

SECTION 4

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SECTION 4 PROCEDURE CODES

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 Local Education Agency Services:

APPLIED BEHAVIOR THERAPY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Applied Behavior Therapy Assistant Services					
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	HI	Integrated mental health and mental retardation/developmental disabilities program	One Hour	40/wk Max
Applied Behavior Lead Therapy Services					
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	HM	Less than Bachelor's Degree Level	One Hour	10/wk Max
Applied Behavior Coordination Services					
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	HN	Bachelor's Degree Level	One Hour	3/wk Max

SECTION 4 PROCEDURE CODES**MEDICAID ADOLESCENT
PREGNANCY PREVENTION
SERVICES (MAPPS)**

Procedure Code	Modifier	Modifier Description	Unit of Service	Frequency
T1023	FP	Screening to determine the appropriateness of an individual for participation in a specified program, project, or treatment protocol	15 minutes	5 units Max
S9445	FP	Patient Education	Per Encounter	Maximum 1 unit per encounter
S9446	FP	Patient Education Group	Per Encounter	Maximum 2 units per day

SECTION 4 PROCEDURE CODES**NURSING SERVICES FOR
CHILDREN UNDER 21**

Procedure Code	Modifier	Unit of Service	Frequency
T1002 (RN)		15 minutes	24 units/day
T1003 (LPN)		15 minutes	24 units/day
T1015 (RN)	TD	< 15 minutes	4 encounters/day
T1015 (LPN)	TE	<15 minutes	4 encounters/day

Medication administration taking longer than 15 minutes should be billed under T1002 or T1003. Medicaid does not allow multiple medication administration on the same day to be combined into 15-minute units and billed under procedure code T1015.

The procedure codes T1002, T1003, and T1015 may be billed on the same date of service. However, these services are not reimbursable in addition to other procedure codes which would include a nursing service (*e.g.*, E/M office visit codes, Home Health Skilled Nursing Care codes, DHEC clinic procedures, etc.)

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AUDIOLOGICAL SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Hearing Evaluation					
92557	Comprehensive Audiometry threshold evaluation and speech recognition (92553 and 92556 combined)			One evaluation	1 every 12 months
Hearing Re-evaluation					
92557	Comprehensive Audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52	Reduced services	One re-evaluation	5 every 12 months
Hearing Aid Evaluation—Amplification Selection					
92590	Hearing aid examination and selection; monaural			One evaluation	5 every 12 months
<i>NOTE: Amplification includes hearing aids and assistive listening technologies.</i>					
Hearing Aid Re-check—Amplification Follow-up					
92592	Hearing aid check; monaural	52	Reduced services	One re-check	5 every 12 months
Hearing Aid Orientation—Amplification Fitting, Programming, and Orientation					
V5011	Fitting/orientation/checking of hearing aid	HA	Child/adolescent program	One orientation	5 every 12 months
Right Ear Mold					
V5265	Ear mold/insert, disposable, any type	RT	Right side (used to identify procedures performed on the right side of the body)	One mold	5 every 12 months

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Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Left Ear Mold					
V5265	Ear mold/insert, disposable, any type	LT	Left side (used to identify procedures performed on the left side of the body)	One mold	5 every 12 months
Hearing Aid Analysis—Amplification Analysis					
92592	Hearing aid check; monaural			One analysis	5 every 12 months
Pure Tone Air Conduction Testing					
92552	Pure tone audiometry (threshold air only)			One test	5 every 12 months
Impedance Testing					
92567	Tympanometry (impedance testing)			One test	5 every 12 months
Handling Fee					
V5090	Dispensing fee, unspecified hearing aid			One fee	5 every 12 months
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
Electrocochleography					
92584	Electrocochleography			One procedure	1 per implantation

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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			One assessment	1 per lifetime
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	TM	Follow-up service	15 minutes	30 per week

SECTION 4 PROCEDURE CODES

PHYSICAL AND OCCUPATIONAL THERAPY SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Physical Therapy Evaluation					
97001	Physical therapy evaluation	HA	Child/adolescent program	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					
97003	Occupational therapy evaluation	HA	Child/adolescent program	One evaluation	2 every 12 months
Individual Occupational Therapy					
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	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 (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>					
Fabrication of Orthotic for Lower Extremities					
L2999	Fabrication of orthotic for lower extremities		Lower extremity orthosis, not otherwise specified	One orthotic	4 every 12 months
Fabrication of Orthotic for Upper Extremities					
L3999	Fabrication of orthotic for upper extremities		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>					
Fabrication of Thumb Splint					
L3805	Fabrication of orthotic for the thumb		Long opponens, no attachment, custom fabricated	One splint	4 every 12 months
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					
Fabrication of Finger Splint					
L3800	Fabrication of orthotic for the finger		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>					

SECTION 4 PROCEDURE CODES**PSYCHOLOGICAL
SERVICES**

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Psychological Testing					
96100	Psychological Testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour.			60 minutes	20 units per day
<i>NOTE: This procedure can be billed for 30 minutes of service. (Unit of Service is .5).</i>					

SECTION 4 PROCEDURE CODES

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			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			15 minutes	4 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			15 minutes	4 units per day

SECTION 4 PROCEDURE CODES

SPECIAL NEEDS TRANSPORTATION

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
T2002	Summary Sheet			Per diem	daily

BEHAVIORAL HEALTH SERVICES

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
H2019	Therapeutic Behavioral Services-TBS (formerly TCT) Center Based			15 min	16 units/day
H2020	Therapeutic Behavioral Services-TBS-(formerly TCT)-Home Visit	HA	Child/adolescent program	1 visit	1 unit/week
H2018	Psychosocial Rehabilitation Services (formerly Clinical Day Programming)			1 day	N/A
H2021	Community-Based Wraparound Services			15 min	

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