

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Therapist Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
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601 Introduction

(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.

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.

Service

Code	Modifier	Service Description
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

Code	Modifier	Service Description
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) (Use modifier GP to denote group physical therapy.) (services delivered under an outpatient physical therapy plan of care) (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

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. 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.

Service

Code	Modifier	Service Description
97003		Occupational therapy evaluation
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) (services delivered under an outpatient occupational therapy plan of care) (Use modifier GO to denote group occupational therapy.) (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
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: 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.

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 (maximum one unit per visit)

92508                      group, two or more individuals (maximum one unit per visit)

92526                      Treatment of swallowing dysfunction and/or oral function for feeding (maximum one  
unit per visit)

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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