




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth

MASSHEALTH
TRANSMITTAL LETTER THP-23
April 2007

TO: Therapists Participating in MassHealth
FROM: Tom Dehner, Acting Medicaid Director 
RE: *Therapist Manual* (2006 HCPCS Changes)

This letter transmits revisions to the service codes in the *Therapist Manual*. The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2006. The revised Subchapter 6 is effective for dates of service on or after March 1, 2007, and includes the following changes:

- Service Code 97020 has been deleted. Use 97024 to bill for this service.
- Service Code 97520 has been deleted and replaced with 97761.
- The description of Service Codes 92506 and 92507 have been changed by removing “(includes aural rehabilitation)” in accordance with 2006 HCPCS requirements.

Effective immediately, all requests for prior authorization must be submitted using the revised service codes. However, MassHealth will process claims with either the new or the old codes for dates of service through June 30, 2007. For dates of service on or after July 1, 2007, you must use only the new codes in order to obtain payment.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The regulation title is 114.3 CMR 39.00: Rehabilitation Clinic Services, Audiological Services, Restorative Services.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

If you have any questions about this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Therapist Manual

Pages vi, vii, and 6-1 through 6-4

OBSOLETE MATERIAL

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

Therapist Manual

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

Page vii — transmitted by Transmittal Letter THP-21

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Each manual in the series contains administrative regulations, billing regulations, program regulations, service codes and descriptions, billing instructions, and general information. MassHealth's regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. Regulations promulgated by MassHealth are assigned Title 130 of the Code. The regulations governing provider participation in MassHealth are assigned Chapters 400 through 499 within Title 130. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other provider manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For therapists, those matters are covered in 130 CMR Chapter 432.000, reproduced as Subchapter 4 in the *Therapist Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which provide instructions for making changes by hand ("pen-and-ink" revisions), and by substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and with MassHealth members.

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601 Prior-Authorization Requirements and Definitions

(A) Prior-Authorization Requirements. For prior-authorization requirements, please see 130 CMR 432.417 and 450.303. Prior-authorization requests may be submitted to MassHealth for any medically necessary service, or units of service, for a MassHealth Standard or CommonHealth member younger than 21 years of age.

(B) Definitions. The following is the definition for “unit.” For additional definitions please refer to 130 CMR 432.402.

Unit— a specified period of time to be used when billing on the MassHealth claim form or when requesting services on the MassHealth prior-authorization form. A unit may equal 15 minutes or one hour, depending upon the particular service code.

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. Note: Unless otherwise indicated, the maximum allowable number of units for therapeutic treatment is four per therapy visit (e.g., one hour per member per visit per day). A visit can include a combination of therapeutic procedures and modalities not to exceed one hour per visit per day.

<u>Service Code</u>	<u>Modifier</u>	<u>Service Description</u>
97001		Physical therapy evaluation (per hour with a maximum of two hours)
97001	HA	Physical therapy evaluation, child/adolescent program (for children aged 21 or under, per hour with a maximum of three hours)
97001	TF	Physical therapy evaluation, intermediate level of care (for mentally retarded and developmentally disabled adults aged 22 or older, per hour with a maximum of three hours)
97010		Application of a modality to one or more areas; hot or cold packs
97012		traction, mechanical
97014		electrical stimulation (unattended)
97016		vasopneumatic devices
97018		paraffin bath
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		ultrasound, each 15 minutes

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
97039		Unlisted modality (specify type and time if constant attendance)
97110		Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112		neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (each 15 minutes)
97116		gait training (includes stair climbing) (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)
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) (each 15 minutes) (Use modifier GP to denote group physical therapy.) (services delivered under an outpatient physical therapy plan of care) (maximum four units 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

604 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. Note: Unless otherwise indicated, the maximum allowable number of units for individual therapeutic treatment is four per therapy visit (that is, one hour per member per visit per day).

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
97003		Occupational therapy evaluation (per hour, with maximum of two hours)
97003	HA	Occupational therapy evaluation, child/adolescent program (for children aged 21 or under, per hour, with maximum of three hours)
97003	TF	Occupational therapy evaluation, intermediate level of care (for mentally retarded and developmentally disabled adults aged 22 or older, per hour, with maximum of three hours)
97150	GO	Therapeutic procedure(s), group (two or more individuals) (each 15 minutes) (services delivered under an outpatient occupational therapy plan of care) (Use modifier GO to denote group occupational therapy.) (maximum 4 units)
97530		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), 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

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

Service

Code Modifier Service Description

97761 Prosthetic training, upper and/or lower extremities, each 15 minutes

605 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: Unless otherwise indicated, the maximum allowable number of units for individual therapeutic treatment is four per therapy visit (e.g., one hour per member per visit per day).

Service

Code Modifier Service Description

92506 Evaluation of speech, language, voice, communication, and/or auditory processing (per hour, with maximum of three hours)

92506 HA Evaluation of speech, language, voice, communication, auditory processing, child/adolescent program (for children aged 21 or younger) (per hour, with maximum of four hours)

92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual (15 minutes)

92508 group, two or more individuals (each 15 minutes, maximum four units per visit)

92526 Treatment of swallowing dysfunction and/or oral function for feeding (each 15 minutes)

92610 Evaluation of oral and pharyngeal swallowing function (per hour, maximum of one hour)

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

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