Subchapter 6: Rehabilitation Center Services

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601 Introduction and Generally Applicable Modifiers

(A) MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 430.000 and 450.000. A rehabilitation center may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even it if is not designated as covered or payable in Subchapter 6 of the *Rehabilitation Center Manual.*

(B) A unit is defined as a specified period of time to be used when billing on the MassHealth-designated claim form or when requesting services on the MassHealth-designated prior-authorization form. A unit may equal 15 minutes or one hour, or may not have a defined time frame, depending upon the particular service code.

(C) Some service codes require prior authorization (P.A.). See 130 CMR 430.601(D) for prior authorization requirements.

(D) Modifiers that are specific to physical therapist, occupational therapist or speech and language pathologist services are within the respective sections below (602, 603, and 604). The following modifiers are generally applicable to physical therapist, occupational therapist or speech and language pathologist services.

(1) Modifier 59, or modifiers XE, XS, XP, and XU should be applied to the below procedure codes when needed to indicate greater reporting specificity.

- 59 Distinct procedural service. (Informational)
- XE Separate encounter, a service that is distinct because it occurred during a separate encounter. (Informational)
- XS Separate structure, a service that is distinct because it was performed on a separate organ/structure. (Informational)
- XP Separate practitioner. A service that is distinct because it was performed by a different practitioner. (Informational)
- XU Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service. (Informational).

(2) Modifier GT, an informational modifier (indicating the services are conducted via interactive audio and video telecommunication systems). Telehealth codes may only be used when clinically appropriate.

602 Service Codes and Descriptions: Physical Therapy

Unless otherwise indicated, the maximum allowable number of units for therapeutic treatment is four per therapy visit (e.g., maximum of one hour per member per visit per day). A therapy visit may include a combination of therapeutic procedures and modalities. Note: Procedure-to-procedure edits will be applied to certain combinations of codes in accordance with the National Correct Coding Initiative (NCCI) as implemented by MassHealth.

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

Modifier GP, an informational modifier indicating the services are delivered under an Outpatient Physical Therapy Plan of Care, may be applied to any of the below procedure codes for further specificity.

Physical Therapy Evaluations

Service Code	Modifier	Service Description
97161		Physical therapy evaluation for 20 minutes (low complexity). (Use for billing members new to provider/agency only.)
97171	GT	Physical therapy evaluation for 20 minutes (low complexity). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97161	HA	Physical therapy evaluation for 20 minutes (low complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.)
97161	HA, GT	Physical therapy evaluation for 20 minutes (low complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97161	TF	Physical therapy evaluation for 20 minutes (low complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.)
97161	TF, GT	Physical therapy evaluation for 20 minutes (low complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97162		Physical therapy evaluation for 30 minutes (moderate complexity). (Use for billing members new to provider/agency only.)
97162	GT	Physical therapy evaluation for 30 minutes (moderate complexity). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97162	HA	Physical therapy evaluation for 30 minutes (moderate complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.)
97162	HA, GT	Physical therapy evaluation for 30 minutes (moderate complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97162	TF	Physical therapy evaluation for 30 minutes (moderate complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.)

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

Service Code	Modifier	Service Description
97162	TF, GT	Physical therapy evaluation for 30 minutes (moderate complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97163		Physical therapy evaluation for 45 minutes (high complexity). (Use for billing members new to provider/agency only.)
97163	GT	Physical therapy evaluation for 45 minutes (high complexity). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97163	HA	Physical therapy evaluation for 45 minutes (high complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.)
97163	HA, GT	Physical therapy evaluation for 45 minutes (high complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97163	TF	Physical therapy evaluation for 45 minutes (high complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.)
97163	TF, GT	Physical therapy evaluation for 45 minutes (high complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97164	--	Physical therapy re-evaluation for 20 minutes. (Use for billing members continuing in PT services only.)
97164	GT	Physical therapy re-evaluation for 20 minutes. (Use for billing members continuing in PT services only.) (Via interactive audio and video telecommunication systems.)
97164	HA	Physical therapy re-evaluation for 20 minutes (for children aged 21 or under). (Use for billing members continuing in PT services only.)
97164	HA, GT	Physical therapy re-evaluation for 20 minutes (for children aged 21 or under). (Use for billing members continuing in PT services only.) (Via interactive audio and video telecommunication systems.)
97164	TF	Physical therapy re-evaluation for 20 minutes (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members continuing in PT services only.)
97164	TF, GT	Physical therapy re-evaluation for 20 minutes (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members continuing in PT services only.) (Via interactive audio and video telecommunication systems.)

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

Physical Therapy Modality Application

Service Code	Modifier	Service Description
97010		Application of a modality to one or more areas; hot or cold packs
97012		traction, mechanical
97012	GT	Traction, mechanical (via interactive audio and video telecommunication systems)
97014		Electrical stimulation (unattended)
97014	GT	Electrical stimulation (unattended) (via interactive audio and video telecommunication systems)
97016		Vasopneumatic devices
97016	GT	Vasopneumatic devices (via interactive audio and video telecommunication systems)
97018		Paraffin bath
97018	GT	Paraffin bath (via interactive audio and video telecommunication systems)
97024		Diathermy (e.g., microwave)
97026		Infrared
97028		Ultraviolet
97032		Application of a modality to one or more areas; electrical stimulation (manual), 15 minutes each
97033		Iontophoresis, each 15 minutes
97034		Contrast baths, each 15 minutes
97035		Ultrasound, each 15 minutes

Physical Therapy Services Other

Service Code	Modifier	Service Description
97110		Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97110	GT	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (via interactive audio and video telecommunication systems)
97112		Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (each 15 minutes)
97112	GT	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (via interactive audio and video telecommunication systems) (each 15 minutes)
97113		Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises

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

Service Code	Modifier	Service Description
97116		Gait training (includes stair climbing) (each 15 minutes)
97116	GT	Gait training (includes stair climbing) (via interactive audio and video telecommunication systems) (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) (maximum one unit per visit)
97139	GT	Unlisted therapeutic procedure (specify) (maximum one unit per visit) (via interactive audio and video telecommunication systems) (each 15 minutes)
97140		Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97150	GP	Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient physical therapy plan of care (maximum one unit per visit) (use to bill for group physical therapy session)
97150	GP, GT	Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient physical therapy plan of care (maximum one unit per visit) (use to bill for group physical therapy session) (via interactive audio and video telecommunication systems)
97530		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97530	GT	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance) (via interactive audio and video telecommunication systems), 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
97535	GT	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 (via interactive audio and video telecommunication systems), each 15 minutes
97761		Prosthetic training, upper and/or lower extremities, each 15 minutes
97761	GT	Prosthetic training, upper and/or lower extremities (via interactive audio and video telecommunication systems), each 15 minutes
97799	GP	Unlisted physical medicine/rehabilitation service or procedure, services delivered under an outpatient physical therapy plan of care (each 15 minutes, maximum six units per visit) (use to bill for treatment provided by a physical therapist)

603 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. Unless otherwise indicated, the maximum allowable number of units for individual therapeutic treatment is four per therapy visit (e.g., a maximum of one hour per member per visit per day). Note: Procedure-to-procedure edits will be applied to certain combinations of codes in accordance with the National Correct Coding Initiative (NCCI) as implemented by MassHealth.

Modifier GO, an informational modifier indicating the services are delivered under an Outpatient Occupational Therapy Plan of Care, may be applied to any of the below procedure codes for further specificity.

Occupational Therapy Evaluations

Service Code	Modifier	Service Description
97165		Occupational therapy evaluation for 30 minutes (low complexity). (Use for billing members new to provider/agency only.)
97165	GT	Occupational therapy evaluation for 30 minutes (low complexity). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems)
97165	HA	Occupational therapy evaluation for 30 minutes (low complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.)
97165	HA, GT	Occupational therapy evaluation for 30 minutes (low complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97165	TF	Occupational therapy evaluation for 30 minutes (low complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.)
97165	TF, GT	Occupational therapy evaluation for 30 minutes (low complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97166		Occupational therapy evaluation for 45 minutes (moderate complexity). (Use for billing members new to provider/agency only.)
97166	GT	Occupational therapy evaluation for 45 minutes (moderate complexity). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97166	HA	Occupational therapy evaluation for 45 minutes (moderate complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.)

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

Service Code	Modifier	Service Description
97166	HA, GT	Occupational therapy evaluation for 45 minutes (moderate complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97166	TF	Occupational therapy evaluation for 45 minutes (moderate complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.)
97166	TF, GT	Occupational therapy evaluation for 45 minutes (moderate complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97167		Occupational therapy evaluation for 60 minutes (high complexity). (Use for billing members new to provider/agency only.)
97167	GT	Occupational therapy evaluation for 60 minutes (high complexity). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97167	HA	Occupational therapy evaluation for 60 minutes (high complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.)
97167	HA, GT	Occupational therapy evaluation for 60 minutes (high complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97167	TF	Occupational therapy evaluation for 60 minutes (high complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.)
97167	TF, GT	Occupational therapy evaluation for 60 minutes (high complexity) (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members new to provider/agency only.) (Via interactive audio and video telecommunication systems.)
97168	--	Occupational therapy re-evaluation for 30 minutes. (Use for billing members continuing in OT services only.)
97168	GT	Occupational therapy re-evaluation for 30 minutes. (Use for billing members continuing in OT services only.) (Via interactive audio and video telecommunication systems.)
97168	HA	Occupational therapy re-evaluation for 30 minutes (for children aged 21 or under). (Use for billing members continuing in OT services only.)
97168	HA, GT	Occupational therapy re-evaluation for 30 minutes (for children aged 21 or under). (Use for billing members continuing in OT services only.) (Via interactive audio and video telecommunication systems.)

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

Service Code	Modifier	Service Description
97168	TF	Occupational therapy re-evaluation for 30 minutes (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members continuing in OT services only.)
97168	TF, GT	Occupational therapy re-evaluation for 30 minutes (for adults with intellectual and developmental disabilities aged 22 or older). (Use for billing members continuing in OT services only.) (Via interactive audio and video telecommunication systems.)

Occupational Therapy Modality Application

Service Code	Modifier	Service Description
97010		Application of a modality to one or more areas; hot or cold packs
97014		Electrical stimulation (unattended)
97014	GT	Electrical stimulation (unattended) (via interactive audio and video telecommunication systems)
97016		Vasopneumatic devices
97016	GT	Vasopneumatic devices (via interactive audio and video telecommunication systems)
97018		Paraffin bath
97018	GT	Paraffin bath (via interactive audio and video telecommunication systems)
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
97039		Unlisted modality (specify type and time if constant attendance) (maximum one unit per visit) (via interactive audio and video telecommunication systems)
97039	GT	Unlisted modality (specify type and time if constant attendance) (maximum one unit per visit)

Occupational Therapy Services Other

Service Code	Modifier	Service Description
97110		Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97110	GT	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (via interactive audio and video telecommunication systems)

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

Service Code	Modifier	Service Description
97112		Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (each15 minutes)
97112	GT	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (via interactive audio and video telecommunication systems) (each15 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
97150	GO	Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient occupational therapy plan of care (maximum one unit per visit) (use to bill for group occupational therapy session)
97150	GO, GT	Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient occupational therapy plan of care (maximum one unit per visit) (use to bill for group occupational therapy session) (via interactive audio and video telecommunication systems)
97530		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97530	GT	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance) (via interactive audio and video telecommunication systems), 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
97535	GT	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 (via interactive audio and video telecommunication systems), each 15 minutes
97761		Prosthetic training, upper and/or lower extremities, each 15 minutes
97761	GT	Prosthetic training, upper and/or lower extremities (via interactive audio and video telecommunication systems), each 15 minutes

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

Service Code	Modifier	Service Description
97799	GO	Unlisted physical medicine/rehabilitation service or procedure, services delivered under an outpatient occupational therapy plan of care (each 15 minutes, maximum six units per visit) (use to bill for treatment provided by an occupational therapist)
97799	GO, GT	Unlisted physical medicine/rehabilitation service or procedure, services delivered under an outpatient occupational therapy plan of care (via interactive audio and video telecommunication systems) (each 15 minutes, maximum six units per visit) (use to bill for treatment provided by an occupational therapist)

604 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: Procedure-to-procedure edits will be applied to certain combinations of codes in accordance with the National Correct Coding Initiative (NCCI) as implemented by MassHealth.

Modifier GN, an informational modifier indicating the services are delivered under an Outpatient Speech/Language Pathology Plan of Care, may be applied to any of the below procedure codes for further specificity.

Modifier TW, an informational modifier indicating Alternative and Augmentative Communication (AAC) non-dedicated speech device and accessories, may be applied to the specific procedure codes listed below.

Speech/Language Therapy Evaluations

Service Code	Modifier	Service Description
92521		Evaluation of speech fluency (e.g., stuttering, cluttering)
92521	GT	Evaluation of speech fluency (e.g., stuttering, cluttering) (via interactive audio and video telecommunication systems)
92521	HA	Evaluation of speech fluency (e.g., stuttering, cluttering) (for patients aged 21 or younger)
92521	HA, GT	Evaluation of speech fluency (e.g., stuttering, cluttering) (for patients aged 21 or younger) (via interactive audio and video telecommunication systems)
92521	TF	Evaluation of speech fluency (e.g., stuttering, cluttering) (for developmentally disabled adults aged 22 or older)
92521	TF, GT	Evaluation of speech fluency (e.g., stuttering, cluttering) (for developmentally disabled adults aged 22 or older) (via interactive audio and video telecommunication systems)

604 Service Codes and Descriptions: Speech/Language Therapy (cont.)

Service Code	Modifier	Service Description
92522		Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92522	GT	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (via interactive audio and video telecommunication systems)
92522	HA	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (for patients aged 21 or younger)
92522	HA, GT	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (for patients aged 21 or younger) (via interactive audio and video telecommunication systems)
92522	TF	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (for developmentally disabled adults aged 22 or older)
92522	TF, GT	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (for developmentally disabled adults aged 22 or older) (via interactive audio and video telecommunication systems)
92523	--	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92523	GT	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) (via interactive audio and video telecommunication systems)
92523	HA	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) (for patients aged 21 or younger)
92523	HA, GT	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) (for patients aged 21 or younger) (via interactive audio and video telecommunication systems)
92523	TF	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) (for developmentally disabled adults aged 22 or older)
92523	TF, GT	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) (for developmentally disabled adults aged 22 or older) (via interactive audio and video telecommunication systems)

604 Service Codes and Descriptions: Speech/Language Therapy (cont.)

Service Code	Modifier	Service Description
92524		Behavioral and qualitative analysis of voice and resonance
92524	GT	Behavioral and qualitative analysis of voice and resonance (via interactive audio and video telecommunication systems)
92524	HA	Behavioral and qualitative analysis of voice and resonance (for patients aged 21 or younger)
92524	HA, GT	Behavioral and qualitative analysis of voice and resonance (for patients aged 21 or younger) (via interactive audio and video telecommunication systems)
92524	TF	Behavioral and qualitative analysis of voice and resonance (for developmentally disabled adults aged 22 or older)
92524	TF, GT	Behavioral and qualitative analysis of voice and resonance (for developmentally disabled adults aged 22 or older) (via interactive audio and video telecommunication systems)
92605		Evaluation for prescription for non-speech generating AAC device, face-to-face with the patient; first hour
92605	GT	Evaluation for prescription for non-speech generating AAC device, face-to-face with the patient (via interactive audio and video telecommunication systems); first hour
92607		Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour (maximum one unit per evaluation)
92607	GT	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour (via interactive audio and video telecommunication systems) (maximum one unit per evaluation)
92607	TW	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour (maximum one unit per evaluation) (AAC non-dedicated speech device and accessories)
92607	TW, GT	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour (AAC non-dedicated speech device and accessories) (via interactive audio and video telecommunication systems) (maximum one unit per evaluation)
92608		Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure) (maximum two unit per evaluation)(service code may only be billed after 92607)

604 Service Codes and Descriptions: Speech/Language Therapy (cont.)

Service Code	Modifier	Service Description
92608	GT	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure) (via interactive audio and video telecommunication systems) (maximum two unit per evaluation) (service code may only be billed after 92607)
92608	TW	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure) (AAC non-dedicated speech device and accessories) (maximum two unit per evaluation)(service code may only be billed after 92607)
92608	TW, GT	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure) (AAC non-dedicated speech device and accessories) (via interactive audio and video telecommunication systems) (maximum two unit per evaluation) (service code may only be billed after 92607)
92609		Therapeutic services for the use of speech-generating device, including programming and modification (maximum one unit per visit)
92609	GT	Therapeutic services for the use of speech-generating device, including programming and modification (via interactive audio and video telecommunication systems) (maximum one unit per visit)
92609	TW	Therapeutic services for the use of speech-generating device, including programming and modification (maximum one unit per visit) (AAC non-dedicated speech device and accessories)
92609	TW, GT	Therapeutic services for the use of speech-generating device, including programming and modification (maximum one unit per visit) (AAC non-dedicated speech device and accessories) (via interactive audio and video telecommunication systems)

Speech/Language Services

Service Code	Modifier	Service Description
92507	--	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (maximum one unit per visit) (use to bill for treatment provided by a speech therapist)
92507	GT	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (maximum one unit per visit) (use to bill for treatment provided by a speech therapist) (via interactive audio and video telecommunication systems)

604 Service Codes and Descriptions: Speech/Language Therapy (cont.)

Service Code	Modifier	Service Description
92508	--	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals (maximum one unit per visit (use to bill for group speech therapy session)
92508	GT	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals (maximum one unit per visit (use to bill for group speech therapy session)(via interactive audio and video telecommunication systems)
92526	--	Treatment of swallowing dysfunction and/or oral function for feeding (maximum one unit per visit)
92526	GT	Treatment of swallowing dysfunction and/or oral function for feeding (maximum one unit per visit) (via interactive audio and video telecommunication systems)
92610		Evaluation of oral and pharyngeal swallowing function (per hour, maximum of one hour)
92610	GT	Evaluation of oral and pharyngeal swallowing function (per hour, maximum of one hour) (via interactive audio and video telecommunication systems)

605 Service Codes and Descriptions: Physician Services

Service Code	Service Description
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: - a detailed history; - a detailed examination; and - medical decision making of low complexity
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components (written report required): - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: - a problem-focused history; - a problem-focused examination; and - straightforward medical decision making

605 Service Codes and Descriptions: Physician Services (cont.)

Service Code	Service Description
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components (written report required): - a detailed history; - a detailed examination; and - medical decision making of moderate complexity
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components (written report required): - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity

606 Caregiver Training Codes

Service Code	Modifier	Service Description
97550		Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes
97550	GT	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes (via interactive audio and video telecommunication systems)

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