



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER THP-20
November 2003

TO: Therapists Participating in MassHealth
FROM: Beth Waldman, Acting Commissioner *Beth Waldman*
RE: *Therapist Manual* (Changes to Service Codes and Service Descriptions)

This letter transmits revisions to the service codes and descriptions in the *Therapist Manual*. These revisions are effective for dates of service on or after December 1, 2003.

The Centers for Medicare and Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS). New national service codes have been added, and MassHealth local codes have been removed from the *Therapist Manual*. In addition, some codes have been changed to reflect updates made to the Current Procedural Terminology (CPT) manual for 2003. Please note that you must use a modifier with some codes to accurately reflect the service provided. The attached Subchapter 6 contains codes with modifiers, where applicable.

Billing Guidelines

In addition to the revised Subchapter 6, you will find a table that crosswalks the obsolete MassHealth local service codes to the new national service codes and modifiers. The crosswalk provides a description of the old and new service codes as well as the new codes and their modifiers. Please note that providers must use these new codes and modifiers when billing MassHealth for therapy services provided on or after December 1, 2003.

See 130 CMR 432.400 and the attached Subchapter 6 for service limitations and payment restrictions.

Adaptive Devices

Effective for dates of service on or after December 1, 2003, the Division will no longer pay for adaptive devices (X9695 and X9677) under the therapist program. The Division will continue to pay for adaptive devices under the durable medical equipment (DME) program.

Modifiers

Please refer to the attached Subchapter 6 and crosswalk table for instructions on when and how to use modifiers. Failure to use the appropriate modifier as required for a given service will result in a denied claim. The attached crosswalk explains which modifiers must be used with each service code, and describes the function of the modifier. A list of modifier descriptions is also attached.

Place of Service (POS) and Out-of-Office Services

For dates of service on or after December 1, 2003, providers will no longer be required to bill using the MassHealth local modifier “YU” to receive enhanced payment for certain services provided in an out-of-office location. The Division will continue to pay providers an enhanced rate for services provided out of office, in accordance with the applicable fee schedule of the Division of Health Care Finance and Policy (DHCFP). However, providers will be required to enter the appropriate place-of-service (POS) code on the claim form to indicate where the service was provided. The Division will not pay the enhanced rate for out-of-office services for services provided in the therapist’s office (POS 01 on paper claims or POS 11 on electronic claims).

See 130 CMR 432.402 for definitions of “office” and “out of office.” Please note that the CMS POS codes (used when submitting HIPAA-compliant 837 professional claims) differ somewhat from the MassHealth POS codes (used when submitting paper claims on claim form no. 9 or with proprietary EMC format). The CMS POS codes and definitions are available at <http://cms.hhs.gov/states/poshome.asp>.

The following table lists the allowed POS codes for the therapist program for claims submitted by paper (DMA POS code) or electronically (CMS POS code).

DMA POS Code	DMA POS Code Description	CMS POS Code	CMS POS Code Description
01	Office, facility or business location	11	Office
02	Member’s home	12	Home
03	Hospital, inpatient	21	Inpatient hospital
04	Hospital, outpatient	22	Outpatient hospital
05	Emergency room	23	Emergency room-hospital
06	Nursing home	31, 32	Skilled nursing facility, nursing facility
07	Rest home	33	Custodial care facility
99	Other location	99	Other place of service

Prior Authorization

Effective for dates of service on or after December 1, 2003, providers must submit all requests for prior authorization using the revised service codes and modifiers, if applicable. The Division will not authorize therapy services for dates of service on or after December 1, 2003, for prior authorization requests that are submitted using local X codes, and will defer such requests back to the provider for correction.

Fee Schedule for New Service Codes

If you wish to obtain a fee schedule with the new service codes, you may purchase Division of Health Care Finance and Policy (DHCFP) regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and phone numbers below). You must contact them first for the price of the publication. You may also obtain the regulations from the DHCFP Web site at www.mass.gov/dhcfp. The regulation title is 114.3 CMR 39.00: Rehabilitation Clinic Services, Audiological Services, Restorative Services.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care
Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Questions

If you have any questions about this information please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Therapist Manual

Pages vi and 6-1 through 6-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Therapist Manual

Page vi — transmitted by Transmittal Letter THP-13

Pages 6-1 through 6-4 — transmitted by Transmittal Letter THP-16

MassHealth Therapist Service Code Crosswalk

Effective December 1, 2003

Obsolete Code	Obsolete Code Description	New Code	Modifier	New Code Description	Modifier Required?	Use the modifier to:	Guidelines
X9686	Physical therapy evaluation for children age 21 and under (per hour, with a maximum of three hours)	97001	HA	Physical therapy evaluation	Yes	indicate that patient is a child (age 21 and under) (child/adolescent program)	Per hour, with a maximum of three hours.
X9695	Adaptive device						Code deleted. Service can be purchased as durable medical equipment (DME).
X9700	Therapy evaluation (age 22 and older) for mentally retarded and developmentally disabled adults (per hour, with a maximum of three hours)	97001	TF	Physical therapy evaluation	Yes	indicate that patient is mentally retarded/developmentally disabled (intermediate level of care)	Per hour, with a maximum of three hours.
		97003	TF	Occupational therapy evaluation	Yes	indicate that patient is mentally retarded/developmentally disabled (intermediate level of care)	Per hour, with a maximum of three hours.
X9689	Group physical therapy session (up to 30 minutes) (each member, 2 to 6 persons)	97150	GP	Therapeutic procedure(s), group (two or more individuals)	Yes	indicate that this is a physical therapy group session (services delivered under an outpatient physical therapy plan of care)	Bill in 15-minute increments up to one hour.
X9690	Group physical therapy session (31 to 45 minutes) (each member, 2 to 6 persons)	97150	GP	Therapeutic procedure(s), group (two or more individuals)	Yes	indicate that this is a physical therapy group session (services delivered under an outpatient physical therapy plan of care)	Bill in 15-minute increments up to one hour.
X9691	Group physical therapy session (46 to 60 minutes) (each member, 2 to 6 persons)	97150	GP	Therapeutic procedure(s), group (two or more individuals)	Yes	indicate that this is a physical therapy group session (services delivered under an outpatient physical therapy plan of care)	Bill in 15-minute increments up to one hour.
X9638	Occupational therapy evaluation for children age 21 and under (per hour, with maximum of three hours)	97003	HA	Occupational therapy evaluation	Yes	indicate that patient is a child (age 21 and under) (child/adolescent program)	Per hour, with a maximum of three hours.
X9677	Adaptive device						Code deleted. Service can be purchased as durable medical equipment (DME).
X9671	Group occupational therapy session (up to 30 minutes) (each member, 2 to 6 persons)	97150	GO	Therapeutic procedure(s), group (two or more individuals)	Yes	indicate that this is an occupational therapy group session (services delivered under an outpatient occupational therapy plan of care)	Bill in 15-minute increments up to one hour.

**MassHealth Therapist
Service Code Crosswalk**

Effective December 1, 2003

Obsolete Code	Obsolete Code Description	New Code	Modifier	New Code Description	Modifier Required?	Use the modifier to:	Guidelines
X9672	Group occupational therapy session (31 to 45 minutes) (each member, 2 to 6 persons)	97150	GO	Therapeutic procedure(s), group (two or more individuals)	Yes	indicate that this is an occupational therapy group session (services delivered under an outpatient occupational therapy plan of care)	Bill in 15-minute increments up to one hour.
X9673	Group occupational therapy session (46 to 60 minutes) (each member, 2 to 6 persons)	97150	GO	Therapeutic procedure(s), group (two or more individuals)	Yes	indicate that this is an occupational therapy group session	Bill in 15-minute increments up to one hour.
92525	Evaluation of swallowing and oral function for feeding (per hour, with maximum of one hour)	92610		Evaluation of oral and pharyngeal swallowing function	No		Replaced per CPT 2003. Per hour, maximum of one hour.
X9653	Speech/language therapy evaluation for children (age 21 and younger) (per hour, with maximum of three hours)	92506	HA	Evaluation of speech, language, voice, communication, auditory processing, and or aural rehabilitation status	Yes	indicate that patient is a child (age 21 and under) (child/adolescent program)	Per hour, with a maximum of four hours.
X9642	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, each additional 15 minutes (maximum of 30 minutes; can be used only in conjunction with service code 92508)	92508		Treatment of speech, language, voice, communication and /or auditory processing disorder (includes aural rehabilitation), group, two or more individuals	No		Bill in 15-minute increments up to one hour, one unit=15 minutes.

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series THERAPIST MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS	PAGE 6-1
	TRANSMITTAL LETTER THP-20	DATE 12/01/03

601 Prior-Authorization Requirements and Definitions

(A) Prior-Authorization Requirements. For prior-authorization requirements, please see 130 CMR 432.417.

(B) Definitions. The following is the definition for “unit.” For additional definitions please refer to 130 CMR 432.402.

Unit— a specified period of time to be used when billing on the Division’s claim form or when requesting services on the Division’s prior-authorization form. A unit may equal 15 minutes or one hour, depending upon the particular service code.

602 Service Codes and Descriptions: Physical Therapy

When providing therapy services in an out-of-office location, use the appropriate place of service when billing for physical therapy services. Note: Unless otherwise indicated, the maximum allowable number of units for therapeutic treatment is four per therapy visit (e.g., one hour per member per visit per day). A visit can include a combination of therapeutic procedures and modalities not to exceed one hour per visit per day.

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
97001		Physical therapy evaluation (per hour with a maximum of two hours)
97001	HA	Physical therapy evaluation, child/adolescent program (for children aged 21 and under) (per hour with a maximum of three hours)
97001	TF	Physical therapy evaluation, intermediate level of care (for mentally retarded and developmentally disabled adults, aged 22 and older, per hour with a maximum of three hours)
97010		Application of a modality to one or more areas; hot or cold packs
97012		traction, mechanical
97014		electrical stimulation (unattended)
97016		vasopneumatic devices
97018		paraffin bath
97020		microwave
97024		diathermy
97026		infrared
97028		ultraviolet
97032		Application of a modality to one or more areas; electrical stimulation (manual), (each 15 minutes)
97033		iontophoresis, each 15 minutes
97034		contrast baths, each 15 minutes
97035		ultrasound, each 15 minutes

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series THERAPIST MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS	PAGE 6-2
	TRANSMITTAL LETTER THP-20	DATE 12/01/03

603 Service Codes and Descriptions: Physical Therapy (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
97039		Unlisted modality (specify type and time if constant attendance)
97110		Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112		neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (each 15 minutes)
97116		gait training (includes stair climbing) (each 15 minutes)
97124		massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion) (each 15 minutes)
97139		Unlisted therapeutic procedure (specify) (each 15 minutes)
97140		Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97530		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97150	GP	Therapeutic procedure(s), group (two or more individuals) (each 15 minutes) (Use modifier GP to denote group physical therapy.) (services delivered under an outpatient physical therapy plan of care) (maximum four units per visit)

604 Service Codes and Descriptions: Occupational Therapy

When providing therapy services in an out-of-office location, use the appropriate place of service when billing for occupational therapy services. Note: Unless otherwise indicated, the maximum allowable number of units for individual therapeutic treatment is four per therapy visit (that is, one hour per member per visit per day).

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
97003		Occupational therapy evaluation (per hour, with maximum of two hours)
97003	HA	Occupational therapy evaluation (child/adolescent program) (for children aged 21 and under; per hour, with maximum of three hours)
97003	TF	Occupational therapy evaluation (intermediate level of care) (for mentally retarded and developmentally disabled adults (aged 22 and older); per hour, with maximum of three hours)
97520		Prosthetic training, upper and/or lower extremities, each 15 minutes
97530		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97535		Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series THERAPIST MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS	PAGE 6-3
	TRANSMITTAL LETTER THP-20	DATE 12/01/03

604 Service Codes and Descriptions: Occupational Therapy (cont.)

Service

Code Modifier Service Description

97150 GO Therapeutic procedure(s), group (two or more individuals) (each 15 minutes) (services delivered under an outpatient occupational therapy plan of care) (Use modifier GO to denote group occupational therapy.) (maximum 4 units)

605 Service Codes and Descriptions: Speech/Language Therapy

When providing therapy services in an out-of-office location, use the appropriate place of service when billing for speech therapy services. Note: Unless otherwise indicated, the maximum allowable number of units for individual therapeutic treatment is four per therapy visit (e.g., one hour per member per visit per day).

Service

Code Modifier Service Description

92506 Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status (per hour, with maximum of three hours)

92610 Evaluation of oral and pharyngeal swallowing function (per hour, maximum of one hour)

92506 HA Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status (child/adolescent program) (for children aged 21 and younger) (per hour, with maximum of four hours)

92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (15 minutes)

92508 group, two or more individuals (each 15 minutes, maximum four units per visit)

92526 Treatment of swallowing dysfunction and/or oral function for feeding (each 15 minutes)

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series THERAPIST MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS	PAGE 6-4
	TRANSMITTAL LETTER THP-20	DATE 12/01/03

This page is reserved.