



# MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE  
January 2, 2004

EFFECTIVE DATE  
March 1, 2004

NUMBER  
00-04-04

SUBJECT:

**Procedure Codes for Early Intervention  
Base Services FY 2003-2004**

BY:

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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 procedure codes for Base Early Intervention Services must be used for all transactions 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 for healthcare services. 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 healthcare procedure codes developed by state Medicaid programs may be used until March 1, 2004, even though standard transactions were required by October 16, 2003.

## DISCUSSION:

The Office of Mental Retardation is aware that Counties and their contracted Early Intervention providers who utilize electronic transfers need time to program their billing systems to account for the crosswalk of the previous codes to the national HIPAA procedure codes. The codes attached to this Bulletin must be used effective March 1, 2004 to be in

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

**The Appropriate Regional Program Office**

compliance with HIPAA. These codes have been cross-walked from the previous Early Intervention Program fee schedule. To be reimbursed, **all** Early Intervention transactions must be billed with the accompanying codes as of the effective date of this Bulletin.

The accompanying crosswalk includes the following: Previous procedure codes, previous modifiers, previous location codes, HIPAA compliant procedure codes, new informational and pricing modifier(s), new location codes and the unit of service 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, as indicated with each service.

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 Medical Assistance Early Intervention Services can be found in Mental Retardation Bulletin #00-04-02.

**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.**

Office of Mental Retardation  
2003-2004  
State established Maximum Fee Schedule for Early Intervention Base Funds  
Effective March 1, 2004

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

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<b>EI Base</b>	<b>WO416</b> Audiology	Z1	01 center	<b>V5008</b> Hearing screening	<b>TL</b>	11	\$30.36
		Z1	01 center	<b>V5362</b> Speech screening	<b>TL</b>	11	\$30.36
		Z1	01 center	<b>V5363</b> Language screening	<b>TL</b>	11	\$30.36
		Z2, Z3, Z4	01 center	<b>V5299</b> Hearing services (miscellaneous)	<b>TL and U7</b>	11	\$30.36
<b>EI Base</b>	<b>W1797</b> Audiology	Z1	02 (home or community)	<b>V5008</b> Hearing screening	<b>TL</b>	12 or 99	\$31.58
		Z1	02 (home or community)	<b>V5362</b> Speech screening	<b>TL and U7</b>	12 or 99	\$31.58
		Z1	02 (home or community)	<b>V5363</b> Language screening	<b>TL and U7</b>	12 or 99	\$31.58
		Z2, Z3, Z4	02 (home or community)	<b>V5299</b> Hearing services (miscellaneous)	<b>TL and U8</b>	12 or 99	\$31.58

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EI Base	<u>W1797</u> Audiology	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	<u>V5008</u> Hearing screening	TL	21	\$31.58
		Z1, Z4	03 (inpatient 30 days or less prior to discharge)	<u>V5362</u> Speech screening	TL and U7	21	\$31.58
		Z1, Z4	03 (inpatient 30 days or less prior to discharge)	<u>V5363</u> Language screening	TL	21	\$31.58

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El Base	<u>WO418</u> Health services	Z1, Z2, Z3, Z4	01 center	<u>G0154</u> (RN)	TL and TD	11	\$19.05
		Z1, Z2, Z3, Z4	01 center	<u>G0154</u> (LPN)	TL and TE	11	\$19.05
El Base	<u>W1798</u> Health services	Z1, Z2, Z3, Z4	02 (home or community)	<u>G0154</u> (RN)	U7, TL and TD	12 or 99	\$19.82
		Z1, Z2, Z3, Z4	02 (home or community)	<u>G0154</u> (LPN)	U7, TL and TE	12 or 99	\$19.82
El Base	<u>W1798</u> Health services	Z1, Z4	03 (inpatient hospital)	<u>G0154</u> (RN)	U7, TL and TD	21	\$19.82
		Z1, Z4	03 (inpatient hospital)	<u>G0154</u> (LPN)	U7, TL and TE	21	\$19.82
El Base	<u>W0419</u> Nursing	Z1	01 center	<u>G0154</u> Nursing assessment	TL	11	\$19.05
		Z2, Z3, Z4	01 center	<u>G0154</u> (RN)	TL and TD	11	\$19.05
		Z2, Z3, Z4	01 center	<u>G0154</u> (LPN)	TL and TE	11	\$19.05
El Base	<u>W1799</u> Nursing	Z1	02 (home or community)	<u>G0154</u> Nursing assessment	TL and U7	12 or 99	\$19.82
		Z2, Z3, Z4	02 (home or community)	<u>G0154</u> (RN)	U7, TL and TD	12 or 99	\$19.82
		Z2, Z3, Z4	02 (home or community)	<u>G0154</u> (LPN)	U7, TL and TE	12 or 99	\$19.82

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EI Base	<u>W1799</u> Nursing	Z1	03 (inpatient 30 days or less prior to discharge)	<u>G0154</u> Nursing assessment	TL and U7	21	\$19.82
		Z4	03 (inpatient 30 days or less prior to discharge)	<u>G0154</u> (RN)	U7, TL and TD	21	\$19.82
		Z4	03 (inpatient 30 days or less prior to discharge)	<u>G0154</u> (LPN)	U7, TL and TE	21	\$19.82
EI Base	<u>WO420</u> Nutrition	Z1, Z2, Z3, Z4	01 center	<u>S9470</u> Nutritional counseling	TL and U8	11	\$19.05
EI Base	<u>W1800</u> Nutrition	Z1, Z2, Z3, Z4	02 (home and community)	<u>S9470</u> Nutritional counseling	TL and U9	12 or 99	\$19.82
EI Base	<u>W1800</u> Nutrition	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	<u>S9470</u> Nutritional counseling	TL and U9	21	\$19.82

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El Base	<u>WO421</u> Occupational therapy	Z1	01 center	<u>97003</u> OT evaluation	TL	11	\$22.36
		Z1	01 center	<u>97004</u> OT re-evaluation	TL and U7	11	\$22.36
		Z2, Z3, Z4	01 center	<u>97532</u> Development of cognitive skills to improve attention memory, problem solving, direct (1 to1) patient contact by the provider each 15 minutes	TL	11	\$22.36
		Z2, Z3, Z4	01 center	<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
El Base	<u>W1801</u> Occupational therapy	Z1	02 (home and community)	<u>97003</u> OT evaluation	TL and U7	12 or 99	\$23.25

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EI Base	<u>W1801</u> Occupational therapy	Z1	02 (home and community)	<u>97004</u> OT re-evaluation	<b>TL and U8</b>	12 or 99	\$23.25
		Z2, Z3, Z4	02 (home and community)	<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	<b>TL and U7</b>	12 or 99	\$23.25
		Z2, Z3, Z4	02 (home and community)	<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.	<b>TL and U7</b>	12 or 99	\$23.25

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EI Base	<b>W1801</b> Occupational therapy	Z2, Z3, Z4	02 (home and community)	<b>97535</b> Self care/home management training ADL and compensatory training, meal preparation, safety procedure and instruction in use of assistive technology device/adaptive equipment direct (1 to 1) contact by provider each 15mins.	<b>TL</b>	12 or 99	\$23.25
EI Base	<b>W1801</b> Occupational therapy	Z1, Z4	03 (inpatient 30 days or less prior to discharge)	<b>97003</b> OT evaluation	<b>TL and U7</b>	21	\$23.25
		Z1, Z4	03 (inpatient 30 days or less prior to discharge)	<b>97004</b> OT re-evaluation	<b>TL and U8</b>	21	\$23.25
EI Base	<b>WO422</b> Physical therapy	Z1	01 center	<b>97001</b> PT evaluation	<b>TL</b>	11	\$22.36
		Z1	01 center	<b>97002</b> PT re-evaluation	<b>TL and U7</b>	11	\$22.36

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El Base	<u>WO422</u> Physical therapy	Z2, Z3	01 center	<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 center	<u>97116</u> Gait training (includes stair climbing)	TL and U8	11	\$22.36
		Z4	01 center	<u>97750</u> Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins.	TL and U7	11	\$22.36
El Base	<u>W1802</u> Physical therapy	Z1	02 (home and community)	<u>97001</u> PT evaluation	TL and U7	12 or 99	\$23.25
		Z1	02 (home and community)	<u>97002</u> PT re-evaluation	TL and U8	12 or 99	\$23.25
		Z2, Z3	02 (home and community)	<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 UB	12 or 99	\$23.25

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El Base	<u>W1802</u> Physical therapy	Z2, Z3	02 (home and community)	<u>97116</u> Gait training (includes stair climbing)	TL and UB	12 or 99	\$23.25
		Z2, Z3	02 (home and community)	<u>97530</u> Therapeutic activities direct (1 to 1) patient contact by the provider (use of dynamic activities to improve functional performance each 15 mins.)	TL and U9	12 or 99	\$23.25
		Z4	02 (Home and community)	<u>97750</u> Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins.)	TL and U8	12 or 99	\$23.25
El Base	<u>W1802</u> Physical therapy	Z1	03 inpatient (30 days or less prior to discharge)	<u>97001</u> PT evaluation	TL and U7	21	\$23.25
		Z1	03 inpatient (30 days or less prior to discharge)	<u>97002</u> PT re-evaluation	TL and U8	21	\$23.25

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EI Base	<u>W1802</u> Physical therapy	Z4	03 inpatient (30 days or less prior to discharge)	<u>97750</u> Physical performance test or measurement (eg. Musculoskeletal, functional capacity) with written report, each 15 mins	TL and U8	21	\$23.25
EI Base	<u>WO423</u> Psychological services	Z1, Z4	01 center	<u>T1024</u> 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 center	<u>T1027</u> Family training and counseling for child development per 15 minutes	TL	11	\$19.60
EI Base	<u>W1803</u> Psychological services	Z1, Z4	02 (home and community)	<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

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EI Base	<u>W1803</u> Psychological services	Z2, Z3	02 (home and community)	<u>T1027</u> Family training and counseling for child development per 15 minutes	<b>TL and U7</b>	12 or 99	\$20.37
EI Base	<u>W1803</u> Psychological services	Z1, Z4	03 inpatient (30 days or less prior to discharge)	<u>T1024</u> Evaluation and treatment by and integrated specialty team contracted to provide coordinate care to multiple or severely handicapped children per encounter	<b>TL and U7</b>	21	\$20.37
EI Base	<u>WO424</u> Speech pathology	Z1, Z4	01 center	<u>92506</u> Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	<b>TL</b>	11	\$20.16
		Z1, Z4	01 center	<u>92610</u> Evaluation of oral and pharyngeal swallowing function	<b>TL</b>	11	\$20.16

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EI Base	<u>WO424</u> Speech pathology	Z2, Z3	01 center	<u>92507</u> Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation): individual	<b>TL and U7</b>	11	\$20.16
		Z2, Z3	01 center	<u>92526</u> Treatment of swallowing dysfunction and/or oral function for feeding	<b>TL</b>	11	\$20.16
EI Base	<u>W1804</u> Speech pathology	Z1, Z4	02 (home and community)	<u>92506</u> Evaluation or speech, language, voice communication, auditory processing, and/or rehabilitation status.	<b>TL and U7</b>	12 or 99	\$20.98
		Z1, Z4	02 (home and community)	<u>92610</u> Evaluation of oral and pharyngeal swallowing function	<b>TL and U7</b>	12 or 99	\$20.98
		Z2, Z3	02 (home and community)	<u>92507</u> Treatment of speech, language, voice communication, and/or auditory processing disorder (includes aural rehabilitation): individual	<b>TL and U8</b>	12 or 99	\$20.98

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El Base	<u>W1804</u> Speech pathology	Z2, Z3	02 (home and community)	<u>92526</u> Treatment of swallowing dysfunction and/or oral function for feeding	<b>TL and U7</b>	12 or 99	\$20.98
El Base	<u>W1804</u> Speech pathology	Z1, Z4	03 inpatient (30 days or less prior to discharge)	<u>92506</u> Evaluation of speech, language, voice communication, auditory processing, and/or rehabilitation status.	<b>TL and U7</b>	21	\$20.98
		Z1, Z4	03 inpatient (30 days or less prior to discharge)	<u>92610</u> Evaluation of oral and pharyngeal swallowing function	<b>TL and U7</b>	21	\$20.98
El Base	<u>Z9812</u> Service coordination	Not applicable	01 center	<u>T1016</u> Case management per 15 minutes	<b>TL and U7</b>	11	\$14.64
		Not applicable	02 home and community	<u>T1016</u> Case management per 15 minutes	<b>TL and U7</b>	12 or 99	\$14.64
		Not applicable	03 inpatient (30 days or less prior to discharge)	<u>T1016</u> Case management per 15 minutes	<b>TL and U7</b>	21	\$14.64
El Base	<u>W1805</u> Special instruction	Z1, Z2, Z3, Z4	01 center	<u>H2037</u> Developmental delay prevention activities	<b>TL</b>	11	\$19.05

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El Base	<u>W1806</u> Special instruction	Z1, Z2, Z3, Z4	02 Home and community	<u>S5110</u> Home care training with family	TL	12 or 99	\$19.82
		Z1, Z2, Z3, Z4	02 Home and community	<u>H2037</u> Developmental delay prevention activities	TL	12 or 99	\$19.82
El Base	<u>W1806</u> Special instruction	Z1,Z4	03 inpatient (30 days or less prior to discharge)	<u>H2037</u> Developmental delay prevention activities	TL	21	\$19.82
El Base	<b>ASSIS</b> Assistive technology	Not applicable	Not applicable	<u>W7295</u>	TL	Not applicable	Rate is county MH/MR program specific ND Number of devices
El Base	<b>TRANS</b> Transportation (child)	Not applicable	Not applicable	<u>W7296</u>	TL	Not applicable	Rate is county MH/MR program specific RT Round Trip

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<b>EI Base</b>	<b>VISIO</b> Vision	Not applicable	Not applicable	<u><b>W7297</b></u>	<b>TL</b>	Not applicable	Rate is county MH/MR program specific QR quarter hour unit
<b>EI Base</b>	<b>MEDSV</b> Medical services (for diagnosis only)	Not applicable	Not applicable	<u><b>W7298</b></u>	<b>TL</b>	Not applicable	Rate is county MH/MR program specific RC reasonable costs
<b>EI Base</b>	<b>TRAVL</b> staff travel	Not applicable	02 home and community	<u><b>W7299</b></u>	<b>TL</b>	99	Rate is county MH/MR program specific VT Visit