

SECTION 4

PROCEDURE CODES

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PROCEDURE CODES

The S.C. 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 Private Rehabilitative Therapy and Audiological Services:

SPEECH-LANGUAGE PATHOLOGY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Initial Speech Evaluation					
92521	Evaluation of speech fluency (<i>e.g.</i> , stuttering, cluttering)			One evaluation	1 per lifetime
92522	Evaluation of speech sound production (<i>e.g.</i> , articulation, phonological process, apraxia, dysarthria)			One evaluation	1 per lifetime
92523	Evaluation of speech sound production (<i>e.g.</i> , articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (<i>e.g.</i> , 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>					

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Speech Re-Evaluation					
S9152	Speech Therapy Re-evaluation			One re-evaluation	2 every 12 months
<i>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.</i>					
Individual Speech Therapy					
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	GT	Via interactive video/audio tele-communication	15 minutes	4 units per day (1 hour) Limited up to 420 units per state fiscal year (105 hours) Combined Total for Therapies (92507,92508, 97110-GP, 97113-GP, 97530-GO, and 97113-GO)
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 (1 hour) Limited up to 420 units per state fiscal year (105 hours) Combined Total for Therapies (92507,92508, 97110-GP, 97113-GP, 97530-GO, and 97113-GO)

AUDIOLOGICAL SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Pure Tone Audiometry					
92552	Pure tone audiometry (threshold); air only			One test	6 every 12 months

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
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)					
92567	Tympanometry (impedance testing)			One test	6 every 12 months
Acoustic reflex testing; threshold					
92568	Acoustic reflex testing; threshold			One test	2 every 12 months
Electrocochleography					
92584	Electrocochleography			One procedure	1 per implantation
Audiologic Function Tests with Medical Diagnostic Evaluation					
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive			One test	No limit
92585	Auditory evoked potentials for evoked response audiometry screening and/or testing of the central nervous system; comprehensive	52	Reduced services	One test	No limit
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)			One test	No limit

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
92588	Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)			One test	No limit
Hearing Aid Examination and Selection; Monaural					
92590	Hearing aid examination and selection; monaural			One evaluation	6 every 12 months
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
Cochlear Implant					
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years; with programming			One procedure	No limit
92602	Subsequent reprogramming (Do not report 92602 in addition to 92601) (For aural rehabilitation services following cochlear implant, including evaluation of rehabilitation status, see 92626-92627, 92630-92633)			One procedure	No limit
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming			One procedure	No limit
92604	Subsequent reprogramming (Do not report 92603 in addition to 92604)			One procedure	No limit

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Evaluation of Auditory Rehabilitation Status					
92626	Evaluation of auditory rehabilitation status, first hour			One procedure	10 per year
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
V5275	Ear impression, each (BOTH – bill 2 units)			One ear impression	6 every 12 months

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PHYSICAL AND OCCUPATIONAL THERAPY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Physical Therapy Evaluation					
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	GP	Services delivered under an outpatient physical therapy plan of care	One evaluation	1 every 12 months
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of	GP	Services delivered under an outpatient physical therapy plan of care	One evaluation	1 every 12 months

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
	the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.				
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	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, requiring these components: An examination including a	GR	Services delivered under an outpatient physical therapy plan of care	One re-evaluation	1 every 12 months

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
	review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.				
Individual Physical Therapy					
97110	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	GP GT	Services delivered under an outpatient physical therapy plan of care Via interactive video/audio telecommunication	15 minutes	4 units per day (1 hour) Limited up to 420 units per state fiscal year (420 hours) Combined Total for Therapies (92507,92508, 97110-GP, 97113-GP, 97530-GO, and 97113-GO)
Individual Aquatic Therapy					
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	GP	Services delivered under an outpatient physical therapy plan of care	15 minutes	Limited up to 420 units per state fiscal year (105 hours) Combined Total for Therapies (92507,92508, 97110-GP, 97113-GP, 97530-GO, and 97113-GO)
Occupational Therapy Evaluation					
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to	GO	Services delivered under an outpatient occupational therapy plan of care	One evaluation	1 every 12 months

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
	the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.				
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions;	GO	Services delivered under an outpatient occupational therapy plan of care	One evaluation	1 every 12 months

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
	and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.				
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple	GO	Services delivered under an outpatient occupational therapy plan of care	One evaluation	1 every 12 months

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
	treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.				
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	GO	Services delivered under an outpatient occupational therapy plan of care	One re-evaluation	1 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 GT	Services delivered under an outpatient occupational therapy plan of care Via interactive video/audio telecommunication	15 minutes	4 units per day (1 hour) Limited up to 420 units per state fiscal year (105 hours) Combined Total for Therapies (92507,92508,

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
					97110-GP, 97113-GP, 97530-GO, and 97113-GO)
Individual Aquatic Therapy					
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	GO	Services delivered under an outpatient occupational therapy plan of care	15 minutes	Limited up to 420 units per state fiscal year (105 hours) Combined Total for Therapies (92507,92508, 97110-GP, 97113-GP, 97530-GO, and 97113-GO)
<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
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>					

SECTION 4 PROCEDURE CODES

Services for Developmental Evaluation Centers		
HCPCS	Description	Modifier
T1023	Neurodevelopmental Eval. and Screening	GT
T1023-TF	Neurodevelopmental Eval. and Screening, Follow-up	TF, GT
T1024	Psychological Developmental Eval. and Screening	GT
T1024-TF	Psychological Developmental Eval. and Screening, Follow-up	TF, GT

PT/OT/ST CODES REQUIRING APPROVAL FROM KEPRO

THE FOLLOWING PROCEDURE CODES FOR PT/OT/ST REQUIRE APPROVAL FROM KEPRO AFTER THE 105 HOUR (420 UNITS) CHECKPOINT HAS BEEN MET. PROVIDERS SHOULD CONTACT KEPRO AT 1-855-326-5219.

Code

92507

97113

92508

97530

97110