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE										B.	C.	D. PROCEDURES, SERVICES, OR				E.	F.	G.	H.	I.	J.
FROM TO										Place of	EM	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	ee	in	PROVIDER ID#
MM	DD	YY	MM	DD	YY	No.						CPT/HCPCS				POINTE		UNIT	Par	QUA	RENDERING
01	01	14	01	01	14	11						92507	GN			01	\$100.00			NPI	123456789
01	01	14	01	01	14	11						G8999	GN	CK		01	\$0.00			NPI	123456789
01	01	14	01	01	14	11						G9186	GN	CK		01	\$0.00			NPI	123456789

Reporting on the Claim (60 day interval)

- **Box 24.D. (Procedures, Services, or Supplies)**
 - **Line 1:** CPT/HCPCS: **92507**, Modifier: **GN**
 - **Line 2:** CPT/HCPCS: **G9158**, Modifier: **GN, CK** (Status of motor speech limitation at discharge)
 - **Line 3:** CPT/HCPCS: **G9186**, Modifier: **GN, CK** (Status of projected motor speech goal at discharge)

CMS-1500 Claim Form Example

24. A. DATE(S) OF SERVICE										B.	C.	D. PROCEDURES, SERVICES, OR				E.	F.	G.	H.	I.	J.
FROM TO										Place of	EM	(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	ee	in	PROVIDER ID#
MM	DD	YY	MM	DD	YY	No.						CPT/HCPCS				POINTE		UNIT	Par	QUA	RENDERING
03	01	14	03	01	14	11						92507	GN			01	\$100.00			NPI	123456789
03	01	14	03	01	14	11						G8999	GN	CK		01	\$0.00			NPI	123456789
03	01	14	03	01	14	11						G9186	GN	CK		01	\$0.00			NPI	123456789