

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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November 14, 2007

MEDICAID BULLETIN

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*07-26
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TO: Local Education Agencies (LEA)

SUBJECT: I. Changed/Added Procedure Codes with new Modifiers and Modifer Description Changes
II. Reimbursement Changes
III. Revised Audiologist Qualifications

Effective with dates of services **on and after November 1, 2007**, the South Carolina Department of Health and Human Services (SCDHHS), in accordance with Medicare 2007 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes has changed/added procedure codes with new modifiers and/or updated modifier description changes.

I. Changed/Added Procedure Code with new Modifiers and Modifier Description Changes

Physical Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description
97001	Physical therapy evaluation	GP	Services delivered under an outpatient physical therapy plan of care
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	GP	Services delivered under an outpatient physical therapy plan of care

Occupational Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description
97003	Occupational therapy evaluation	GO	Services delivered under an outpatient occupational therapy plan of care

Speech Language Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	52	Reduced services

II. Reimbursement Changes

Audiological Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement/Change
92552	Pure tone audiometry (threshold); air only			\$15.49
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)			\$42.06
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52	Reduced services	\$21.03
92567	Tympanometry (Impedance Testing)			\$18.49
92584	Electrocochleography			\$87.06
92590	Hearing aid examination and selection; monaural			\$26.74
92592	Hearing aid check; monaural			\$10.92
92592	Hearing aid check; monaural	52	Reduced services	\$9.23
92626	Evaluation of auditory rehabilitation status, first hour			\$75.35
V5011	Fitting/orientation/checking of hearing aid			\$17.68
V5090	Dispensing fee, unspecified hearing aid			\$4.38

Audiological Services (Continued)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement / Change
V5275	Ear impression, each ear			\$19.90

Physical Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement / Change
97001	Physical therapy evaluation	GP	Services delivered under an outpatient physical therapy plan of care	\$71.61
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	GP	Services delivered under an outpatient physical therapy plan of care	\$26.49
97150	Therapeutic procedure(s), group (two or more individuals)	GP	Services delivered under an outpatient physical therapy plan of care	\$16.47

Occupational Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement / Change
97003	Occupational therapy evaluation	GO	Services delivered under an outpatient occupational therapy plan of care	\$76.15
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	\$26.49

Occupational Therapy Services (Continued)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement / Change
97150	Therapeutic procedure(s), group (two or more individuals)	GO	Services delivered under an outpatient occupational therapy plan of care	\$16.47
L2999	Lower extremity orthosis, not otherwise specified			\$103.50
L3999	Upper limb orthosis, not otherwise specified			\$38.56
L3800	Short Opponens Wrist-hand-finger orthoses (WHFO); short opponens, no attachments, custom fabricated			\$46.01
L3805	Long Opponens, no attachments, custom fabricated			\$52.61

Speech Language Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement / Change
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	HA	Child/adolescent program	\$121.03
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	52	Reduced services	\$60.52

Speech Language Therapy Services (Continued)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement / Change
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual			\$28.79
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group (two or more individuals)			\$13.63

III. Revised Audiologist Qualifications

All Medicaid-qualified audiology (Licensed Audiologist) providers operating in the State of South Carolina adhere to the provider qualifications found in 42 CFR 440.110(c)(3).
(See Provider Manual for detailed definition)

Your continued support of the South Carolina Medicaid Program is appreciated. Please contact your Program Coordinator with any questions at (803) 898-2655.

/s/

Emma Forkner
 Director

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NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
 To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>