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# **MEDICAID BULLETIN**

**TO: Oral and Maxillofacial Surgeons**

**SUBJECT: Current Procedural Terminology (CPT) 2006 Procedure Code Updates**

Beginning with dates of service **January 1, 2006**, the South Carolina Department of Health and Human Services (SCDHHS) is updating to the CPT 2006 procedure code revisions for Oral and Maxillofacial Surgeons.

This update is to be used by Oral and Maxillofacial Surgeons for billing procedures and guidelines. **Due to the changes, deletions, and replacements in procedure codes, providers are urged to carefully review this revision. All providers are advised to check the DHHS Web site monthly for the latest Medicaid Bulletin related to your program.**

**Effective January 1, 2006**, the following CPT Codes have been changed, deleted and replaced. The age group for all new and revised CPT codes is ALL (Indicates that these services are covered for Medicaid recipients of all ages).

**Change the description of Procedure Code 13132 to read:** Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet. There is no change in the reimbursement amount.

**Delete Procedure Code 42325**, Fistulization of sublingual salivary cyst (ranula). Procedure codes 42408 and 42409 may be used to replace this code. These replacement codes are covered and there is no change in the reimbursement amount.

**Delete Procedure Codes 99261, 99262 and 99263**, Follow-up Inpatient Consultations. Replace these procedures with Subsequent Hospital Care codes 99231, 99232 and 99233. These replacement codes are covered and the reimbursement amount has not changed. New procedure codes 99307, 99308, 99309 and 99310, Subsequent Nursing Facility Care, may also be used as replacement codes. See below for descriptions and reimbursement amounts.

**Delete procedure codes 99271, 99272, 99273, 99274 and 99275**, Confirmatory Consultations. For Confirmatory Consultations see the appropriate Evaluation and Management service codes for the setting and type of service (e.g., consultation).

**Delete procedure codes 99301, 99302 and 99303**, Comprehensive Nursing Facility Assessments (New or Established Patient). Replace the heading with Initial Nursing Facility Care (New or Established Patient). The new procedure codes under this heading are 99304, 99305 and 99306. Definitions and reimbursement amounts are:

**99304** Initial nursing facility care, per day, for the evaluation and management of a patient that requires these three key components:

- A detailed or comprehensive history;
- A detailed or comprehensive examination; and
- Medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission are of low severity.

The reimbursement amount is \$28.50

**99305** Initial nursing facility care, per day, for the evaluation and management of a patient that requires these three key components:

- A comprehensive history;
- A comprehensive examination; and
- Medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission are of moderate severity.

The reimbursement amount is \$38.00.

**99306** Initial nursing facility care, per day, for the evaluation and management of a patient that requires these three key components:

- A comprehensive history;
- A comprehensive examination; and
- Medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission are of high severity.

The reimbursement amount is \$50.00.

**Delete procedure codes 99311, 99312 and 99313**, Subsequent Nursing Facility Care and replace with procedure codes 99307, 99308, 99309 and 99310. Definitions and reimbursement amounts are:

**99307** Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- A problem focused interval history;
- A problem focused examination;
- Straightforward medical decision-making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering, or improving.

The reimbursement amount is \$11.40.

**99308** Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- A expanded problem focused interval history;
- A expanded problem focused examination;
- Medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication.

The reimbursement amount is \$16.15.

**99309** Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- A detailed interval history;
- A detailed examination;
- Medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient has developed a significant complication or a significant new problem.

The reimbursement amount is \$26.60.

**99310** Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- A comprehensive interval history;
- A comprehensive examination;
- Medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.

The reimbursement amount is \$26.60.

**Delete procedure codes 99321, 99322 and 99323**, Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services – New Patient and replace with procedure codes 99324, 99325, 99326, 99327 and 99328. Definitions and reimbursement amounts are:

**99324** Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:

- A problem focused history;
- A problem focused examination; and
- Straightforward medical decision-making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.

The reimbursement amount is \$28.50.

**99325** Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:

- An expanded problem focused history;
- An expanded problem focused examination; and
- Medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.

The reimbursement amount is \$28.50.

**99326** Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:

- An detailed history;
- An detailed examination; and
- Medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.

The reimbursement amount is \$38.00.

**99327** Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:

- A comprehensive history;
- A comprehensive examination; and
- Medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

The reimbursement amount is \$38.00.

**99328** Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:

- A comprehensive history;
- A comprehensive examination; and
- Medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is unstable or has developed a new significant problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.

The reimbursement amount is \$50.00.

**Delete procedure codes 99331, 99332 and 99333**, Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services - Established Patient and replace with procedure codes 99334, 99335, 99336 and 99337. Definitions and reimbursement amounts are:

**99334** Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- A problem focused interval history;
- A problem focused examination;
- Straightforward medical decision-making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

The reimbursement amount is \$11.40.

**99335**

Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- An expanded problem focused interval history;
- An expanded problem focused examination;
- Medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

The reimbursement amount is \$16.15.

**99336**

Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- A detailed interval history;
- A detailed examination;
- Medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.

The reimbursement amount is \$16.15.

**99337** Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- A comprehensive interval history;
- A comprehensive examination; and
- Medical decision making of moderate to high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

The reimbursement amount is \$26.60.

Questions regarding this Medicaid Bulletin, billing or policy update changes should be addressed to your Program Coordinator in Dental Services at (803) 898-2568.

Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Robert M. Kerr  
Director

RMK/bmhw

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