

**South Carolina**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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[www.scdhhs.gov](http://www.scdhhs.gov)

April 3, 2009

Physicians  
OMP  
MCO  
Hospitals  
Laboratories  
Med. Clin.

## MEDICAID BULLETIN

**TO: Medicaid Providers**

**SUBJECT: Revision of Procedures for Forensic Medical Evaluations**

On February 13, 2009, the South Carolina Department of Health and Human Services (SCDHHS) notified you of the transfer of reimbursement for Forensic Medical Evaluation services from the University of South Carolina Department of Pediatrics to SCDHHS. This change allows practitioners to bill for prolonged evaluation and management services as it relates to conducting a comprehensive Forensic Medical Evaluation. The current policy limits coverage to those events that are billed in association with a South Carolina Office of Victim Assistance (SOVA) service that meets the threshold of state law Section 16-3-1350. Effective immediately, coverage is being expanded to include those events that meet the reporting requirements of the South Carolina Department of Social Services (DSS) Child Protective Services state law Section 63-7-310, which identifies and reports child abuse and neglect.

The intent of this policy is to allow reimbursement of Forensic Medical Evaluations when an evaluation is being conducted to identify cases of child abuse or criminal sexual abuse. Physicians and Nurse Practitioners may bill for services to rule out child abuse or criminal sexual abuse. Medical team conferences may be billed only when the case has SOVA or DSS involvement.

Effective for service dates on or after April 1, 2009, the SCDHHS will begin utilizing the Healthcare Common Procedure Coding System (HCPCS) codes for billing Forensic Medical Evaluations. The new HCPCS codes and descriptions are attached. To view the physician manual as well as the fee schedule for reimbursement of codes, please visit [www.scdhhs.gov](http://www.scdhhs.gov) under "providers" and "fee schedule". Documentation supporting the need for prolonged services must be kept in the patient records. Notes must be dated, list the beginning and ending time that services were rendered, and signed by the individual who provided the service. The SCDHHS Division of Program Integrity will conduct reviews to ensure compliance with policy.

If you have any questions regarding this bulletin, please contact your Program Manager at (803) 898-2660. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/  
Emma Forkner  
Director

EF/mgws  
Attachment

**NOTE:** To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov/>. To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.

**South Carolina Department of Health and Human Services  
Forensic Medical Exams Procedure Codes  
Effective Date April 1, 2009**

New Code	HCPCS Description	DHHS Definition	Old Code
G9008	Coordinated care fee, Physician coordinated care oversight services	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first 30 minutes (list separately in addition to code(s) for other physician service(s) and/or inpatient or outpatient Evaluation and Management service). This service is to be reported in addition to other physician services, including evaluation and management services at any level.	99358
G9009	Coordinated care fee, risk adjusted maintenance, Level 3	Each additional 15 minutes (List separately in addition to code for prolonged physician service) Use G9009 in conjunction with G9008. This service is to be reported in addition to other physician services, including evaluation and management services at any level. This code is limited to eight (8) units of service per event.	99359
G9007	Coordinated care fee, scheduled team conference	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 15 minutes or more participation by nonphysician qualified health care professional. This code is limited to four (4) units of service per event.	99366
G9010	Coordinated care fee, risk adjusted maintenance, Level 4	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 15 minutes or more participation by physician. This code is limited to four (4) units of service per event.	99367
G9011	Coordinated care fee, risk adjusted maintenance, Level 5	Participation by nonphysician qualified health care professional, 15 minutes or more. This code is limited to four (4) units of service per event.	99368

Note: An event is defined as each original occurrence that meets the forensic evaluations requirements of SOVA and DSS.