

SECTION 4
PROCEDURE CODES

TABLE OF CONTENTS

PROCEDURE CODES	1
TELEMEDICINE	1
AUDIOLOGICAL SERVICES.....	1
Pure Tone Audiometry	1
Audiological Evaluation	1
Tympanometry (Impedance Testing)	1
Electrocochleography	2
Hearing Aid Examination and Selection; Monaural	2
Hearing Aid Check; Monaural	2
Evaluation of Auditory Rehabilitation Status, First Hour	2
Fitting/Orientation/Checking of Hearing Aid.....	2
Dispensing Fee	2
Ear Impression.....	2
ORIENTATION AND MOBILITY SERVICES.....	4
Orientation and Mobility Assessment	4
Orientation and Mobility Reassessment.....	4
Orientation and Mobility Services.....	4
PHYSICAL AND OCCUPATIONAL THERAPY SERVICES	5
Physical Therapy Evaluation	5
Individual Physical Therapy.....	5
Group Physical Therapy.....	5
Occupational Therapy Evaluation.....	5
Individual Occupational Therapy	6
Group Occupational Therapy	7
Wrist Hand Finger Orthosis (WHFO).....	7
Fabrication of Orthotic.....	7
SPEECH-LANGUAGE PATHOLOGY SERVICES	8
Initial Speech Evaluation	8
Speech Re-Evaluation	8
Individual Speech Therapy.....	8
Group Speech Therapy.....	9
NURSING SERVICES FOR CHILDREN UNDER 21	10

SECTION 4

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TABLE OF CONTENTS

REHABILITATIVE BEHAVIORAL HEALTH SERVICES.....	11
Psychological Testing and Evaluation Services	11
Assessment Services	11
<i>Comprehensive Diagnostic Assessment - Initial</i>	11
<i>Mental Health Comprehensive Diagnostic Assessment – Follow-up</i>	11
Behavioral Health Screening.....	12
Service Plan Development.....	12
<i>Service Plan Development by Non-Physician</i>	12
<i>Service Plan Development with Client/Family</i>	12
<i>Service Plan Development without Client/Family</i>	12
Psychotherapy Services.....	13
<i>Individual Psychotherapy</i>	13
<i>Group Psychotherapy</i>	13
<i>Multiple Family Group Psychotherapy</i>	13
<i>Family Psychotherapy without Client</i>	14
<i>Family Psychotherapy with Client</i>	14
Crisis Management	14
Community Support Services.....	15
<i>Behavior Modification</i>	15
<i>Psychosocial Rehabilitation Service (formerly Rehabilitation Psychosocial Service)</i>	15
<i>Family Support</i>	15
MEDICAID ADOLESCENT PREGNANCY PREVENTION SERVICES (MAPPS).....	16
SPECIAL NEEDS TRANSPORTATION	16

SECTION 4 PROCEDURE CODES

PROCEDURE CODES

The South Carolina Medicaid program requires that claims be submitted using the correct procedure code for the service rendered. The following is a list of procedure codes for Local Education Agency Services.

TELEMEDICINE

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Q3014	Telemedicine originating site Facility Fee			Per Encounter	Per Encounter

AUDIOLOGICAL SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Pure Tone Audiometry					
92552	Pure tone audiometry (threshold); air			One test	6 every 12 months
Audiological Evaluation					
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)			One evaluation	1 every 12 months
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52	Reduced services	One evaluation	6 every 12 months
Tympanometry (Impedance Testing)					

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
92567	Tympanometry (impedance testing)			One test	6 every 12 months
92568	Acoustic reflex testing; threshold			One test	2 every 12 months
Electrocochleography					
92584	Electrocochleography			One procedure	1 per implantation
Hearing Aid Examination and Selection; Monaural					
92590	Hearing aid examination and selection; monaural			One evaluation	6 every 12 months
Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Hearing Aid Check; Monaural					
92592	Hearing aid check; monaural			One analysis	6 every 12 months
92592	Hearing aid check; monaural	52	Reduced services	One analysis	6 every 12 months
Evaluation of Auditory Rehabilitation Status, First Hour					
92626	Evaluation of auditory rehabilitation status, first hour			First hour	10 every 12 months
Fitting/Orientation/Checking of Hearing Aid					
V5011	Fitting/orientation/checking of hearing aid			One orientation	6 every 12 months
Dispensing Fee					
V5090	Dispensing fee, unspecified hearing aid			One fee	6 every 12 months
Ear Impression					
V5275	Ear impression, each (ONE – bill 1 unit)			One ear impression	6 every 12 months



Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
V5275	Ear impression, each (BOTH – bill 2 units)			One ear impression	6 every 12 months

ORIENTATION AND MOBILITY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Orientation and Mobility Assessment					
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter			15-minute unit	One assessment (up to 8 units)
Orientation and Mobility Reassessment					
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	TS	Follow-up service	15-minute unit	One reassessment (up to 5 units 3 times per year)
Orientation and Mobility Services					
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	TM	Individualized Education Program (IEP)	15-minute unit	15 minutes (up to 30 units/week)

PHYSICAL AND OCCUPATIONAL THERAPY SERVICES

Note: The most appropriate procedure code may be billed for an initial evaluation. Any evaluation performed subsequent to the initial evaluation is considered a re-evaluation and should be billed utilizing the re-evaluation code

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Physical Therapy Evaluation					
97161	Physical therapy evaluation, low complexity	GP	Services delivered under an outpatient physical therapy plan of care	One evaluation	1 every 12 months
97162	Physical therapy evaluation, moderate complexity	GP	Services delivered under an outpatient physical therapy plan of care	One evaluation	1 every 12 months
97163	Physical therapy evaluation, high complexity	GP	Services delivered under an outpatient physical therapy plan of care	One evaluation	1 every 12 months
97164	Re-evaluation of physical therapy established plan of care	GP	Services delivered under an outpatient physical therapy plan of care	One evaluation	2 every 12 months
Individual Physical Therapy					
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	15 minutes	4 units per day
Group Physical Therapy					
97150	Therapeutic procedure(s), group (2 or more individuals)	GP	Services delivered under an outpatient physical therapy plan of care	15 minutes	4 units per day
Occupational Therapy Evaluation					

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
97165	Occupational therapy evaluation, low complexity	GO	Services delivered under an outpatient occupational therapy plan of care	One evaluation	1 every 12 months
97166	Occupational therapy evaluation, moderate complexity	GO	Services delivered under an outpatient occupational therapy plan of care	One evaluation	1 every 12 months
97167	Occupational therapy evaluation, high complexity	GO	Services delivered under an outpatient occupational therapy plan of care	One evaluation	1 every 12 months
97168	Re-evaluation of occupational therapy established plan of care	GO	Services delivered under an outpatient occupational therapy plan of care	One re-evaluation	2 every 12 months
Individual Occupational Therapy					
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

**PHYSICAL AND
OCCUPATIONAL THERAPY
SERVICES (CONT'D.)**

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Group Occupational Therapy					
97150	Therapeutic procedure(s), group (2 or more individuals)	GO	Services delivered under an outpatient occupational therapy plan of care	15 minutes	4 units per day
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					
Wrist Hand Finger Orthosis (WHFO)					
L3808	Wrist hand finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment			One splint	4 every 12 months
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					
Fabrication of Orthotic					
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
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					

SPEECH-LANGUAGE PATHOLOGY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Initial Speech Evaluation					
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)			One evaluation	1 per lifetime
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)			One evaluation	1 per lifetime
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)			One evaluation	1 per lifetime
92524	Behavioral and qualitative analysis of voice and resonance			One evaluation	1 per lifetime
92610	Evaluation of oral and pharyngeal swallowing function			One evaluation	1 per lifetime
<p><i>Note: The appropriate procedure code may be billed for an initial evaluation performed on or after January 1, 2014.</i></p>					
Speech Re-Evaluation					
S9152	Re-evaluation of speech, language, voice, communication, and/or auditory processing			One evaluation	2 every 12 months
<p>NOTE: Any evaluation performed subsequent to the evaluation conducted as the result of the initial speech disorder is considered a re-evaluation and should be billed under this code.</p>					

Individual Speech Therapy					
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual			15 minutes	4 units per day
92526	Oral Function Therapy			One Unit	1 per day

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Group Speech Therapy					
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals			15 minutes	4 units per day

NURSING SERVICES FOR CHILDREN UNDER 21

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
T1002	Registered Nurse (RN)			15 minutes	24 units/day
T1003	Licensed Practical Nurse (LPN)			15 minutes	24 units/day
T1015 (RN)	Clinic visit/encounter, all-inclusive	TD	RN Nursing Encounter	<15 minutes	4 encounters/day
T1015 (LPN)	Clinic visit/encounter, all-inclusive	TE	LPN Nursing Encounter	<15 minutes	4 encounters/day
T1502	Medication Administration			Encounter	4 encounters/day
T1502	Medication Administration			Encounter	20 encounters/day SCSDB

Medication Administration is billable utilizing procedure code T1502. The maximum billable units for procedure code T1502 are a total of four (4) encounters per date of service for all schools except the School for the Deaf and Blind (SCSDB). The maximum billable units for SCSDB are a total of twenty (20) medication administration encounters per date of service. When billing multiple units, all units must be billed on one line of the claim form. Effective March 1, 2018, providers may utilize the new code for this encounter. However, **effective July 1, 2018**, T1502 is mandatory when billing for Medication Administration.

The procedure codes T1002, T1003, and T1015 may be billed on the same date of service. However, these services are not reimbursable in addition to other procedure codes, which would include a nursing service (*e.g.*, E/M office visit codes, Home Health Skilled Nursing Care codes, DHEC clinic procedures, etc.)

**REHABILITATIVE
BEHAVIORAL HEALTH
SERVICES**

**Psychological Testing and
Evaluation Services**

Procedure Code	Modifier	Modifier Description	Frequency	Daily Frequency Limits
96101		Certified School Psychologist(I, II,II)/Licensed Psychologist/ Licensed Psycho-Educational Specialist	1 unit = 60 minutes	10 units per week and 20 units per year
<p><i>NOTE: This procedure code is billed as a 60-minute unit. The provider may bill up to 10 units per week and 20 units per year. When school districts provide this service, they must bill this procedure code without a modifier. When the service is referred to a private provider, the modifier AH must be use and only a Clinical Psychologist may render the service.</i></p> <p><i>NOTE: This procedure can be billed in half units (.5-unit) if the duration of the encounter or service is less than the frequency shown for the procedure code (e.g., 2.5 units equal service duration of 2 hours, 30 minutes).</i></p>				

Assessment Services

**Comprehensive Diagnostic
Assessment - Initial**

Procedure Code	Modifier	Modifier Description	Frequency	Daily Frequency Limits
90791	AH	Licensed Psychologist	Encounter	1 per every 6 months
	HO	Master's level	"	"

Mental Health

**Comprehensive Diagnostic
Assessment – Follow-up**

Procedure Code	Modifier	Modifier Description	Frequency	Daily Frequency Limits
H0031	AH	Licensed Psychologist	Encounter	12 encounters per year

	HO	Master's level	"	"
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Behavioral Health Screening

Procedure Code	Modifier	Modifier Description	Frequency	Frequency Limits
H0002	AH	Licensed Psychologist	15 minutes	2 units per day
	HO	Master's level	"	"
	HN	Bachelor's level	"	"

Service Plan Development

Procedure Code	Modifier	Modifier Description	Frequency	Frequency Limits
<i>Service Plan Development by Non-Physician</i>				
H0032	AH	Licensed Psychologist	15 minutes	10 units per week
	HO	Master's level	"	"
	HN	Bachelor's level	"	"
<i>Service Plan Development with Client/Family</i>				
99366		Service Plan Development Team	Encounter	6 encounters per 12 months
<i>Service Plan Development without Client/Family</i>				
99367		Service Plan Development Team	Encounter	6 encounters per 12 months

Psychotherapy Services

Procedure Code	Modifier	Modifier Description	Unit Frequency	Frequency Limits
Individual Psychotherapy				
Individual Psychotherapy – 30 minute session				
90832	AH	Licensed Psychologist	30 minutes per session	1 per date of service
	HO	Master's level	"	"
Individual Psychotherapy – 45 minute session				
90834	AH	Licensed Psychologist	45 minutes per session	1 per date of service
	HO	Master's level	"	"
Individual Psychotherapy – 60 minute session				
90837	AH	Licensed Psychologist	60 minutes per session	1 per date of service
	HO	Master's level	"	"
<i>NOTE: As of March 1, 2013, Individual Psychotherapy can be rendered in a variety of combinations, six sessions are allowed per month and one session can be billed per day.</i>				
Group Psychotherapy				
90853	AH	Licensed Psychologist	Encounter	8 sessions per month
	HO	Master's level	"	"
Multiple Family Group Psychotherapy				
90849	AH	Licensed Psychologist	Encounter	8 sessions per month
	HO	Master's level	"	"

Psychotherapy Services (Cont'd.)

Procedure Code	Modifier	Modifier Description	Unit Frequency	Frequency Limits
<i>Family Psychotherapy without Client</i>				
90846	AH	Licensed Psychologist	Encounter	1 per date of service, 4 sessions per month
	HO	Master's level	"	"
<i>Family Psychotherapy with Client</i>				
90847	AH	Licensed Psychologist	Encounter	1 per date of service, 4 sessions per month
	HO	Master's level	"	"

Crisis Management

Procedure Code	Modifier	Modifier Description	Frequency	Frequency Limits
H2011	AH	Licensed Psychologist	15 minutes	16 units per day 80 units annually
	HO	Master's level	"	"
	HN	Bachelor's level	"	"

Community Support Services

Procedure Code	Modifier	Modifier Description	Frequency	Frequency Limits
<i>Behavior Modification</i>				
H2014	AH	Licensed Psychologist	15 minutes	32 units per day
	HO	Master's level	"	"
	TD	Registered Nurse	"	"
	HN	Bachelor's level	"	"
	TE	Licensed Practical Nurse	"	"
<i>Psychosocial Rehabilitation Services (formerly Rehabilitation Psychosocial Service)</i>				
H2017- Individual	U1	Licensed Psychologist	15 minutes	24 units per day
	U2	Master's level	"	"
	U3	Bachelor's level	"	"
	U4	Registered Nurse (RN)	"	"
<i>Family Support</i>				
S9482	AH	Licensed Psychologist	15 minutes	32 units per day
	HO	Master's level	"	"
	TD	Registered Nurse	"	"
	HN	Bachelor's level	"	"
	TE	Licensed Practical Nurse	"	"

**MEDICAID ADOLESCENT
PREGNANCY PREVENTION
SERVICES (MAPPS)**

MAPPS shall be provided in accordance with South Carolina Medicaid guidelines set forth in SCDHHS' Medicaid Enhanced Services Provider Manual and appropriate Medicaid bulletins, which are hereby incorporated for reference.

**SPECIAL NEEDS
TRANSPORTATION**

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
T2003	Non-emergency transportation, Encounter/Trip			Encounter /Trip	3 per day



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