



MassHealth  
 Transmittal Letter RHB-21  
 September 2021

**TO:** Rehabilitation Center Providers Hospitals Participating in MassHealth  
**FROM:** Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth *Amanda Cassel Kraft*  
**RE:** *Rehabilitation Center Manual* (Service Codes and Descriptions Updates)

This letter transmits revisions to the list of service codes in the *Rehabilitation Center Manual*. Unless otherwise stated, for dates of service on or after August 15, 2021, you must use the new codes, modifiers, and corresponding submodifiers in order to obtain reimbursement.

In addition, MassHealth is taking this opportunity to align the structure of the *Rehabilitation Center Manual* with that of other provider manuals. The program regulations, which have not changed, have been moved from Subchapter 6 to Subchapter 4. The updated list of service codes remains in Subchapter 6.

The updates to Subchapter 6 add new codes effective in 2021 and incorporate code and modifier combinations created to replace service codes that have been retired by the Centers for Medicare & Medicaid Services (CMS).

The updates to Subchapter 6 also codify agency telehealth policy by adding new modifier combinations to reflect services performed through interactive audio and video telecommunication systems. Providers may bill with the service codes and service code/modifier combinations listed in this transmittal letter for any date of service within the billing timeframes described in 130 CMR 450.309 through 130 CMR 450.314. The revised Subchapter 6 service codes and descriptions are effective for the dates of service noted below.

**Newly Added Service Codes, Modifiers, and Submodifiers**

- The following service codes are newly added for Subchapter 6 Sections 604 (Speech Therapy), 602 (Physical Therapy), and 603 (Occupational Therapy), **effective for dates of service on or after August 15, 2021.**

92605	97024	97112
92607	97026	97113
92608	97028	97139
97010	97032	97140
97012	97033	97535
97014	97034	97761
97016	97035	
97018	97039	

2. The updates to Subchapter 6 also incorporate the following informational modifier and corresponding modifiers, consistent with agency policy. **These are effective for dates of service on or after August 15, 2021.** The modifiers have been added to provide greater reporting specificity in situations previously coded using only modifier 59.

<u>Modifier</u>	<u>Description</u>
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).

3. Subchapter 6 is being further updated to incorporate the following informational modifier, consistent with agency policy. This modifier is **effective for dates of service on or after January 21, 2021.**

<u>Modifier</u>	<u>Description</u>
GT	Via interactive audio and video telecommunication systems

4. Subchapter 6 is being updated to incorporate the following informational modifier, consistent with agency policy. This modifier has been **in effect for dates of service on or after March 1, 2017.**

<u>Modifier</u>	<u>Description</u>
TW	AAC non-dedicated speech device and accessories

### **Recently Added General and Provider-Specific Service Codes**

1. Subchapter 6 Section 602 (physical therapy) and 603 (occupational therapy) are updated to codify the following existing codes and align with agency policy **in effect for dates of service on or after April 1, 2018.**

97110  
97530

2. Subchapter 6 Section 604 (speech therapy) is updated to codify the following existing code and align with agency policy **in effect for dates of service on or after March 1, 2017.**

92609

### **Service Codes Retired by CMS and Replaced by Service Code / Modifier Combinations**

Some service codes have been retired by CMS and replaced by other service codes and modifiers, but not formally listed in Subchapter 6. Updating Subchapter 6 by listing the respective codes, modifiers, and combinations codifies the covered codes and aligns with agency policy in effect for dates of service as noted below.

1. Subchapter 6 Section 602 (physical therapy) is updated to codify the following codes and modifier combinations which replaced codes 97001 and 97002, which were retired by CMS, and align with agency policy **in effect for dates of service on or after January 1, 2017**.

<u>Retired Code</u>	<u>Replacement Code</u>	<u>Modifier</u>
97001	97161	--
97001	97161	HA
97001	97161	TF
97001	97162	--
97001	97162	HA
97001	97162	TF
97001	97163	--
97001	97163	HA
97001	97163	TF
97002	97164	--
97002	97164	HA

2. Section 603 for Occupational Therapy is updated to codify existing codes and align with agency policy **in effect for dates of service on or after January 1, 2017**. The following codes and modifier combinations replaced codes 97003 and 97004, which were retired by CMS.

<u>Retired Code</u>	<u>Replacement Code</u>	<u>Modifier</u>
97003	97165	--
97003	97165	HA
97003	97165	TF
97003	97166	--
97003	97166	HA
97003	97166	TF
97003	97167	--
97003	97167	HA
97003	97167	TF
97004	97168	--
97004	97168	HA
97004	97168	TF

3. Section 604 for Speech Therapy is updated to codify existing codes and align with agency policy **in effect for dates of service on or after January 1, 2014**. The following codes and modifier combinations replaced code 92506, which was retired by CMS.

<u>Retired Code</u>	<u>Replacement Code</u>	<u>Modifier</u>
92506	92521	--
92506	92522	--
92506	92522	HA

<b><u>Retired Code</u></b>	<b><u>Replacement Code</u></b>	<b><u>Modifier</u></b>
92506	92522	TF
92506	92523	--
92506	92523	HA
92506	92523	TF
92506	92524	--
92506	92524	HA
92506	92524	TF

Providers may consult the Centers for Medicare and Medicaid Services (CMS) website at [www.cms.gov](http://www.cms.gov) for a full description for the service codes.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The program regulation Rehabilitation Center Services is 130 CMR 430.000 and the fee schedule regulation is 101 CMR 339.00: *Restorative Services*.

**MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

**Questions**

The MassHealth LTSS Provider Service Center is open, 8 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays. LTSS Providers should direct their questions about this letter or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

<b>Method</b>	<b>Contact Information for MassHealth LTSS Provider Service Center</b>
<b>Phone</b>	Toll-free <b>1-844-368-5184</b>
<b>Email</b>	<a href="mailto:support@masshealthtss.com">support@masshealthtss.com</a>
<b>Portal</b>	MassHealthLTSS.com
<b>Mail</b>	MassHealth LTSS PO Box 159108 Boston, MA 02215
<b>Fax</b>	<b>1-888-832-3006</b>
<b>LTSS Provider Portal</b>	Trainings, general Information, and future enhancements will be available at <a href="http://www.MassHealthLTSS.com">www.MassHealthLTSS.com</a> .

NEW MATERIAL

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

Rehabilitation Center Manual

Pages vi and 6-1 through 6-14

OBSOLETE MATERIAL

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

Rehabilitation Center Manual

Pages vi and 6-1 through 6-4 — transmitted by Transmittal Letter RHB-20

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Rehabilitation Center Manual	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> vi
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21

6. Service Codes and Descriptions

Introduction and Generally Applicable Modifiers .....	6-1
Service Codes and Descriptions: Physical Therapy .....	6-1
Service Codes and Descriptions: Occupational Therapy.....	6-5
Service Codes and Descriptions: Speech/Language Therapy .....	6-8
Service Codes and Descriptions: Physician Services .....	6-12
Appendix A. Directory .....	A-1
Appendix C. Third-Party-Liability Codes.....	C-1
Appendix T. CMSP Covered Codes.....	T-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions .....	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....	V-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules .....	W-1
Appendix X. Family Assistance Copayments and Deductibles .....	X-1
Appendix Y. EVS Codes and Messages.....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes .....	Z-1

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 430.000)	<b>Page</b> 4-1
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 06/01/11
Rehabilitation Center Manual		

430.601: Introduction

All rehabilitation centers participating in MassHealth must comply with the regulations of MassHealth, including, but not limited to, 130 CMR 430.000 and 450.000.

(A) Definitions.

- (1) Eligible Provider of Rehabilitation Center Services – a freestanding center providing rehabilitation services that is licensed by the Massachusetts Department of Public Health and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).
- (2) Group Session – therapeutic services directed toward more than one patient in a single visit, using group participation as a treatment technique.
- (3) Maintenance Program – repetitive services, required to maintain or prevent the worsening of function, that do not require the judgment and skill of a licensed therapist for safety and effectiveness.
- (4) Occupational Therapy – therapy services, including diagnostic evaluation and therapeutic intervention, designed to improve, develop, correct, rehabilitate, or prevent the worsening of functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Occupational therapy programs are designed to improve quality of life by recovering competence, preventing further injury or disability, and to improve the individual’s ability to perform tasks required for independent functioning, so that the individual can engage in activities of daily living.
- (5) Physical Therapy – therapy services, including diagnostic evaluation and therapeutic intervention, designed to improve, develop, correct, rehabilitate, or prevent the worsening of physical functions that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Physical therapy emphasizes a form of rehabilitation focused on treatment of dysfunctions involving neuromuscular, musculoskeletal, cardiovascular/pulmonary, or integumentary systems through the use of therapeutic interventions to optimize functioning levels.
- (6) Physician’s Comprehensive Rehabilitation Evaluation – a cardiopulmonary, neuromuscular, orthopedic, and functional assessment performed at a rehabilitation center by a physician.
- (7) Rehabilitation – the process of providing, in a coordinated manner, those comprehensive services deemed appropriate to the needs of a physically disabled individual, in a program designed to achieve objectives of improved health and welfare with the realization of his or her maximum physical, social, psychological, and vocational potential.
- (8) Speech/Language Therapy – therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of presence of a communication disability), and those that impair comprehension, spoken, written, or other symbol systems used for communication.
- (9) Therapist’s Evaluation – an evaluation performed by a physical therapist, an occupational therapist, or a speech therapist at a rehabilitation center.
- (10) Therapy Visit – a personal contact with a member by a licensed physical therapist, occupational therapist, or speech and language therapist for the purpose of providing a covered service.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 430.000)	<b>Page</b> 4-2
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 06/01/11
Rehabilitation Center Manual		

(B) Eligible Members.

(1) (a) MassHealth Members. MassHealth covers rehabilitation services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth regulations. 130 CMR 450.105 specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.

(b) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program.

For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children program, see 130 CMR 450.106.

(2) For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

(C) General Requirements.

(1) The rate of payment for a service is the lower of either the provider's usual fee to patients

other than MassHealth members or the amount in the applicable Division of Health Care Finance and Policy fee schedule.

(2) The rates of payment do not apply to the following services:

- (a) medical services except as required for a comprehensive rehabilitation evaluation;
- (b) psychology services; and
- (c) audiology services.

(D) Prior Authorization.

(1) MassHealth requires rehabilitation centers to obtain prior authorization for the following services to eligible MassHealth members. (See also 130 CMR 450.303.)

(a) more than 20 occupational-therapy visits or 20 physical-therapy visits, including group-therapy visits, for a member in a 12-month period; and

(b) more than 35 speech/language therapy visits, including group-therapy visits, for a member in a 12-month period.

(2) The rehabilitation center must submit all prior-authorization requests in accordance with the instructions in Subchapter 5 of the *Rehabilitation Center Manual*. Prior authorization determines only the medical necessity of the authorized service, and does not establish or waive any other prerequisites for payment, such as member eligibility or resort to health insurance payment.

(E) Maintenance Programs.

(1) MassHealth pays for the establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out, as part of a regular treatment visit, not as a separate service. MassHealth does not pay for performance of a maintenance program, except as provided in 130 CMR 430.601(E)(2).

(2) In certain instances, the specialized knowledge and judgment of a licensed therapist may be required to perform services that are part of a maintenance program, to ensure safety or effectiveness that may otherwise be compromised due to the member's medical condition. At the time the decision is made that the services must be performed by a licensed therapist, all information that supports the medical necessity for performance of such services by a licensed therapist, rather than a non-therapist, must be documented in the medical record.



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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 if it 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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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.

(A) Physical Therapy Evaluations

<u>Service Code</u>	<u>Modifier</u>	<u>Service Description</u>
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).
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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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

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)

(B) Physical Therapy Modality Application

<u>Service Code</u>	<u>Modifier</u>	<u>Service Description</u>
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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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

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

(C) Physical Therapy Services Other

<b>Service Code</b>	<b>Modifier</b>	<b>Service Description</b>
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
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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-5
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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

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
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.

(A) Occupational Therapy Evaluations

<b>Service Code</b>	<b>Modifier</b>	<b>Service Description</b>
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).

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Rehabilitation Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-6
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21

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

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).
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).

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Rehabilitation Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-7
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21

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

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).

(B) Occupational Therapy Modality Application

<b>Service Code</b>	<b>Modifier</b>	<b>Service Description</b>
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)

(C) Occupational Therapy Services Other

<b>Service Code</b>	<b>Modifier</b>	<b>Service Description</b>
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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-8
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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

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
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)



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-9
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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. This modifier may be applied to the specific procedure codes listed below.

(A) Speech/Language Therapy Evaluations

<b>Service Code</b>	<b>Modifier</b>	<b>Service Description</b>
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)
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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-10
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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

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)
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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-11
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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

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)
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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-12
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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

(B) Speech/Language Services

**Service**

<b>Code</b>	<b>Modifier</b>	<b>Service Description</b>
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)
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

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
99203		Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> <li>- a detailed history;</li> <li>- a detailed examination; and</li> <li>- medical decision making of low complexity</li> </ul>

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-13
	<b>Transmittal Letter</b> RHB-21	<b>Date</b> 08/01/21
Rehabilitation Center Manual		

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

- 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.

<p style="text-align: center;"><b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b></p> <p style="text-align: center;">Rehabilitation Center Manual</p>	<p style="text-align: center;"><b>Subchapter Number and Title</b></p> <p style="text-align: center;">6. Service Codes and Descriptions</p>	<p style="text-align: center;"><b>Page</b></p> <p style="text-align: center;">6-14</p>
	<p style="text-align: center;"><b>Transmittal Letter</b></p> <p style="text-align: center;">RHB-21</p>	<p style="text-align: center;"><b>Date</b></p> <p style="text-align: center;">08/01/21</p>

This page is reserved.