

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

MEDICAID BULLETIN

<i>MC-SHC</i>	<i>07-12</i>
<i>OMP-THER-AUD</i>	<i>07-12</i>
<i>OMP-THER-OT</i>	<i>07-12</i>
<i>OMP-THER-PT</i>	<i>07-12</i>
<i>OMP-THER-SP</i>	<i>07-12</i>

TO: Private Rehabilitative Therapy & Audiological Services

SUBJECT: I. Reimbursement Changes
II. Revised Audiologist Qualifications
III. Retroactive Adjustments

The South Carolina Department of Health and Human Services (SCDHHS) has completed a Market-based analysis of the reimbursement policy for Private Rehabilitative Therapy and Audiological Services. Based on the results of this analysis, Medicaid reimbursement policy has been revised to ensure that rates are uniform for all services rendered for all Private Rehabilitative Therapy and Audiological Services and Local Education Agencies (LEA). Reimbursement will be based on 100% of the 2006 Medicare Fee Schedule. Therefore, effective with the dates of service **on or after January 1, 2007**, rates for covered services for Private Rehabilitative Therapy and Audiological Services will be implemented retroactively.

I. 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

Audiological Services (Continued)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement/Change
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive			\$91.54
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	52	Reduced services	\$45.77
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)			\$53.08
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)			\$70.90
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
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

Physical Therapy Services (Continued)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement/Change
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 dynamic activities to improve functional performance); each 15 minutes	GO	Services delivered under an outpatient occupational therapy plan of care	\$26.49
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

Occupational Therapy Services (continued)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement/Change
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
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

II. 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)

III. Retroactive Adjustments

Clean claims for dates of service **on or after January 1, 2007**, that have been submitted and paid will be adjusted to the newly revised rates.

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

EF/mhw

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>