

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206

January 14, 2005

MC-DRC 05-01

MEDICAID BULLETIN

TO: Medicaid Providers of Nursing Services

SUBJECT: Other Providers of Nursing Services for Children Under 21 - Revised

This bulletin is being issued to correct the reimbursement rate information previously issued in the Medicaid Bulletin dated November 18, 2004, for T1015 TE modifier. The Licensed Practical Nurse (LPN) rate will be increased from \$20/hour to \$23/hour and the Registered Nurse (RN) rate will be increased from \$30/hour to \$31/hour.

The following table lists the current procedure codes utilized and the new rate effective with dates of service on and after November 1, 2004:

Procedure Code	Procedure Description	Reimbursement Rate prior to November 1, 2004	Reimbursement Rate as of November 1, 2004
T1002 T1003	RN Nursing Service LPN Nursing Service	15 min. unit \$7.50 15 min. unit \$5.00	15 min. unit \$7.75 15 min. unit \$5.75
T1015 TD modifier T1015 TE modifier	RN Nursing Encounter LPN Nursing Encounter	(less than 15 min.) \$5.60 (less than 15 min.) \$3.10	(less than 15 min.) \$5.85 (less than 15 min.) \$3.85

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 Kerr
Director

RMK/bmhh

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.dhhs.state.sc.us/ResourceLibrary/E-Bulletins.htm>