

SECTION 4**PROCEDURE CODES****TABLE OF CONTENTS**

PROCEDURE CODES	1
SPEECH-LANGUAGE PATHOLOGY SERVICES.....	1
Speech Evaluation.....	1
Individual Speech Therapy	1
Group Speech Therapy	1
AUDIOLOGICAL SERVICES	2
Pure Tone Audiometry.....	2
Audiological Evaluation.....	2
Tympanometry (Impedance Testing)	2
Acoustic reflex testing; threshold	2
Electrocochleography	2
Audiologic Function Tests with Medical Diagnostic Evaluation.....	2
Hearing Aid Examination and Selection; Monaural.....	3
Hearing Aid Check; Monaural.....	3
Cochlear Implant.....	3
Evaluation of Auditory Rehabilitation Status	4
Fitting/Orientation/Checking of Hearing Aid	4
Dispensing Fee.....	4
Ear Impression	4
PHYSICAL AND OCCUPATIONAL THERAPY SERVICES	5
Physical Therapy Evaluation	5
Individual Physical Therapy	5
Individual Aquatic Therapy	5
Occupational Therapy Evaluation.....	5
Individual Occupational Therapy.....	6
Individual Aquatic Therapy	6
Wrist Hand Finger Orthosis (WHFO)	6
Fabrication of Orthotic	6

SECTION 4 PROCEDURE CODES

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 Private Rehabilitative Therapy and Audiological Services:

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	Speech Therapy Re-evaluation			One re-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 (1 hour) Limited up to 300 units per state fiscal year (75 hours)
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 (1 hour) Limited up to 300 units per state fiscal year (75 hours)

SECTION 4 PROCEDURE CODES

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
Acoustic reflex testing; threshold					
92568	Acoustic reflex testing; threshold			One test	2 every 12 months
Electrocochleography					
92584	Electrocochleography			One procedure	1 per implantation
Audiologic Function Tests with Medical Diagnostic Evaluation					
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive			One test	No limit

SECTION 4 PROCEDURE CODES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
92585	Auditory evoked potentials for evoked response audiometry screening and/or testing of the central nervous system; comprehensive	52	Reduced services	One test	No limit
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)			One test	No limit
92588	Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)			One test	No limit
Hearing Aid Examination and Selection; Monaural					
92590	Hearing aid examination and selection; monaural			One evaluation	6 every 12 months
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
Cochlear Implant					
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years; with programming			One procedure	No limit
92602	Subsequent reprogramming (Do not report 92602 in addition to 92601) (For aural rehabilitation services following cochlear implant, including evaluation of rehabilitation status, see 92626-92627, 92630-92633)			One procedure	No limit

SECTION 4 PROCEDURE CODES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming			One procedure	No limit
92604	Subsequent reprogramming (Do not report 92603 in addition to 92604)			One procedure	No limit
Evaluation of Auditory Rehabilitation Status					
92626	Evaluation of auditory rehabilitation status, first hour			One procedure	10 per year
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

SECTION 4 PROCEDURE CODES

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 (1 hour) Limited up to 300 units per state fiscal year (75 hours)
Individual Aquatic Therapy					
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	GP	Services delivered under an outpatient physical therapy plan of care	15 minutes	8 units per calendar month (may be a combination of units not to exceed 8 units per month)
Occupational Therapy Evaluation					
97003	Occupational therapy evaluation	GO	Services delivered under an outpatient occupational therapy plan of care	One evaluation	2 every 12 months

SECTION 4 PROCEDURE CODES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
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 (1 hour) Limited up to 300 units per state fiscal year (75 hours)
Individual Aquatic Therapy					
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	GO	Services delivered under an outpatient occupational therapy plan of care	15 minutes	8 units per calendar month (may be a combination of units not to exceed 8 units per month)
<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
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>					