

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Post Office Box 8206
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www.scdhhs.gov

July 9, 2007

MEDICAID BULLETIN

CLTC 07-10
MC-DHEC 07-16
MC-DRC 07-10

TO: Medicaid Providers of Nursing Services

SUBJECT: I. CLTC: Reimbursement Changes for Nursing Services
II. Other Providers of Nursing Services for Children Under 21

The South Carolina Department of Health and Human Services (SCDHHS) will increase the rate of reimbursement for both Licensed Practical Nurse (LPN) and Registered Nurse (RN) nursing services beginning with dates of service **on or after July 1, 2007**. The General Assembly appropriated funds to the Department of Health and Human Services to raise nurse wages for in-home nursing services. The current LPN rate will be increased from \$24 per hour to \$25 per hour and the current RN rate will be increased from \$32 per hour to \$33 per hour.

I. CLTC: Reimbursement Changes for Nursing Services

Claims for participants in the children's nursing service, Mechanical Ventilation and HIV/AIDS waivers will continue to be filed through the Care Call system. **Claims may not be filed outside of the Care Call system for these participants.** The following table lists the current procedure code utilized in each waiver and new rate effective with dates of service on and after July 1, 2007:

Program	Procedure Code	Procedure Description	Reimbursement Rate after July 1, 2007
HIV/AIDS	T1002	RN nursing	\$33.00
	T1003	LPN nursing	\$25.00
Mechanical Ventilation	T1002	RN nursing	\$33.00
	T1003	LPN nursing	\$25.00
Children's Nursing Service	T1002	RN nursing	\$33.00
	T1003	LPN nursing	\$25.00
Head and Spinal Cord Injured	S9123	RN nursing	\$33.00
	S9124	LPN nursing	\$25.00
Mental Retardation/ Related Disabilities	S9123	RN nursing	\$33.00
	S9124	LPN nursing	\$25.00

If you have any questions concerning services through CLTC, please contact your Program Coordinator at (803) 898-2590.

II. Other Providers of Nursing Services for Children Under 21

The following table lists the current procedure codes utilized and the new rate effective with dates of service **on and after July 1, 2007**:

Department of Education – Department of Health and Environmental Control – Wil Lou Gray School – South Carolina School for the Deaf and Blind

Procedure Code	Procedure Description	Reimbursement Rate after July 1, 2007
T1002	RN Nursing Service	15min. unit \$8.25
T1003	LPN Nursing Service	15min. unit \$6.25
T1015 TD modifier	RN Nursing Encounter	(less than 15min.) \$6.35
T1015 TE modifier	LPN Nursing Encounter	(less than 15min.) \$4.35

If you have any questions concerning the above information, please contact your Program Coordinator at (803) 898-2655.

Thank you for your continued participation in the South Carolina Medicaid program.

/s/

Susan B. Bowling
Acting Director

SBB/wsk

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