Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Table of Contents (130 CMR 432.000	<b>Page</b> vi
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

# Subchapter 6: Therapist Services

### **Table of Contents**

6. Service Codes and Descriptions	6-1
601. Introduction and Generally Applicable Modifiers	6-1
602. Service Codes and Descriptions: Physical Therapy	6-1
603. Service Codes and Descriptions: Occupational Therapy	6-6
604. Service Codes and Descriptions: Speech/Language Therapy	6-10
605. Caregiver Training Codes	6-14
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
Annendix 7 FPSDT/PPHSD Screening Services Codes	7-1

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-1
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

### 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 432.000 and 450.000. A therapist 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 *Therapist 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. For additional definitions, please refer to 130 CMR 432.000.
- (C) 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 is 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

When providing therapy services in an out-of-office location, use the appropriate place of service when billing for physical therapy services. 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-2
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

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

Modifier GP, an information 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.)
97161	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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-3
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

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

Service		
Code	Modifier	Service Description
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	НА	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	НА	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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-4
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

### **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), each 15 minutes
97033		iontophoresis, each 15 minutes
97034		contrast baths, each 15 minutes
97035 97039		ultrasound, each 15 minutes Unlisted modality (specify type and time if constant attendance) (maximum one
97039		unit per visit)
97039	GT	Unlisted modality (specify type and time if constant attendance) (maximum one unit per visit) (via interactive audio and video telecommunication systems).
		Physical Therapy Services Other
Service		
Code	Modifier	Service Description
97110		Therapeutic procedure, one or more areas, each 15 minutes; therapeutic
) / I I U		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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-5
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

602 Service Codes and Descriptions: Physical 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 (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).
97113		Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116 97116	GT	gait training (includes stair climbing) (each 15 minutes) (each 15 minutes) 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) (via interactive audio and video telecommunication systems). (each 15 minutes) (maximum one unit per visit)
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) (Use modifier GP to denote group physical therapy) (services delivered under an outpatient physical therapy plan of care) (maximum one unit per visit)
97150	GP, GT	Therapeutic procedure(s), group (two or more individuals) (Use modifier GP to denote group physical therapy) (services delivered under an outpatient physical therapy plan of care) (via interactive audio and video telecommunication systems) (maximum one unit per visit).
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

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

Service Code	Modifier	Service Description
97761		Prosthetic training, upper and/or lower extremities (via interactive audio and video telecommunication systems), each 15 minutes
97761	GT	Prosthetic training, upper and/or lower extremities, 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 one unit per visit) (use to bill for treatment provided by a physical therapist)
97799	GP, GT	Unlisted physical medicine/rehabilitation service or procedure, services delivered under an outpatient physical therapy plan of care (each 15 minutes, maximum one unit 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 information 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	НА	Occupational therapy evaluation for 30 minutes (low complexity) (for children aged 21 or under). (Use for billing members new to provider/agency only.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-7
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

Service		
Code	Modifier	Service Description
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	НА	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	НА	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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-8
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

Service		
Code	Modifier	Service Description
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	НА	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).
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).
Service		Occupational Therapy Modality application
Code	Modifier	Service Description
97010 97014		Application of a modality to one or more areas; hot or cold packs electrical stimulation (unattended)

# 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-9
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

Service Code	Modifier	Service Description
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

### **Occupational Therapy Services Other**

		Occupational Therapy Services Other
Service		
Code	Modifier	Service Description
97039		Unlisted modality (specify type and time if constant attendance) (maximum one unit per visit)
97039	GT	Unlisted modality (specify type and time if constant attendance) (via interactive audio and video telecommunication systems) (maximum one unit per visit)
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 (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) (maximum one unit per visit)
97139	GT	Unlisted therapeutic procedure (specify) (via interactive audio and video telecommunication systems) (each 15 minutes) (maximum one unit per visit)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-10
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

Service		
Code	Modifier	Service Description
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) (Use modifier GO to denote group occupational therapy.) (maximum one unit per visit)
97150	GO, GT	Therapeutic procedure(s), group (two or more individuals) (services delivered under an outpatient occupational therapy plan of care) (Use modifier GO to denote group occupational therapy) (via interactive audio and video telecommunication systems) (maximum one unit per visit)
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 one unit 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 one unit per visit) (use to bill for treatment provided by an occupational therapist)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-11
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

### 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 is an information 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 information 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.

### 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	НА	Evaluation of speech fluency (e.g., stuttering, cluttering) (for patients aged 21 or younger)
92521	HA, GT	Evaluation of speech fluency ( <i>e.g.</i> , stuttering, cluttering) (for patients aged 21 or younger) (via interactive audio and video telecommunication systems).
92521	TF	Evaluation of speech fluency ( <i>e.g.</i> , stuttering, cluttering) (for developmentally disabled adults aged 22 or older)
92521	TF, GT	Evaluation of speech fluency ( <i>e.g.</i> , 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	НА	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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-12
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-13
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

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

Service		
Code	Modifier	Service Description
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	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	GT	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	TW, GT	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)
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) (service code may only be billed after 92607) (maximum two unit per evaluation)
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) service code may only be billed after 92607) (AAC non-dedicated speech device and accessories) (maximum two unit per evaluation)
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) (service code may only be billed after 92607) (AAC non-dedicated speech device and accessories) (via interactive audio and video telecommunication systems) (maximum two unit per evaluation)
		Speech/Language Services

92609

Therapeutic services for the use of speech-generating device, including programming and modification (maximum one unit per visit)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-14
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

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

Service		
Code	Modifier	Service Description
92609	GT	Therapeutic services for the use of speech-generating device, including programming and modification (maximum one unit per visit) (via interactive audio and video telecommunication systems)
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)
92507		Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual (maximum one unit per visit)
92507	GT	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual (via interactive audio and video telecommunication systems) (maximum one unit per visit)
92508		group, two or more individuals (maximum one unit per visit)
92508	GT	group, two or more individuals (via interactive audio and video telecommunication systems) (maximum one unit per visit)
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 (via interactive audio and video telecommunication systems) (maximum one unit per visit)
92610		Evaluation of oral and pharyngeal swallowing function (per hour, maximum of one hour)
92610	GT	Evaluation of oral and pharyngeal swallowing function (via interactive audio and video telecommunication systems) (per hour, maximum of one hour)

### 605 Caregiver Training Codes

## Service

Code	<u>Modifier</u>	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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	<b>Page</b> 6-15
Therapist Manual	Transmittal Letter THP-28	<b>Date</b> 06/06/25

605 Caregiver Training Codes (cont.)

Service		
Code	Modifier	Service Description
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)
97551		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; each additional 15 minutes (Use 97551 in conjunction with 97550)
97551	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; each additional 15 minutes (via interactive audio and video telecommunication systems) (Use 97551 in conjunction with 97550)
97552		Group 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 with multiple sets of caregivers
97552	GT	Group 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 with multiple sets of caregivers (via interactive audio and video telecommunication systems)