

SECTION 4

PROCEDURE CODES

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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.

TELEHEALTH

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

AUDIOLOGICAL SERVICES

<i>Audiology Services</i>		
Procedure Code	Procedure Code Description	Frequency/Timespan/Criteria
92552	Pure tone audiometry (threshold); air only	Allowed one (1) 92552 per day and up to six (6) per 12 months per patient. This service reflects bilateral testing. For unilateral testing use modifier 52.
92557	Comprehensive audiometry threshold evaluation and speech recognition	For bilateral testing allowed one (1) 92557 per 12 months per patient. For unilateral testing use modifier 52 and allowed up to six (6) per 12 months. Not allowed on the same day as 92553 or 92556 per same patient.
92567	Tympanometry (impedance testing)	Allowed one (1) 92567 per day and up to six (6) per 12 months per patient. Not allowed on the same day as 92550, 92568 or 92570 per same patient. This service includes bilateral testing. For unilateral testing use modifier 52
92568	Acoustic reflex testing; threshold	Allowed one (1) 92568 per day and up to two (2) per 12 months per patient. Not allowed on the same day as 92550, 92567 or 92570 per same patient. This service reflects bilateral testing. For unilateral testing use modifier 52.
92584	Electrocochleography	Allowed one (1) per 12 months per patient. This service reflects bilateral testing. For unilateral testing use modifier 52.

92626	Evaluation of auditory rehabilitation status. First hour	Allowed one (1) per day and up to 10 every 12 months per patient.
92631	Hearing aid selection services for one or both ears, first 30 minutes	Allowed one (1) per 12 months per patient. Not allowed on the same day as 92636, 92637 per same patient. Not allowed on the same day as 92622, 92623, 92626, 92627 per same ear.
92632	Hearing aid selection services for one or both ears, each additional 15 minutes	Allowed one (1) per 12 months per patient. Must be billed in conjunction with 92631. Not allowed on the same day as 92636, 92637 per same patient. No allowed on the same day as 92622, 92623, 92626, 92627 per same ear.
92634	Hearing aid fitting services for one or both ears, first 60 minutes	Allowed once per fitting of new or replacement hearing aids. Includes orientation, programming and dispensing. Not allowed on the same day as 92636 or 92637 per same patient.
92635	Hearing aid fitting services for one or both ears, each additional 15 minutes	Allowed once per fitting of new or replacement hearing aids. Includes orientation, programming and dispensing. Must be billed in conjunction with 92634. Not allowed on the same day as 92636 or 92637 per same patient.
92636	Hearing aid post-fitting follow-up services for one or both ears, first 30 minutes	Allowed one (1) per day and up to four (4) per 12 months per patient. Not allowed on the same day as 92631, 92632, 92634, 92635 per same patient
92637	Hearing aid post-fitting follow-up services for one or both ears, each additional 15 minutes	Allowed one (1) per day and up to four (4) per 12 months per patient. Must be billed in conjunction with 92636. Not allowed on the same day as 92631, 92632, 92634, 92635 per same patient
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech in noise, when performed	Allowed one (1) per day and up to two (2) within 12 months post hearing aid fitting per patient.
92639	Hearing-aid measurement, verification with probe-microphone	Allowed one (1) per day and up to two (2) per 12 months per patient. Must be used in conjunction with 92634 or 92636. This service reflects bilateral measurement. May be billed with modifier 52 for unilateral measurement.
92641	Hearing device verification through electroacoustic analysis	Allowed one (1) per 12 months per patient. Not allowed on the same day as 92628, 92629, 92631, 92632, 92636, 92637, per same patient.
V5014	Repair /modification of hearing aid	Allowed one (1) per day and up to three (3) per 12 months per patient for unilateral hearing aid. Allowed two (2) per day and up to six (6) per 12 months per patient for bilateral hearing aids. Not allowed on the same day as 92631, 92632, 92634, 92635, 92636, 92637, per same patient
V5275	Ear impression, each	Allowed one (1) per day and up to six (6) per 12 months per patient for unilateral ear impression; Allowed two (2) per day

		and up to six (6) per 12 months per patient for bilateral ear impressions.
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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/GT	Services delivered under an outpatient occupational therapy plan of care. Allowed via telehealth with GT modifier.	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
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	00/GT	Allowed via telehealth with GT modifier.	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.

The procedure codes T1002, T1003, and T1015 may be billed on the same date of service. However, these services are not reimbursable when billed with procedure codes that include a nursing service (e.g., E/M office visit codes, Home Health Skilled Nursing Care codes, DPH 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, III)/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 used and only a Clinical Psychologist may render the service.</i></p> <p><i>NOTE: This procedure can be billed in half units (0.5-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/GT	Licensed Psychologist	Encounter	1 per every 6 months Allowed via telehealth with GT modifier
	HO/GT	Master's level	Encounter	1 per every 6 months Allowed via telehealth with GT modifier

***Mental Health
Comprehensive
Diagnostic Assessment
– Follow-up***

Procedure Code	Modifier	Modifier Description	Frequency	Daily Frequency Limits
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H0031	AH	Licensed Psychologist	Encounter	12 encounters per year
	HO	Master's level	Encounter	12 encounters per year

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	15 minutes	2 units per day
	HN	Bachelor's level	15 minutes	2 units per day

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	15 minutes	10 units per week.
	HN	Bachelor's level	15 minutes	10 units per week
<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/GT	Licensed Psychologist	30 minutes per session	1 per date of service. Allowed via telehealth with GT modifier
	HO/GT	Master's level	30 minutes per session	1 session per date of service. Allowed via telehealth with GT modifier
Individual Psychotherapy – 45-minute session				
90834	AH/GT	Licensed Psychologist	45 minutes per session	1 per date of service. Allowed via telehealth with GT modifier
	HO/GT	Master's level	45 minutes per session	1 session per date of service. Allowed via telehealth with GT modifier
Individual Psychotherapy – 60-minute session				
90837	AH/GT	Licensed Psychologist	60 minutes per session	1 per date of service. Allowed via telehealth with GT modifier
	HO/GT	Master's level	60 minutes per session	1 session per date of service. Allowed via telehealth with GT modifier "
<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	Encounter	8 sessions per month
Multiple Family Group Psychotherapy				
90849	AH	Licensed Psychologist	Encounter	8 sessions per month

	HO	Master's level	Encounter	8 sessions per month
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Psychotherapy Services (Cont'd.)

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

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	15 minutes	16 units per day 80 units annually
	HN	Bachelor's level	15 minutes	16 units per day 80 units annually

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

**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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