



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 RHB-16
November 2003

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

This letter transmits revisions to the service codes and descriptions in the *Rehabilitation Center 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 *Rehabilitation Center Manual*. 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 rehabilitation center services provided on or after December 1, 2003.

A billable unit is equal to 15 minutes or one hour. The attached Subchapter 6 describes the unit equivalent and the maximum billable units for each new code.

Modifiers

Please refer to the attached Subchapter 6 and crosswalk 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.

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 for the price of the publication. You may also obtain the regulations from the DHCFP website 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.)

Rehabilitation Center Manual

Pages 6-3 and 6-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Rehabilitation Center Manual

Pages 6-3 and 6-4 — transmitted by Transmittal Letter RHB-14

Rehabilitation Center Provider
Service Crosswalk
Effective December 1, 2003

Obsolete Code	Obsolete Code Description	New Service Code	Modifier	New Code Description	Guidelines
X9636	Adult evaluation by occupational therapist (two hours)	97003		Occupational therapy evaluation	Per hour, maximum two hours, use to bill for adult evaluation by occupational therapist
X9638	Pediatric (age 21 and younger) evaluation by occupational therapist (three hours)	97003	HA	Occupational therapy evaluation, child/adolescent program	Per hour, maximum three hours, use to bill for pediatric (age 21 and younger) evaluation by occupational therapist
X9651	Adult evaluation by speech therapist (three hours)	92506		Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	Per hour, maximum three hours, use to bill for adult evaluation by speech therapist
X9653	Pediatric (age 21 and younger) evaluation by speech therapist (four hours)	92506	HA	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status, child/adolescent program	Per hour, maximum four hours, use to bill for pediatric (age 21 and younger) evaluation by speech therapist
X9684	Adult evaluation by physical therapist (two hours)	97001		Physical therapy evaluation	Per hour, maximum two hours, use to bill for adult evaluation by physical therapist
X9686	Pediatric (age 21 and younger) evaluation by physical therapist (three hours)	97001	HA	Physical therapy evaluation, child/adolescent program	Per hour, maximum three hours, use to bill for pediatric (age 21 and younger) evaluation by physical therapist
X9701	Treatment by therapist (up to 30 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
		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
X9701	Treatment by therapist (up to 30 minutes)	92507		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Each 15 minutes, maximum of six units, use to bill for treatment provided by a speech therapist
X9702	Treatment by therapist (31 to 45 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

Rehabilitation Center Provider
Service Crosswalk
Effective December 1, 2003

Obsolete Code	Obsolete Code Description	New Service Code	Modifier	New Code Description	Guidelines
		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
X9702	Treatment by therapist (31 to 45 minutes)	92507		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Each 15 minutes, maximum of six units, use to bill for treatment provided by a speech therapist
X9703	Treatment by therapist (46 to 60 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
		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
X9703	Treatment by therapist (46 to 60 minutes)	92507		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Each 15 minutes, maximum of six units, use to bill for treatment provided by a speech therapist
X9704	One-and-one-half-hour treatment by therapist	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
		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
X9704	One and one half hour treatment by therapist	92507		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Each 15 minutes, maximum of six units, use to bill for treatment provided by a speech therapist
X9705	Group session, each member (per hour)	97150	GP	Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient physical therapy plan of care	Each 15 minutes, maximum four units per visit, use to bill for group physical therapy session
		97150	GO	Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient occupational therapy plan of care	Each 15 minutes, maximum four units per visit, use to bill for group occupational therapy session
X9705	Group session, each member (per hour)	92508		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals	Each 15 minutes, maximum four units per visit, use to bill for group speech therapy session

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602 Service Codes and Descriptions

Service

Code Modifier Service Description

Therapist Services

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)
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)
92507		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (each 15 minutes, maximum of six units) (use to bill for treatment provided by a speech therapist)
97150	GP	Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient physical therapy plan of care (each 15 minutes, maximum four units per visit) (use to bill for group physical therapy session)
97150	GO	Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient occupational therapy plan of care (each 15 minutes, maximum four units per visit) (use to bill for group occupational therapy session)
92508		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals (each 15 minutes, maximum four units per visit) (use to bill for group speech therapy session)
97001		Physical therapy evaluation (per hour, maximum two hours) (use to bill for adult evaluation by physical therapist)
97003		Occupational therapy evaluation (per hour, maximum two hours) (use to bill for adult evaluation by occupational therapist)
92506		Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status (per hour, maximum three hours) (use to bill for adult evaluation by speech therapist)
97001	HA	Physical therapy evaluation, child/adolescent program (per hour, maximum three hours) (use to bill for pediatric (age 21 and younger) evaluation by physical therapist)
97003	HA	Occupational therapy evaluation, child/adolescent program (per hour, maximum three hours) (use to bill for pediatric (age 21 and younger) evaluation by occupational therapist)
92506	HA	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status, child/adolescent program (per hour, maximum four hours) (use to bill for pediatric (age 21 and younger) evaluation by speech therapist)

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603 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

Physician Services

- 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;
 - straightforward medical decision making
- 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;
 - 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;
 - medical decision making of high complexity

This publication contains codes that are copyrighted by the American Medical Association.