

SECTION 4

PROCEDURE CODES

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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
Speech Evaluation					
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	HA	Child/adolescent program	One evaluation	1 per lifetime
Speech Re-evaluation					
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	52	Reduced services	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 (includes aural rehabilitation); individual			30 minutes	2 units per day
Group Speech Therapy					
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals			30 minutes	2 units per day

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AUDIOLOGICAL SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Aural Rehabilitation Following Cochlear Implant with or without Speech Processor Programming					
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services); with or without speech processor programming			One procedure	10 per year
Pure Tone Audiometry					
92552	Pure tone audiometry (threshold); air only			One test	5 every 12 months
Audiological Evaluation					
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)			One evaluation	1 every 12 months
Audiological Re-evaluation					
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52	Reduced services	One re-evaluation	5 every 12 months
Tympanometry (Impedance Testing)					
92567	Tympanometry (Impedance Testing)			One test	5 every 12 months
Electrocochleography					
92584	Electrocochleography			One procedure	1 per implantation

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Audiologic Function Tests with Medical Diagnostic Evaluation					
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive				
92585	Auditory evoked potentials for evoked response audiometry screening and/or testing of the central nervous system; limited	52	Reduced services	One test	No limit
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)			One test	No limit
92588	Evoked otoacoustic emissions; 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	5 every 12 months
Hearing Aid Check; Monaural					
92592	Hearing aid check; monaural			One analysis	5 every 12 months
Hearing Aid Re-Check; Monaural					
92592	Hearing aid check; monaural	52	Reduced services	One re-check	5 every 12 months
Fitting/Orientation/Checking of Hearing Aid					
V5011	Fitting/orientation/checking of hearing aid			One orientation	5 every 12 months

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Right Ear Impression					
V5275	Ear impression, each ear	RT	Right side (used to identify procedures performed on the right side of the body)	One mold	5 every 12 months
Left Ear Impression					
V5275	Ear impression, each ear	LT	Left side (used to identify procedures performed on the left side of the body)	One mold	5 every 12 months
Dispensing Fee					
V5090	Dispensing fee, unspecified hearing aid			One fee	5 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					
97001	Physical therapy evaluation	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 (two or more individuals)	GP	Services delivered under an outpatient physical therapy plan of care	15 minutes	4 units per day
Occupational Therapy Evaluation					
97003	Occupational therapy evaluation	GO	Services delivered under an outpatient occupational therapy plan of care	One 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)	GO	Services delivered under an outpatient occupational therapy plan of care	15 minutes	4 units per day

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Group Occupational Therapy					
97150	Therapeutic procedure(s), group (two 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>					
Upper Limb – Wrist, Hand, Finger					
L3800	Short Opponens		Wrist-hand-finger-orthoses (WHFO); short opponens, no attachments, custom fabricated	One splint	4 every 12 months
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					
L3805	Long Opponens		Long opponens, no attachments, custom fabricated	One splint	4 every 12 months
Fabrication of Orthotic					
L2999	Lower extremity orthosis, not otherwise specified			One orthotic	4 every 12 months
L3999	Upper limb orthosis, not otherwise specified			One orthotic	4 every 12 months
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					