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MEDICAID BULLETIN

TO: Orientation and Mobility Providers

**SUBJECT: I. New Reimbursement Rates for Orientation and Mobility Services
II. The Proper Use of Modifiers
III. Retroactive Adjustments**

I. New Reimbursement Rates for Orientation and Mobility Services

The South Carolina Department of Health and Human Services has updated Medicaid rates for Orientation and Mobility Services (O&M). These rates will be implemented retroactively to dates to services on or after January 1, 2005. O&M Services are provided to assist individuals who are blind and/or visually impaired to achieve independent movement within home, school, and community settings.

The 2007 Health Care Procedure Coding System (HCPCS) service description of T1024 O&M Services is the evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter. The reimbursement methodology is outlined below:

Service Description	Procedure Code	Modifier	Reimbursement
O & M Assessment	T1024	000	\$15.89 per 15 minute unit (up to 8 units/lifetime)
O & M Reassessment	T1024	0TS	\$15.89 per 15 minute unit (up to 5 units/3 times/year)
O & M Services	T1024	0TM	\$15.89 per 15 minute unit (up to 30 units/week)

II. The Proper Use of Modifiers

It is very important that the appropriate modifier is used when filing your claims.

The 000, 0TS and 0TM modifiers are used to identify the service descriptors, proper units, and frequencies for the procedure code.

The 000 modifier is used to recognize a payment maximum of up to 8 units at 15 minutes per unit with a frequency of once in a lifetime assessment for a total of up to two (2) hours. This can only be billed once in the beneficiary's lifetime.

The 0TS modifier (follow-up service) is used to recognize a payment maximum of up to five units at 15 minutes per unit with a frequency of three reassessments per year.

The 0TM (Individualized Education Program) modifier is used to recognize a payment maximum of up to 30 units at 15 minutes per unit per week.

Please refer to Section 2, page 36 of the Local Education Agencies (LEA) Provider Manual for specific programmatic information and qualifications.

III. Retroactive Adjustments

Clean claims for dates of service on or after **January 1, 2005**, that have been submitted and paid will be adjusted to the newly revised rates.

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.

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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