

## SECTION 4

### PROCEDURE CODES

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## 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 Local Education Agency Services.

#### AUDIOLOGICAL SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
<b>Pure Tone Audiometry</b>					
92552	Pure tone audiometry (threshold); air only			One test	6 every 12 months
<b>Audiological Evaluation</b>					
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
<b>Tympanometry (Impedance Testing)</b>					
92567	Tympanometry (impedance testing)			One test	6 every 12 months
92568	Acoustic reflex testing; threshold			One test	2 every 12 months
<b>Electrocochleography</b>					
92584	Electrocochleography			One procedure	1 per implantation
<b>Hearing Aid Examination and Selection; Monaural</b>					
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
<b>Hearing Aid Check; Monaural</b>					
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
<b>Evaluation of Auditory Rehabilitation Status, First Hour</b>					
92626	Evaluation of auditory rehabilitation status, first hour			First hour	10 every 12 months
<b>Fitting/Orientation/Checking of Hearing Aid</b>					
V5011	Fitting/orientation/checking of hearing aid			One orientation	6 every 12 months
<b>Dispensing Fee</b>					
V5090	Dispensing fee, unspecified hearing aid			One fee	6 every 12 months
<b>Ear Impression</b>					
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

### ORIENTATION AND MOBILITY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
<b>Orientation and Mobility Assessment</b>					
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)
<b>Orientation and Mobility Reassessment</b>					
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)
<b>Orientation and Mobility Services</b>					
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)

## SECTION 4 PROCEDURE CODES

### PHYSICAL AND OCCUPATIONAL THERAPY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
<b>Physical Therapy Evaluation</b>					
97001	Physical therapy evaluation	GP	Services delivered under an outpatient physical therapy plan of care	One evaluation	2 every 12 months
<b>Individual Physical Therapy</b>					
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
<b>Group Physical Therapy</b>					
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
<b>Occupational Therapy Evaluation</b>					
97003	Occupational therapy evaluation	GO	Services delivered under an outpatient occupational therapy plan of care	One evaluation	2 every 12 months
<b>Individual Occupational Therapy</b>					
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

## SECTION 4 PROCEDURE CODES

### PHYSICAL AND OCCUPATIONAL THERAPY SERVICES (CONT'D.)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
<b>Group Occupational Therapy</b>					
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>NTE: Payment for this procedure includes both time and cost of material.</i>					
<b>Wrist Hand Finger Orthosis (WHFO)</b>					
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>NTE: Payment for this procedure includes both time and cost of material.</i>					
<b>Fabrication of Orthotic</b>					
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>NTE: Payment for this procedure includes both time and cost of material.</i>					

## SECTION 4 PROCEDURE CODES

### SPEECH-LANGUAGE PATHOLOGY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
<b>Speech Evaluation</b>					
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>NTE: 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>					
<b>Individual Speech Therapy</b>					
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual			15 minutes	4 units per day
<b>Group Speech Therapy</b>					
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals			15 minutes	4 units per day

## SECTION 4 PROCEDURE CODES

### 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.)

### SCHOOL-BASED PSYCHOLOGICAL EVALUATION AND TESTING

Procedure Code	Modifier	Modifier Description	Frequency	Rate
96101		Certified School Psychologist/ Licensed Psycho-Educational Specialist	60 minutes/ 6 units per day	\$90.43
<p><i>NOTE: This procedure code has a maximum annual frequency of 20 units per year..</i></p> <p><i>NOTE: This procedure can be billed for 30 minutes of service. (Unit of Service is .5.)</i></p>				

## SECTION 4 PROCEDURE CODES

### REHABILITATIVE BEHAVIORAL HEALTH SERVICES

#### Psychological Services

Procedure Code	Modifier	Modifier Description	Frequency	Rate
96101	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	60 minutes/ 6 units per day	\$90.43
<i>NOTE: This procedure code has a maximum annual frequency of 20 units per year.</i>				
<i>NOTE: This procedure can be billed for 30 minutes of service. (Unit of Service is .5.)</i>				

#### Initial Comprehensive Assessment

Procedure Code	Modifier	Modifier Description	Frequency	Rate
H2000	AH	Clinical Psychologist/Licensed Psycho-Educational Specialist	Encounter 1 per 6 months	\$224.63
	HO	Master's level	"	\$153.94
	TD	Registered Nurse	"	\$187.32

#### Follow-up Comprehensive Assessment

Procedure Code	Modifier	Modifier Description	Frequency	Rate
H0031	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	Encounter 12 per year	\$112.32
	HO	Master's level	"	\$76.97
	TD	Registered Nurse	"	\$93.66

## SECTION 4 PROCEDURE CODES

### Service Plan Development

Procedure Code	Modifier	Modifier Description	Frequency	Rate
H0032	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	15 minutes 12 per day	\$11.73
	HO	Master's level	"	\$8.04
	TD	Registered Nurse	"	\$9.78
	HN	Bachelor's level	"	\$7.04
<i>Service Plan Development with Client</i>				
99366	AH	Clinical Psychologist/Licensed Psycho-Educational Specialist	15 minutes 12 per day	\$11.73
	HO	Master's level	"	\$8.04
	TD	Registered Nurse	"	\$9.78
	HN	Bachelor's level	"	\$7.04
<i>Service Plan Development without Client</i>				
99367	AH	Clinical Psychologist/Licensed Psycho-Educational Specialist	15 minutes 12 per day	\$11.73
	HO	Master's level	"	\$8.04
	TD	Registered Nurse	"	\$9.78
	HN	Bachelor's level	"	\$7.04

### Therapy Services

Procedure Code	Modifier	Modifier Description	Frequency	Rate
<i>Individual Therapy</i>				
90804	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	30 minutes 6 per day	\$54.43
	HO	Master's level	"	\$37.30

## SECTION 4 PROCEDURE CODES

### Therapy Services (Cont'd.)

Procedure Code	Modifier	Modifier Description	Frequency	Rate
<i>Group Therapy</i>				
90853	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	30 minutes 6 per day	\$8.10
	HO	Master's level	"	\$5.55
<i>Family Therapy without Client</i>				
90846	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	30 minutes 6 per day	\$52.06
	HO	Master's level	"	\$35.68
<i>Family Therapy with Client</i>				
90847	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	30 minutes 6 per day	\$53.67
	HO	Master's level	"	\$36.78

### Crisis Management

Procedure Code	Modifier	Modifier Description	Frequency	Rate
H2011	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	15 minutes 16 per day	\$28.29
	HO	Master's level	"	\$19.39
	TD	Registered Nurse	"	\$24.32
	HN	Bachelor's level	"	\$16.97

## SECTION 4 PROCEDURE CODES

### Behavioral Health Screening

Procedure Code	Modifier	Modifier Description	Frequency	Rate
H0002	AH	Clinical Psychologist	15 minutes 2 per day	\$18.72
	HO	Master's level	"	\$12.82
	TD	Registered Nurse	"	\$15.61
	HN	Bachelor's level	"	\$11.23

### Community Support Services

Procedure Code	Modifier	Modifier Description	Frequency	Rate
<i>Behavior Modification</i>				
H2014	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	15 minutes 64 per day	\$13.02
	HO	Master's level	"	\$8.92
	TD	Registered Nurse	"	\$10.85
	HN	Bachelor's level	"	\$7.81
	HM	Less than Bachelor's level	"	\$5.98
	TE	Licensed Practical Nurse	"	\$7.11
<i>Rehabilitation Psychosocial Service</i>				
H2017	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	15 minutes 64 per day	\$13.02
	HO	Master's level	"	\$8.92
	TD	Registered Nurse	"	\$10.85
	HN	Bachelor's level	"	\$7.81
H2017	HM	Less than Bachelor's level	"	\$5.98
	TE	Licensed Practical Nurse	"	\$7.11

## SECTION 4 PROCEDURE CODES

### Community Support Services (Cont'd.)

Procedure Code	Modifier	Modifier Description	Frequency	Rate
<i>Family Support</i>				
S9482	AH	Clinical Psychologist/ Licensed Psycho-Educational Specialist	15 minutes 64 per day	\$13.02
	HO	Master's level	"	\$8.92
	TD	Registered Nurse	"	\$10.85
	HN	Bachelor's level	"	\$7.81
	HM	Less than Bachelor's level	"	\$5.98
	TE	Licensed Practical Nurse	"	\$7.11

## 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

## **SECTION 4 PROCEDURE CODES**

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