



MENTAL RETARDATION BULLETIN  
COMMONWEALTH OF PENNSYLVANIA  
PUBLIC WELFARE

DEPARTMENT OF

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October 16, 2003

NUMBER  
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SUBJECT:

Procedures Codes for Electronic Transfers of  
Health Care Services

BY:

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**SCOPE:**

County MH/MR Programs

**PURPOSE:**

The purpose of this Bulletin is to advise County MH/MR Programs performing electronic payment transactions for waiver and base health care services that the attached procedure codes must be used beginning with the effective date of this Bulletin.

**BACKGROUND:**

Effective October 16, 2003, all healthcare payors, providers and clearinghouses must use nationally recognized codes and formats to transmit electronic healthcare transactions under the provisions of the Health Insurance Portability and Accountability Act (HIPAA).

**DISCUSSION:**

The Office of Mental Retardation is aware that counties and their contracted providers need to program their billing systems to account for the crosswalk of the codes currently used to standard codes. The national codes attached to this Bulletin must be used effective October 16, 2003 to be in compliance with HIPAA. Counties that transmit electronic healthcare transactions for base services must use the Office of Medical Assistance Program (OMAP) fee schedule.

County Programs that elect to use PROMISE effective July 1, 2004 will also use the same attached healthcare procedure codes plus additional codes that will be provided in the future for non-health care waiver and base services.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Mel Knowlton, Bureau of Quality Improvement and Policy, Department of Public Welfare, P.O. Box 2675, Harrisburg, PA 17105 or by Telephone at 717-783-5764.



# Nursing Service

OMR Consolidated and PFDS Waivers

CODE	MODIFIER	SERVICE
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<b>96150</b>		<b><i>Health assessment each 15 minutes face-to-face individual</i></b>
<b>96151</b>		<b><i>Re-assessment</i></b>
<b>96152</b>		<b><i>Health intervention each 15 minutes face-to-face individual</i></b>
<b>96154</b>		<b><i>Family with patient present</i></b>
<b>T1001</b>		<b><i>Nursing assessment</i></b>
<b>T1002</b>		<b><i>RN 15 minutes</i></b>
<b>T1003</b>		<b><i>LPN 15 minutes</i></b>
<b>T1002</b>	<b><i>UF (6 Hours)</i></b>	<b><i>RN Morning</i></b>
<b>T1002</b>	<b><i>UG (6 Hours)</i></b>	<b><i>RN Afternoon</i></b>
<b>T1002</b>	<b><i>UH (6 Hours)</i></b>	<b><i>RN Evening</i></b>
<b>T1002</b>	<b><i>UJ (6 Hours)</i></b>	<b><i>RN Night</i></b>
<b>T1003</b>	<b><i>UF (6Hours)</i></b>	LPN Morning
<b>T1003</b>	<b><i>UG (6 Hours)</i></b>	LPN Afternoon
<b>T1003</b>	<b><i>UH (6 Hours)</i></b>	LPN Evening

<b>T1003</b>	<b>UJ (6 Hours)</b>	LPN Night

## Nutrition Therapy

OMR Consolidated and PFDS Waivers

CODE	MODIFIER	SERVICE
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<b>97802</b>		<b><i>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with patient, each 15 minutes</i></b>
<b>97803</b>		<b><i>Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</i></b>
<b>97804</b>		<b><i>Group (2 or more individuals (s), each 30 minutes</i></b>
<b>T1002</b>		<b><i>RN 15 minutes</i></b>
<b>T1003</b>		<b><i>LPN 15 minutes</i></b>

# Occupational Therapy

OMR Consolidated and PFDS Waivers

CODE	MODIFIER	SERVICE
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<b>97003</b>		<b><i>Occupational Therapy Evaluation</i></b>
<b>97004</b>		<b><i>Occupational Therapy Re-evaluation</i></b>
<b>92525</b>		<b><i>Evaluation of swallowing and oral function for feeding</i></b>
<b>97110</b>		<b><i>Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</i></b>
<b>97530</b>		<b><i>Therapeutic activities, direct (one-to-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes</i></b>
<b>97532</b>		<b><i>Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-to-one) patient contact by the provider, each 15 minutes</i></b>
<b>97535</b>		<b><i>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</i></b>

# Physical Therapy

OMR Consolidated and PFDS Waivers

CODE	MODIFIER	SERVICE
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<b>97001</b>		<b><i>Physical therapy evaluation</i></b>
<b>97002</b>		<b><i>Physical therapy re-evaluation</i></b>
<b>97116</b>		<b><i>Gait training (includes stair climbing)</i></b>
<b>97504</b>		<b><i>Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes</i></b>
<b>97520</b>		<b><i>Prosthetic training, upper and/or lower extremities, each 15 minutes</i></b>
<b>97542</b>		<b><i>Wheelchair management/propulsion training, each 15 minutes</i></b>
<b>97780</b>		<b><i>Physical performance test or measurement (e.g., musculoskeletal, functioning capacity), with written report, each 15 minutes</i></b>
<b>S5110</b>		<b><i>Teacher, home care training with family</i></b>
<b>S5115</b>		<b><i>Non-family home care training</i></b>

# Speech and Language Service

OMR Consolidated and PFDS Waivers

CODE	MODIFIER	SERVICE
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92506		<b>Evaluation of speech, language, voice communication, auditory processing, and/or rehabilitation status</b>
92507		<b>Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation): individual</b>
92525		<b>Evaluation of swallowing and oral function for feeding</b>
92526		<b>Treatment of swallowing dysfunction and/or oral function for feeding</b>
<i>Audiologic Function Tests With Medical Diagnostic Evaluation</i>		
92551		<b>Screening test, pure tone, air only</b>
92552		<b>Pure tone audiometry (threshold); air only</b>
92553		<b>Air and bone</b>
92555		<b>Speech audiometry threshold</b>
92556		<b>With speech recognition</b>
92557		<b>Comprehensive audiometry treshold evaluation and speech recognition (92553 and 92556 combined)</b> (For hearing aid evaluation and selection, see 92590-92595)
92559		<b>Audiometric testing of groups</b>
92560		<b>Bekesy audiometry; screening</b>

<b>92561</b>		<b><i>Diagnostic</i></b>
<b>92562</b>		<b><i>Loudness balance test, alternate binaural or monaural</i></b>
<b>92563</b>		<b><i>Tone decay test</i></b>
<b>92564</b>		<b><i>Short increment sensitivity index (SISI)</i></b>
<b>92565</b>		<b><i>Stenger test, pure tone</i></b>
<b>92567</b>		<b><i>Tympanometry (impedance testing)</i></b>
<b>92568</b>		<b><i>Acoustic reflex testing</i></b>
<b>92569</b>		<b><i>Acoustic reflex decay test</i></b>
<b>92571</b>		<b><i>Filtered speech test</i></b>
<b>92572</b>		<b><i>Staggered spondaic word test</i></b>
<b>92573</b>		<b><i>Lombard test</i></b>

# Speech and Language Service (continued)

OMR Consolidated and PFDS Waivers

CODE	MODIFIER	SERVICE
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<b>92575</b>		<b><i>Sensorineural acuity level test</i></b>
<b>92576</b>		<b><i>Synthetic sentence identification test</i></b>
<b>92577</b>		<b><i>Stenger test, speech</i></b>
<b>92579</b>		<b><i>Visual reinforcement audiometry</i></b>
<b>92582</b>		<b><i>Conditioning play audiometry</i></b>
<b>92583</b>		<b><i>Select picture audiometry</i></b>
<b>92584</b>		<b><i>Electrocochleography</i></b>
<b>92585</b>		<b><i>Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system comprehensive</i></b>
<b>92587</b>		<b><i>Evoked otoacoustic emissions; limited (single stimulus level either transient or distortion products)</i></b>
<b>92588</b>		<b><i>Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)</i></b>
<b>92589</b>		<b><i>Central auditory function test(s) (Specify)</i></b>
<b>92590</b>		<b><i>Hearing aid examination and selection; monaural</i></b>
<b>92591</b>		<b><i>Binaural</i></b>
<b>92592</b>		<b><i>Hearing aid check; monaural</i></b>

92593		<i>Binaural</i>
92594		<i>Electroacoustic evaluation for hearing aid; monaural</i>
92595		<i>Binaural</i>
92596		<i>Ear Protector attenuation measurements</i>
92597		<i>Evaluation for use and/or fitting of voice prosthetic or augmentative/alternative communication device to supplement oral speech</i>
92598		Modification of voice prosthetic or augmentative/alternative communication device to supplement oral speech
<b>Other Procedures</b>		
92599		<i>Unlisted otorhinolaryngological service or procedure</i>

## Behavior Therapy

### OMR Consolidated and PFDS Waivers

CODE	MODIFIER	SERVICE
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