



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE
January 2, 2004

EFFECTIVE DATE
March 1, 2004

NUMBER
00-04-02

SUBJECT:

**Procedure Codes for Medical Assistance
Early Intervention Services FY 2003-2004**

BY:

Kevin T. Casey
Kevin T. Casey
Deputy Secretary for Mental Retardation

SCOPE:

County MH/MR Program Administrators
Early Intervention Providers

PURPOSE:

The purpose of this Bulletin is to advise County MH/MR Programs and Early Intervention Providers that the attached Medical Assistance Early Intervention procedure codes must be used beginning with the effective date of this Bulletin.

BACKGROUND:

Effective October 16, 2003, under the provisions of the Health Insurance Portability and Accountability Act (HIPAA), all healthcare payors, providers and clearinghouses must use nationally recognized formats to transmit electronic healthcare transactions. HIPAA also will eliminate state-specific local procedure codes. Prior to HIPAA, Medicaid programs were allowed to create and use state-specific local procedure codes.

The Centers for Medicare and Medicaid Services (CMS) has recently determined that local procedure codes developed by state Medicaid programs may be used until March 1, 2004, even though standard transactions were required as of October 16, 2003.

DISCUSSION:

The Office of Mental Retardation is aware that Counties and their contracted Early Intervention providers need time to program their billing systems to account for the crosswalk of previous codes to the national HIPAA procedure codes. The national codes attached to this Bulletin must be used effective March 1, 2004 to be in compliance with HIPAA. These codes have been cross-walked from the previous Medical Assistance Early Intervention (MA/EI) Program fee schedule. To be reimbursed, **all** MA/EI transactions must

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate Regional Program Office

be billed with the attached codes as of the effective date of this Bulletin.

The accompanying crosswalk includes the following: Previous procedure codes, previous modifiers and location codes, HIPAA compliant procedure codes, informational and pricing modifier(s), location and unit fee.

Informational Modifier TL will be used when billing for all Early Intervention funded services. Certain procedure codes will also require the use of Pricing Modifier(s) U7, U8, U9 or UB in addition to the Informational Modifier(s) TL, TD or TE.

The following location/place of service codes must be used when billing the new HIPAA compliant procedure codes:

- 11 Office or center based services
- 12 Child's home
- 99 Community
- 21 Inpatient Hospital

All rates are based upon 15 minutes of service and the unit fee on this schedule is the maximum amount permitted by the Department.

The procedure codes for Early Intervention Waiver Services can be found in Mental Retardation Bulletin #00-04-03. Procedure codes for Base Early Intervention Services can be found in Mental Retardation Bulletin #00-04-04.

Because each bulletin is unique to the particular funding source, the Office of Mental Retardation recommends that the County MH/MR Program Offices and all Early Intervention providers retain each of the three Early Intervention services bulletins.

**Medical Assistance Early Intervention (MA EI) 2003-2004 Program Fee Schedule
Effective Date 03/01/04**

Type of Service	Previous Procedure Code	Previous Modifier(s)	Previous Location	Provider Type	HIPAA Procedure Code(s)	New Pricing/Info. Modifier(s)	New Location	Unit Fee (15 min. unit)
Medical Assistance	<u>W0415</u> Social work	Z1, Z2, Z3, Z4	01	50	<u>96152</u> Individual intervention	TL	11	\$19.60
				50	<u>96154</u> Family intervention with child present	TL	11	\$19.60
				50	<u>96155</u> Family intervention without child present	TL	11	\$19.60
Medical Assistance	<u>W1796</u> Social work	Z1, Z2, Z3, Z4	02 (home or community)	50	<u>S9127</u> Social work in home	TL	12 or 99	\$20.37
				50	<u>96154</u> Family intervention with child present	TL and U7	12 or 99	\$20.37
				50	<u>96155</u> Family intervention without child present	TL and U7	12 or 99	\$20.37
Medical Assistance	<u>W1796</u> Social work	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	50	<u>96154</u> Family intervention with child present	TL and U7	21	\$20.37
Medical Assistance	<u>WO416</u> Audiology	Z1	01 center	50	<u>V5008</u> Hearing screening	TL and U7	11	\$30.36
				50	<u>V5362</u> Speech screening	TL	11	\$30.36
				50	<u>V5363</u> Language screening	TL	11	\$30.36

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		Z2, Z3, Z4		50	V5299 Hearing services (miscellaneous)	TL and U7	11	\$30.36
Medical Assistance	W1797 Audiology	Z1	02 (home or community)	50	V5008 Hearing screening	TL and U8	12 or 99	\$31.58
				50	V5362 Speech screening	TL and U7	12 or 99	\$31.58
				50	V5363 Language screening	TL and U7	12 or 99	\$31.58
		Z2, Z3, Z4	02 (home or community)	50	V5299 Hearing services (miscellaneous)	TL and U8	12 or 99	\$31.58
Medical Assistance	W1797 Audiology	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	50	V5008 Hearing screening	TL and U8	21	\$31.58
		Z1, Z4	03	50	V5362 Speech screening	TL and U7	21	\$31.58
		Z1, Z4	03	50	V5363 Language screening	TL and U7	21	\$31.58
Medical Assistance	WO418 Health services	Z1, Z2, Z3, Z4	01	50	G0154 (RN)	TL and TD	11	\$19.05
				50	G0154 (LPN)	TL and TE	11	\$19.05
Medical Assistance	W1798 Health services	Z1, Z2, Z3, Z4	02 (home or community)	50	G0154 (RN)	TL, TD and U7	12 or 99	\$19.82

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				50	<u>G0154</u> (LPN)	TL, TE and U7	12 or 99	\$19.82
Medical Assistance	<u>W1798</u> Health services	Z1, Z4	03 (inpatient hospital)	50	<u>G0154</u> (RN)	TL, TD and U7	21	\$19.82
				50	<u>G0154</u> (LPN)	TL, TE and U7	21	\$19.82
Medical Assistance	<u>W0419</u> Nursing	Z1	01	50	<u>G0154</u> Nursing assessment	TL	11	\$19.05
		Z2, Z3, Z4	01	50	<u>G0154</u> (RN)	TL and TD	11	\$19.05
				50	<u>G0154</u> (LPN)	TL and TE	11	\$19.05
Medical Assistance	<u>W1799</u> Nursing	Z1	02 (home or community)	50	<u>G0154</u> Nursing assessment	TL and U7	12 or 99	\$19.82
		Z2, Z3, Z4		50	<u>G0154</u> (RN)	TL, TD and U7	12 or 99	\$19.82
				50	<u>G0154</u> (LPN)	TL, TD and U7	12 or 99	\$19.82
Medical Assistance	<u>W1799</u> Nursing	Z1	03 (inpatient 30 days or less prior to discharge)	50	<u>G0154</u> Nursing assessment	TL and U7	21	\$19.82
		Z4		50	<u>G0154</u> (RN)	TL, TD and U7	21	\$19.82
		Z4			<u>G0154</u> (LPN)	TL and TD U7	21	\$19.82

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Medical Assistance	<u>WO420</u> Nutrition	Z1, Z2, Z3, Z4	01	50	<u>S9470</u> Nutritional counseling	TL and U8	11	\$19.05
Medical Assistance	<u>W1800</u> Nutrition	Z1, Z2, Z3, Z4	02 (home or community)	50	<u>S9470</u> Nutritional counseling	TL and U9	12 or 99	\$19.82
Medical Assistance	<u>W1800</u> Nutrition	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	50	<u>S9470</u> Nutritional counseling	TL and U9	21	\$19.82
Medical Assistance	<u>WO421</u> Occupational therapy	Z1	01	50	<u>97003</u> OT evaluation	TL	11	\$22.36
		Z1	01	50	<u>97004</u> OT re-evaluation	TL, U7	11	\$22.36

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Medical Assistance	<u>WO421</u>	Z2, Z3, Z4	01	50	<u>97532</u> Development of cognitive skills to improve attention, memory, problem solving, direct (1 to 1) patient contact by the provider each 15 minutes	TL	11	\$22.36
		Z2, Z3, Z4	01	50	<u>97533</u> Sensory integrative techniques to enhance sensory processing and promote adaptive response to environmental demands direct (1to1) patient contact by the provider each 15 mins.	TL	11	\$22.36
Medical Assistance	<u>W1801</u> Occupational therapy	Z1	02	50	<u>97003</u> OT Evaluation	TL and U7	12 or 99	\$23.25
		Z1	02	50	<u>97004</u> OT re-evaluation	TL and U8	12 or 99	\$23.25

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Medical Assistance	<u>W1801</u>	Z2, Z3, Z4	02	50	<u>97532</u> Development of cognitive skills to improve attention, memory, problem solving, direct (1 to 1) patient contact by the provider each 15 minutes	TL and U7	12 or 99	\$23.25
		Z2, Z3, Z4	02	50	<u>97533</u> Sensory integrative techniques to enhance sensory processing and promote adaptive response to environmental demands direct (1to1) patient contact by the provider each 15 mins.	TL and U7	12 or 99	\$23.25

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Medical Assistance	<u>W1801</u> Occupational therapy	Z1, Z4	03	50	<u>97003</u> OT evaluation	TL and U7	21	\$23.25
		Z1, Z4	03	50	<u>97004</u> OT re-evaluation	TL and U7	21	\$23.25
Medical Assistance	<u>WO422</u> Physical therapy	Z1	01	43	<u>97001</u> PT evaluation	TL	11	\$22.36
		Z1	01	43	<u>97002</u> PT re-evaluation	TL and U7	11	\$22.36

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Medical Assistance	<u>WO422</u>	Z2, Z3	01	43, 50	<u>97110</u> Therapeutic procedure, one or more areas, each 15 mins. Therapeutic exercises to develop strength and endurance, range of motion and flexibility	TL and U9	11	\$22.36
		Z2, Z3	01	43, 50	<u>97116</u> Gait training (includes stair climbing)	TL and U8	11	\$22.36
		Z4	01	43	<u>97750</u> Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins.	TL and U7	11	\$22.36
Medical Assistance	<u>W1802</u> Physical therapy	Z1	02	43, 50	<u>97001</u> PT evaluation	TL and U7	12 or 99	\$23.25
		Z1	02	43	<u>97002</u> PT re-evaluation	TL and U8	12 or 99	\$23.25

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Medical Assistance	W1802 Physical therapy	Z2, Z3	02	43, 50	97110 Therapeutic procedure, one or more areas, each 15 mins. Therapeutic exercises to develop strength and endurance, range of motion and flexibility	TL and UB	12 or 99	\$23.25
		Z2, Z3	02	43, 50	97116 Gait training (includes stair climbing)	TL and UB	12 or 99	\$23.25
		Z4	02	43	97750 Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins.	TL and U8	12 or 99	\$23.25

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Medical Assistance	W1802 Physical therapy	Z1	03 inpatient 30 days or less prior to discharge	43, 50	97001 PT evaluation	TL and U7	21	\$23.25
		Z1	03 inpatient 30 days or less prior to discharge	43	97002 PT re-evaluation	TL and U8	21	\$23.25
		Z4	03 inpatient 30 days or less prior to discharge	43	97750 Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins	TL and U8	21	\$23.25
Medical Assistance	WO423 Psychological services	Z1, Z4	01	41	T1024 Evaluation and treatment by and integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children per encounter	TL	11	\$19.60
		Z2, Z3	01	41	T1027 Family training and counseling for child development per 15 minutes	TL	11	\$19.60

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Medical Assistance	<u>W1803</u> Psychological services	Z1, Z4	02	41	<u>T1024</u> Evaluation and treatment by and integrated specialty team contracted to provide coordinate care to multiple or severely handicapped children per encounter	TL and U7	12 or 99	\$20.37
		Z2, Z3	02	41	<u>T1027</u> Family training and counseling for child development per 15 minutes	TL and U7	12 or 99	\$20.37
Medical Assistance	<u>W1803</u> Psychological services	Z1, Z4	03 inpatient (30 days or less prior to discharge)	41	<u>T1024</u> Evaluation and treatment by and integrated specialty team contracted to provide coordinate care to multiple or severely handicapped children per encounter	TL and U7	21	\$20.37

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Medical Assistance	WO424 Speech pathology	Z1, Z4	01	50	92506 Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	TL	11	\$20.16
		Z1, Z4	01	50	92610 Evaluation of oral and pharyngeal swallowing function	TL	11	\$20.16
		Z2, Z3	01	50	92507 Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation): individual	TL, U7	11	\$20.16
		Z2, Z3	01	50	92526 Treatment of swallowing dysfunction and/or oral function for feeding	TL	11	\$20.16

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Medical Assistance	W1804 Speech pathology	Z1, Z4	02	50	92506 Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	TL and U7	12 or 99	\$20.98
		Z1, Z4	02	50	92610 Evaluation of oral and pharyngeal swallowing function	TL and U7	12 or 99	\$20.98
		Z2, Z3	02	50	92507 Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation): individual	TL and U8	12 or 99	\$20.98

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Medical Assistance	<u>W1804</u> Speech pathology	Z2, Z3	02	50	<u>92526</u> Treatment of swallowing dysfunction and/ or oral function for feeding	TL and U7	12 or 99	\$20.98
Medical Assistance	<u>W1804</u> Speech pathology	Z1, Z4	03 inpatient (30days or less prior to discharge)	50	<u>92506</u> Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	TL and U7	21	\$20.98
		Z1, Z4	03 inpatient (30days or less prior to discharge)	50	<u>92610</u> Evaluation of oral and pharyngeal swallowing function	TL and U7	21	\$20.98
Medical Assistance	<u>Z9812</u> Service coordination	Not applicable	01	50	<u>T1016</u> Case management per 15 minutes	TL and U7	11	\$14.64
		Not applicable	02	50	<u>T1016</u> Case management per 15 minutes	TL and U7	12 or 99	\$14.64
		Not applicable	03 inpatient (30 days or less prior to discharge)	50	<u>T1016</u> Case management per 15 minutes	TL and U7	21	\$14.64