



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dma](http://www.mass.gov/dma)

MASSHEALTH  
TRANSMITTAL LETTER SHC-13  
November 2003

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

This letter transmits revisions to the service codes and descriptions in the *Speech and Hearing 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 *Speech and Hearing 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 descriptions of both the old and new service codes and also provides the new standard service codes and their modifiers that must be used to bill MassHealth for speech and hearing center services provided on or after December 1, 2003.

The billable unit of service for a new standard code may differ from that of the obsolete local code. Some services must now be billed per hour, and others per 15 minutes. The attached Subchapter 6 describes each unit equivalent and the maximum billable units for each new service code.

### **Modifiers**

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

## Infant Testing

Effective for dates of service beginning December 1, 2003, the MassHealth local code for infant testing (X9662) will be replaced by Current Procedural Terminology (CPT) codes 92585, 92586, 92587, and 92588. Providers must bill the applicable CPT code(s) for the individual tests that are performed.

## Prior Authorization

Please refer to Subchapter 6 of the *Speech and Hearing Center Manual* to determine which codes require prior authorization from the Division. All requests for prior authorization submitted on or after December 1, 2003, must be submitted using the new standard service codes and modifiers, if applicable, as described in Subchapter 6. The Division will not accept prior-authorization requests submitted for dates of service on or after December 1, 2003, using obsolete local service codes.

## Fee Schedule for New Service Codes

If you wish to obtain a fee schedule with the new service codes, you may purchase Division of Health Care Finance and Policy (DHCFP) regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and phone numbers below). You must contact them first for the price of the publication. You may also obtain the regulations from the DHCFP Web site at [www.mass.gov/dhcfp](http://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](http://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](http://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.)

### Speech and Hearing Center Manual

Pages vi, 6-1 and 6-2

## OBSOLETE MATERIAL

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

### Speech and Hearing Center Manual

Page vi, 6-1 and 6-2 — transmitted by Transmittal Letter SHC-12

## Speech and Hearing Provider Service Crosswalk

*Effective December 1, 2003*

Obsolete Code	Obsolete Code Description	New Service Code	Modifier	New Code Description	Guideline
92599	Unlisted otorhinolaryngological services or procedure (I.C.)	92700		Unlisted otorhinolaryngological service or procedure	Replace code per 2003 CPT manual (IC).
X9641	Treatment of speech language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation) (includes treatment for dysphasia); individual, each additional 15 minutes	92507		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Bill in 15-minute increments, up to one hour.
X9642	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes treatment for dysphasia); group, each additional 15 minutes	92508		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals	Bill in 15-minute increments, up to one hour.
X9653	Comprehensive pediatric speech and language evaluation (age 12 and younger)	92506	HA	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status, child/adolescent program	
X9662	Infant testing	92585		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	Bill individual tests that were performed.
		92586		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	
		92587		Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	
		92588		Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	
X9666	Aural rehabilitation therapy; individual (up to 30 minutes)	92507		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	Bill in 15-minute increments, up to the maximum of one hour.
X9667	Aural rehabilitation therapy; group (up to 60 minutes) (each recipient)	92508		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals	Bill in 15-minute increments, up to the maximum of one hour.

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  SPEECH AND HEARING CENTER MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> TABLE OF CONTENTS	<b>PAGE</b> vi
	<b>TRANSMITTAL LETTER</b> SHC-13	<b>DATE</b> 12/01/03

6. SERVICE CODES AND DESCRIPTIONS

Audiological Services .....	6-1
Other Procedures .....	6-2
Speech and Language Services.....	6-2
Appendix A. DIRECTORY .....	A-1
Appendix B. ENROLLMENT CENTERS .....	B-1
Appendix C. THIRD-PARTY LIABILITY CODES .....	C-1
Appendix W EPSDT SERVICES: MEDICAL PROTOCOL AND PERIODICITY SCHEDULE .....	W-1
Appendix X FAMILY ASSISTANCE COPAYMENTS AND DEDUCTIBLES.....	X-1
Appendix Y. REVS CODES/MESSAGES .....	Y-1
Appendix Z. EPSDT SERVICES LABORATORY CODES .....	Z-1

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  SPEECH AND HEARING CENTER MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-1
	<b>TRANSMITTAL LETTER</b> SHC-13	<b>DATE</b> 12/01/03

601 Service Codes and Descriptions

Note:

- (A) I.C. indicates that the claim will receive individual consideration to determine payment. See 130 CMR 413.407 for I.C. requirements.
- (B) Some service codes require prior authorization (P.A.). See 130 CMR 413.408 for prior authorization requirements.

Service

Code    Modifier    Service Description

**Audiological Services**

92552	Pure tone audiometry (threshold); air only
92553	air and bone (S.P. to 92552)
92555	Speech audiometry threshold
92556	with speech recognition
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92562	Loudness balance test, alternate binaural or monaural (S.P. to 92563 through 92565)
92563	Tone decay test (S.P. to 92562, 92564, and 92565)
92564	Short increment sensitivity index (SISI) (S.P. to 92562, 92563, and 92565)
92565	Stenger test, pure tone (S.P. to 92562 through 92564)
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing (S.P. to 92569)
92569	Acoustic reflex decay test (S.P. to 92568)
92572	Staggered spondaic word test (S.P. to 92576 and 92577)
92576	Synthetic sentence identification test (S.P. to 92571 and 92577)
92577	Stenger test, speech (S.P. to 92571 and 92576)
92582	Conditioning play audiometry
92583	Select picture audiometry (I.C.)
92584	Electrocochleography (I.C.)
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	limited
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588	comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92589	Central auditory function test(s) (specify)
92590	Hearing aid examination and selection; monaural
92591	binaural
92592	Hearing aid check, monaural (Listening check of the instrument plus sound field testing of the instrument on the patient. May or may not be performed together with a diagnostic evaluation.)

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  SPEECH AND HEARING CENTER MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-2
	<b>TRANSMITTAL LETTER</b> SHC-13	<b>DATE</b> 12/01/03

601 Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

92593		binaural
92594		Electroacoustical evaluation for hearing aid; monaural (real ear measurement (REM) objective test of hearing instrument performance in the patient's ear as compared to a target response and electroacoustical assessment of the performance evaluation of the hearing instrument as compared to its original factory specifications)
92595		binaural
92596		Ear protector attenuation measurements

**Other Procedures**

92700		Unlisted otorhinolaryngological service or procedure (I.C.)
-------	--	---

**Speech and Language Services**

92506		Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status (per hour, maximum of three hours)
92506	HA	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status, child/adolescent program (for children (age of 12 and younger); per hour, maximum of four hours)
92507		Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (15 minutes, maximum four units per visit)
92508		group, two or more individuals (but less than seven individuals) (each member) (15 minutes per unit, maximum four units per visit)

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