

SECTION 4

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PROCEDURE CODES

The S.C. Medicaid program requires that claims be submitted using the correct procedure code for the service rendered. The following is a list of procedure codes for Local Education Agency Services.

AUDIOLOGICAL SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Pure Tone Audiometry					
92552	Pure tone audiometry (threshold); air only			One test	6 every 12 months
Audiological Evaluation					
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)			One evaluation	1 every 12 months
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52	Reduced services	One evaluation	6 every 12 months
Tympanometry (Impedance Testing)					
92567	Tympanometry (impedance testing)			One test	6 every 12 months
92568	Acoustic reflex testing; threshold			One test	2 every 12 months
Electrocochleography					
92584	Electrocochleography			One procedure	1 per implantation
Hearing Aid Examination and Selection; Monaural					
92590	Hearing aid examination and selection; monaural			One evaluation	6 every 12 months

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Hearing Aid Check; Monaural					
92592	Hearing aid check; monaural			One analysis	6 every 12 months
92592	Hearing aid check; monaural	52	Reduced services	One analysis	6 every 12 months
Evaluation of Auditory Rehabilitation Status, First Hour					
92626	Evaluation of auditory rehabilitation status, first hour			First hour	10 every 12 months
Fitting/Orientation/Checking of Hearing Aid					
V5011	Fitting/orientation/checking of hearing aid			One orientation	6 every 12 months
Dispensing Fee					
V5090	Dispensing fee, unspecified hearing aid			One fee	6 every 12 months
Ear Impression					
V5275	Ear impression, each (ONE – bill 1 unit)			One ear impression	6 every 12 months
V5275	Ear impression, each (BOTH – bill 2 units)			One ear impression	6 every 12 months

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ORIENTATION AND MOBILITY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Orientation and Mobility Assessment					
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter			15-minute unit	One assessment (up to 8 units)
Orientation and Mobility Reassessment					
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	TS	Follow-up service	15-minute unit	One reassessment (up to 5 units 3 times per year)
Orientation and Mobility Services					
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	TM	Individualized Education Program (IEP)	15-minute unit	15 minutes (up to 30 units/week)

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PHYSICAL AND OCCUPATIONAL THERAPY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Physical Therapy Evaluation					
97001	Physical therapy evaluation	GP	Services delivered under an outpatient physical therapy plan of care	One evaluation	2 every 12 months
Individual Physical Therapy					
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	GP	Services delivered under an outpatient physical therapy plan of care	15 minutes	4 units per day
Group Physical Therapy					
97150	Therapeutic procedure(s), group (2 or more individuals)	GP	Services delivered under an outpatient physical therapy plan of care	15 minutes	4 units per day
Occupational Therapy Evaluation					
97003	Occupational therapy evaluation	GO	Services delivered under an outpatient occupational therapy plan of care	One evaluation	2 every 12 months
Individual Occupational Therapy					
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	GO	Services delivered under an outpatient occupational therapy plan of care	15 minutes	4 units per day

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Group Occupational Therapy					
97150	Therapeutic procedure(s), group (2 or more individuals)	GO	Services delivered under an outpatient occupational therapy plan of care	15 minutes	4 units per day
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					
Wrist Hand Finger Orthosis (WHFO)					
L3808	Wrist hand finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment			One splint	4 every 12 months
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					
Fabrication of Orthotic					
L2999	Lower extremity orthoses, not otherwise specified (NOS)			One orthotic	4 every 12 months
L3999	Upper limb orthosis, not otherwise specified (NOS)			One orthotic	4 every 12 months
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					

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SPEECH-LANGUAGE PATHOLOGY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Speech Evaluation					
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	HA	Child/adolescent program	One evaluation	1 per lifetime
S9152	Re-evaluation of speech, language, voice, communication, and/or auditory processing			One evaluation	2 every 12 months
<i>NOTE: Any evaluation performed subsequent to the evaluation conducted as the result of the initial speech disorder is considered a re-evaluation and should be billed under this code.</i>					
Individual Speech Therapy					
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual			15 minutes	4 units per day
Group Speech Therapy					
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals			15 minutes	4 units per day

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NURSING SERVICES FOR CHILDREN UNDER 21

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
T1002	Registered Nurse (RN)			15 minutes	24 units/day
T1003	Licensed Practical Nurse (LPN)			15 minutes	24 units/day
T1015 (RN)	Clinic visit/encounter, all-inclusive	TD	RN Nursing Encounter	<15 minutes	4 encounters/day
T1015 (LPN)	Clinic visit/encounter, all-inclusive	TE	LPN Nursing Encounter	<15 minutes	4 encounters/day

Medication administration taking longer than 15 minutes should be billed under T1002 or T1003. Medicaid does not allow multiple medication administration on the same day to be combined into 15-minute units and billed under procedure code T1015.

The procedure codes T1002, T1003, and T1015 may be billed on the same date of service. However, these services are not reimbursable in addition to other procedure codes which would include a nursing service (*e.g.*, E/M office visit codes, Home Health Skilled Nursing Care codes, DHEC clinic procedures, etc.)

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BEHAVIORAL HEALTH SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
H2019	Therapeutic Behavioral Services - TBS (formerly TCT) Center Based			15 min	16 units/day
H2020	Therapeutic Behavioral Services - TBS-(formerly TCT)-Home Visit	HA	Child/adolescent program	1 visit	1 unit/week
H2018	Psychosocial Rehabilitation Services (formerly Clinical Day Programming)			1 day	Daily

PSYCHOLOGICAL SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Psychological Testing/Evaluation					
96101	Psychological Testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology, <i>e.g.</i> , MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time the patient and time interpreting test results and preparing the report			60 minutes	6 units per day
<p><i>NOTE: This procedure can be billed for 30 minutes of service. (Unit of Service is .5).</i></p>					

SECTION 4 PROCEDURE CODES**MEDICAID ADOLESCENT
PREGNANCY PREVENTION
SERVICES (MAPPS)**

MAPPS shall be provided in accordance with South Carolina Medicaid guidelines set forth in SCDHHS' Medicaid Enhanced Services Provider Manual and appropriate Medicaid bulletins, which are hereby incorporated for reference.

**SPECIAL NEEDS
TRANSPORTATION**

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
T2002	Non-emergency transportation, per diem			Per diem	Daily

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