



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
 www.mass.gov/masshealth



MassHealth
 Transmittal Letter THP-26
 September 2021

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

This letter transmits revisions to the list of service codes in the *Therapist 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.

This transmittal letter expands and codifies select sections of Subchapter 6 that are updated with new codes and modifier combinations created to replace service codes that have been retired by CMS. This transmittal letter also codifies telehealth agency 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.

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. The program regulation for Therapist Services is 130 CMR 432.000 and the fee schedule regulation is 101 CMR 339.00: *Restorative Services*.

Newly Added Service Codes and Modifiers

The following service codes and service code/modifier combinations are newly added for Subchapter 6 Section 602 (Physical Therapy), **effective for dates of service on or after August 15, 2021.**

- 97761
- 97799 GP
- 97799 G0
- 97113

The following service codes are newly added for Subchapter 6 Section 603 (Occupational Therapy), **effective for dates of service on or after August 15, 2021.**

- | | | |
|-------|-------|-------|
| 97010 | 97033 | 97124 |
| 97014 | 97034 | 97139 |
| 97016 | 97035 | 97140 |
| 97018 | 97039 | |
| 97032 | 97112 | |

The following service codes are newly added for Subchapter 6 Section 604 (Speech Therapy), **effective for dates of service on or after August 15, 2021.**

92605
92607
92608

Subchapter 6 is also being updated to incorporate the following informational 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)

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

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

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

Subchapter 6 Section 602 (physical therapy) is updated to codify an existing code and align with agency policy **in effect for dates of service on or after April 1, 2018.**

97116

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 existing covered codes and aligns with agency policy in effect for dates of service as noted below.

Section 602 for Physical 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 replace Service Codes 97001 and 97002, which were retired by CMS.

Retired Code	Replacement Code	Modifier
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

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 Service Codes 97003 and 97004, which were retired by CMS.

Retired Code	Replacement Code	Modifier
97003	97165	--
97003	97165	HA
97003	97165	TF
97003	97166	--
97003	97166	HA
97003	97166	TF

Retired Code	Replacement Code	Modifier
97003	97167	--
97003	97167	HA
97003	97167	TF
97004	97168	--
97004	97168	HA
97004	97168	TF

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 Service Code 92506 which was retired by CMS.

Retired Code	Replacement Code	Modifier
92506	92521	--
92506	92522	--
92506	92522	HA
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 for a full description for the service codes.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at 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:

Method	Contact Information for MassHealth LTSS Provider Service Center
Phone	Toll-free 1-844-368-5184
Email	support@masshealthltss.com
Portal	MassHealthLTSS.com
Mail	MassHealth LTSS PO Box 159108 Boston, MA 02215
Fax	1-888-832-3006
LTSS Provider Portal	Trainings, general information, and future enhancements will be available at www.MassHealthLTSS.com .

NEW MATERIAL

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

Therapist Manual

Pages 6-1 through 6-14

OBSOLETE MATERIAL

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

Therapist Manual

Pages 6-1 through 6-4 — transmitted by Transmittal Letter THP-25

Commonwealth of Massachusetts MassHealth Provider Manual Series Therapist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
	Transmittal Letter THP-26	Date 08/01/21

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 if it 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, 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 Therapist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
	Transmittal Letter THP-26	Date 08/01/21

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.

(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).
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).
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).

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
	Transmittal Letter THP-26	Date 08/01/21
Therapist Manual		

602 Service Codes and Descriptions: Physical Therapy (cont)

Service

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

Service

<u>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).

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
	Transmittal Letter THP-26	Date 08/01/21

602 Service Codes and Descriptions: Physical Therapy (cont)

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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	--	ultrasound, each 15 minutes
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) (maximum one unit per visit) (via interactive audio and video telecommunication systems).

(C) Physical Therapy Services Other:

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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).
97113	--	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	--	gait training (includes stair climbing) (each 15 minutes) (each 15 minutes)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-5
	Transmittal Letter THP-26	Date 08/01/21
Therapist Manual		

602 Service Codes and Descriptions: Physical Therapy (cont)

Service

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Therapist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
	Transmittal Letter THP-26	Date 08/01/21

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.

(A) Occupational Therapy Evaluations:

Service

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-7
	Transmittal Letter THP-26	Date 08/01/21

603 Service Codes and Descriptions: Occupational Therapy (cont)

Service

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Therapist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-8
	Transmittal Letter THP-26	Date 08/01/21

603 Service Codes and Descriptions: Occupational Therapy (cont)

Service

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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)
97039	GT	Unlisted modality (specify type and time if constant attendance) (via interactive audio and video telecommunication systems) (maximum one unit per visit)

Commonwealth of Massachusetts MassHealth Provider Manual Series Therapist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-9
	Transmittal Letter THP-26	Date 08/01/21

603 Service Codes and Descriptions: Occupational Therapy (cont)

(C) Occupational Therapy Services Other:

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Therapist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-10
	Transmittal Letter THP-26	Date 08/01/21

603 Service Codes and Descriptions: Occupational Therapy (cont)

Service

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

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series Therapist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-11
	Transmittal Letter THP-26	Date 08/01/21

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

(A) Speech/Language Therapy Evaluations:

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-12
	Transmittal Letter THP-26	Date 08/01/21

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

Service

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Therapist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-13
	Transmittal Letter THP-26	Date 08/01/21

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

Service

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

(B) Speech/Language Services:

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 (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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Therapist Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-14
	Transmittal Letter THP-26	Date 08/01/21

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

Service

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