

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Taylor</i>	DATE <i>3-25-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000214</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton Cleared 4/13/15, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-3-15</i>  <input type="checkbox"/> FOIA DATE DUE _____  <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

# Lowcountry Orthopaedics & Sports Medicine

Lowcountry Orthopaedics  
2880 Tricom Street  
N Charleston SC 29406  
(843) 797-5050

**RECEIVED**

**MAR 24 2015**

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

March 19, 2015

Christian L. Soura, Director  
SC DHHS-Medicaid  
PO Box 8206  
Columbia, S. C. 29202

RE: Procedure Code 97022

Dear Mr. Soura:

It has come to our attention that Procedure Code 97022 is not on any fee schedules for Occupational Therapy or for Physicians. It is a covered code as listed in the SCDHHS manual under SECTION 4 Procedure Codes (for PT,OT,SP) but we cannot find it on any fee schedule. Also, we have spoken to Medicaid reps, Duron and Linda and they could not find it either. It was suggested that we write this letter to you.

97022 Description: Application of a modality to 1 or more areas; Whirlpool

We have had problems with other Medicaid plans stating this is not on your fee schedules so they are not paying us for this code either.

After your review, please advise. Thank you.

Sincerely,

Mary Ellen Lucas  
Insurance Billing Specialist  
Direct Tel: 843-266-4874  
Dept Fax: 843-824-5991

Medicaid

## SECTION 4 PROCEDURE CODES

### PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION

**CPT CODES (PT, OT, SP) REQUIRING PRIOR AUTHORIZATION REVIEW**

KePRO will preauthorize physical, occupational or speech therapy (PT, OT, ST), CPT codes listed below and may be reached at 1-855-326-5219.

Diagnosis Code	Description
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, 2 OR MORE INDIVIDUALS
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; EACH ADDITIONAL 30 MINUTES
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION
97001	PHYSICAL THERAPY EVALUATION
97002	PHYSICAL THERAPY RE-EVALUATION
97003	OCCUPATIONAL THERAPY EVALUATION
97004	OCCUPATIONAL THERAPY RE-EVALUATION
97012	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; TRACTION, MECHANICAL
97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES
97018	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; PARAFFIN BATH
97022	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL
97024	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; DIATHERMY (EG, MICROWAVE)
97026	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; INFRARED
97028	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRAVIOLET

not on  
re  
chedule  
for  
OT

# Lowcountry Orthopaedics & Sports Medicine

Lowcountry Orthopaedics  
2880 Tricom Street  
N Charleston SC 29406  
(843) 797-5050

March 2, 2015

Christian L. Soura, Director  
SC DHHS-Medicaid  
PO Box 8206  
Columbia, S. C. 29202-8206

RE: Procedure Code 25600

Dear Mr. Soura:

It has come to our attention that Procedure Code 25600 is not on your schedules Class "S" or "T" to indicate a 30 day global period.

25600 Description: Closed treatment of distal radius fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation.

We have had many problems with other Medicaid plans stating this is not on your 30 day schedules so they are making it a 90 day global which is incorrect.

After your review, please advise. Thank you.

Sincerely,



Mary Ellen Lucas  
Insurance Billing Specialist  
Direct Tel: 843-266-4874  
Dept Fax: 843-824-5991

# Lowcountry Orthopaedics & Sports Medicine

Lowcountry Orthopaedics  
2880 Tricom Street  
N Charleston SC 29406  
(843) 797-5050

March 2, 2015

Christian L. Soura, Director  
SC DHHS-Medicaid  
PO Box 1412  
Columbia, S. C. 29202

*originally sent to  
remained 3/19/15 to  
PO Box 8206*

RE: Procedure Code 25600

Dear Mr. Soura:

It has come to our attention that Procedure Code 25600 is not on your schedules Class "S" or "T" to indicate a 30 day global period.

25600 Description: Closed treatment of distal radius fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation.

We have had many problems with other Medicaid plans stating this is not on your 30 day schedules so they are making it a 90 day global which is incorrect.

After your review, please advise. Thank you.

Sincerely,

Mary Ellen Lucas  
Insurance Billing Specialist  
Direct Tel: 843-266-4874  
Dept Fax: 843-824-5991

LOWCOUNTRY ORTHOPAEDICS &  
Member of Arcis Healthcare, LLC  
2880 Tricom Street  
North Charleston, SC 29406

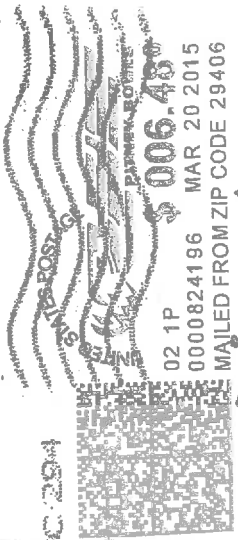
CERTIFIED MAIL



CHARLESTON SC 294

MAR 20 2015

7014 2870 0000 4702 1089



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0000824196 MAR 20 2015  
MAILED FROM ZIP CODE 29406

RECEIVED

MAR 24 2015

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Christian L. Saura, Director  
SC DHHS - Medicaid  
P.O. Box 8206  
Columbia, SC 29202-8206

29202+8206



April 13, 2015

Mary Ellen Lucas  
Insurance Billing Specialist  
Lowcountry Orthopaedics & Sports Medicine  
2880 Tricom Street  
North Charleston, South Carolina 29406

RE: Procedure Code 97022 (Log Letter 000214)

Dear Ms. Lucas:

Thank you for your March 19, 2015 letter regarding *Procedure Code 97022 - Description: Application of a modality to 1 or more areas; Whirlpool.*

This letter serves as a response to your inquiry submitted to the South Carolina Department of Health and Human Services (SCDHHS; *heretofore referred to as "Department"*) regarding whether the above referenced code is identified as a covered code by the Department, and should be listed on our fee schedule. Coverage of procedure code 97022 is further questioned due to it currently being listed in Section 4 of the Department's Physicians Provider Manual under **Procedure Codes Requiring Prior Authorization.**

Upon initial review by the Department, we have confirmed Procedure Code 97022 is considered a covered code that requires a Prior Authorization. Additional details about procedure codes requiring prior authorization can be found in Section 4 of the Physician Provider Manual. All program policy manuals can be accessed online via the Department's website at <https://scdhhs.gov/provider-manual-list>.

Additionally, a discrepancy in the policy and coverage for this code was identified during the Department's review. We acknowledge the confusion this discrepancy has created. As such, we have initiated the appropriate steps to correct these errors—including, but not limited to: adjustments related to system issues and policy clarifications needed to prevent this from occurring in the future.

Lucas  
April 13, 2015  
Page 2

Thank you for bringing your concerns to our attention and for the continued participation in the South Carolina Healthy Connections Medicaid Program. If you have additional questions or comments regarding the Medicaid Program's services and/or policies, please contact us by phone at (803) 898-4614 or by email at [healthservices@scdhhs.gov](mailto:healthservices@scdhhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Nate Patterson", written in a cursive style.

Nathaniel J. Patterson, DrPH  
Program Director, Health Services

cc:

Deirdra T. Singleton, Deputy Director  
Bryan Amick, Program Director  
Stephen Boucher, Program Director  
Jason Taylor, Senior Program Director  
Amanda Q. Williams, Program Manager  
Lisa Sanders, Senior Consultant  
Courtney Sanders, Administrative Assistant