

Jan. 18, 2024
 MB# 24-003

MEDICAID BULLETIN

TO: Behavioral Health Providers, Physicians and Developmental Evaluation Centers

SUBJECT: Updates to Reimbursement Process for Developmental Evaluation Center (DEC) Services and Managed Care Organizations (MCOs)

The South Carolina Department of Health and Human Services (SCDHHS) is announcing changes to the reimbursement process for services rendered to Healthy Connections Medicaid members through DEC. Effective for services on or after Feb. 1, 2024, SCDHHS will shift reimbursement responsibility for services rendered through DEC to MCOs for Medicaid members who are enrolled in an MCO. This shift is referred to as a “carve-in.” This announcement does not change services covered for Healthy Connections Medicaid members and does not change reimbursement processes for members in fee-for-service (FFS).

Currently and prior to Feb. 1, 2024, services provided through DEC are reimbursed through the state’s FFS Medicaid program, regardless of the member’s enrollment status in FFS or an MCO.

About DEC

DECs are independent, freestanding facilities that provide a comprehensive array of developmental pediatric services. DEC emphasize neurodevelopment assessment and psychological evaluation for children under the age of 21 years who have developmental delays and have been referred by a physician or other licensed practitioner of the healing arts. There are three DEC in South Carolina. DEC services are outlined in the SCDHHS [Autism Spectrum Disorder Services](#) and [Clinic Services](#) provider manuals.

The services currently provided in DEC are shown below.

Procedure Code	Modifier	Service Description	Unit	Frequency
T1023		Neurodevelopmental evaluation and screening	30 min.	12 per year
T1023	TF	Neurodevelopmental evaluation and screening follow-up	30 min.	48 per year

T1024		Psychological developmental evaluation and treatment	30 min.	24 per year
T1024	TF	Psychological developmental evaluation and treatment follow-up	30 min.	24 per year
G9004		Coordination care fee, schedule team conference	15 min.	24 per year
G9011		Coordination care fee, risk adjustment maintenance, level 5	15 min.	60 per year

These services are eligible for reimbursement when delivered via telehealth when provided by a physician, nurse practitioner, physician assistant or psychologist. Services delivered via telehealth are subject to the same duration requirements and service limits as services delivered in-person and should be billed with a GT modifier. The GT modifier can be the secondary modifier in instances where another modifier is required in the primary modifier position.

For Healthy Connections Medicaid members who are enrolled in an MCO, providers should contact the member's MCO regarding prior authorization of services. MCO contact information can be found on the SCDHHS website [here](#).

Providers should direct questions related to this bulletin to the Provider Service Center (PSC). PSC representatives can be reached at (888) 289-0709 from 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday. Providers can also submit an online inquiry at: <http://www.scdhhs.gov/contact-us>.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/
Robert M. Kerr