

June 23, 2006

CLTC-NS

06-04

MEDICAID BULLETIN

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 LPN and RN nursing services beginning with dates of service **on or after July 1, 2006**. The current LPN rate will be increased from \$23 per hour to \$24 per hour and the current RN rate will be increased from \$31 per hour to \$32 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, 2006:

Program	Procedure Code	Procedure Description	Reimbursement Effective July 1, 2006
HIV/AIDS	T1002	RN nursing	\$32.00
	T1003	LPN nursing	\$24.00
Mechanical Ventilation	T1002	RN nursing	\$32.00
	T1003	LPN nursing	\$24.00
Children's Nursing Service	T1002	RN nursing	\$32.00
	T1003	LPN nursing	\$24.00
Head and Spinal Cord	S9123	RN nursing	\$32.00
	S9124	LPN nursing	\$24.00
Mental Retardation/ Related Disabilities	S9123	RN nursing	\$32.00
	S9124	LPN nursing	\$24.00

If you have any questions concerning the above information, please contact your Program Manager 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, 2006:

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Procedure Code	Procedure Description	Reimbursement Effective July 1, 2006
T1002 T1003	RN Nursing Service LPN Nursing Service	15min. unit \$8.00 15min. unit \$6.00
T1015 TD modifier T1015 TE modifier	RN Nursing Encounter LPN Nursing Encounter	(less than 15min.) \$6.10 (less than 15min.) \$4.10

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

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

/s/

Robert M. Kerr
Director

RMK/bwsk

NOTE: To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.scdhhs.gov/dhhsnew/QLbulletins.asp>