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MEDICAID BULLETIN

TO: Local Education Agencies

- SUBJECT:**
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 - III. Procedure Code V5275 Changes**
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 - VI. Psychological Testing/Evaluation Revisions**
 - VII. Medicaid Adolescent Pregnancy Prevention Services (MAPPS)**

In accordance with Medicare 2007 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes, South Carolina Department of Health and Human Services Local Education Agencies have revised code coverage and/or updated description changes.

I. Revised Code Coverage – Effective with the date of this Medicaid Bulletin.

CPT code 97110 (Individual Occupational Therapy) is no longer a Medicaid reimbursable service. This code has been replaced by CPT code 97530-GO.

Occupational Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency	Reimbursement Change
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility			15 minutes	4 units per day	No longer covered

Occupational Therapy Services (Continued)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency	Reimbursement Change
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)	GO	Services delivered under an outpatient occupational therapy plan of care	15 minutes	4 units per day	\$26.54

II. CPT 2007 Descriptive Changes – Effective January 1, 2007

Audiological Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency
V5275	Ear impression, each	RT	Right side (used to identify procedures performed on the right side of the body)	One impression	6 every 12 months
V5275	Ear impression, each	LT	Left side (used to identify procedures performed on the left side of the body)	One impression	6 every 12 months

Nursing Services for Children Under 21

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency
T1002	Registered Nurse (RN)			15 minutes	24 units per day
T1003	Licensed Practical Nurse (LPN)			15 minutes	24 units per day
T1015 (RN)	Clinical visit/encounter, all-inclusive	TD	RN Nursing Encounter	<15 minutes	4 encounters per day
T1015 (LPN)	Clinical visit/encounter, all-inclusive	TE	LPN Nursing Encounter	<15 minutes	4 encounters per day

Occupational Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency
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
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
L3800	Wrist Hand Finger Orthosis (WHFO), Short Opponens, No Attachments, Custom Fabricated			One splint	4 every 12 months
L3805	Wrist Hand Finger Orthosis (WHFO), Long Opponens No Attachments, Custom Fabricated			One splint	4 every 12 months

Speech Language Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	HA	Child/adolescent program	One evaluation	1 per lifetime
92506	Evaluation of speech, language, voice, communication, and/or auditory processing		Reduced services	One re-evaluation	2 every 12 months
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual			15 minutes	4 units per day
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals			30 minutes	2 units per day

III. Audiological Services Procedure Code V5275 Changes- Effective with the date of Medicaid Bulletin

Modifiers LT and RT are being removed from V5275. If you are billing this procedure code, instead of using the modifiers to identify the right and left ear impression, Medicaid is asking that you put **1 unit with no modifier** if you are billing only one ear impression. If you are billing both ear impressions, Medicaid is asking that you put **2 units with no modifier. (See example below):**

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Services	Frequency
V5275	Ear impression (ONE)		1	One ear impression	6 every 12 months
V5275	Ear impression (BOTH)		2	One ear impression	6 every 12 months

IV. Revised Medicaid Standards for Therapeutic Behavioral Services and Psychosocial Rehabilitation Services - Effective with the date of this Medicaid Bulletin.

In the LEA Manual, under the heading “Children’s Behavioral Health Services”, the standard for Therapeutic Behavioral Services and Psychosocial Rehabilitation Services has been revised. We advise all providers to review the revised standards carefully in order to ensure Medicaid compliance. We hope the clarification provided will be beneficial to the programs.

V. Changes to Medicaid Applied Behavioral Therapy Service - Effective June 30, 2007.

The Medicaid Program will no longer reimburse the Local Education Agencies for the Applied Behavioral Therapy Services (ABTS). All references to ABTS have been deleted from the LEA Manual.

VI. Psychological Testing and Evaluation Changes - Effective with the date of this Medicaid Bulletin.

The billing frequency for Psychological Testing and Evaluation, CPT Code 96101 has been revised from 20 units per day to 6 units per day. A Licensed Psycho-educational Specialist has been added to the program staff to be considered as a School Psychologist and the title of Educational Evaluator has been deleted.

VII. Medical Adolescent Pregnancy Prevention Services (MAPPS) Effective May 1, 2007

Under the MAPPS section of the LEA Manual, the Manual has been updated to include the following sentence added as the last sentence under Appropriate Staff (cont’d)

“All MAPPS providers are required to maintain a log of training hours attended along with a log of hours and days all staff work.”

Should you wish to request a printed replacement of section 2, a printed copy of your entire provider manual, or a replacement compact disk, please call the South Carolina Medicaid Provider Outreach at (803) 264-9609. Changes for printed manuals are based on actual costs of printing and mailing. The manual is also available on the South Carolina Department of Health and Human Services website, www.scdhhs.gov and click on "provider manuals" under the heading "providers".

If you have any questions regarding this Medicaid bulletin or any other Medicaid billing or policy questions, please contact your Program Coordinator, in the Division of Preventive and Ancillary Health Services at (803) 898-2655. For questions regarding School-based Behavioral Health Services, please contact your Program Coordinator, in the Division of Family Services at (803) 898-2565.

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

/s/

Emma Forkner
Director

EM/mhc

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