

**South Carolina Medicaid  
March 1, 2004 Changes**

South Carolina Local Codes		Crosswalk Effective Dates of Service October 16, 2003		Local to National Crosswalk Effective Dates of Service March 1, 2004		
SC Medicaid Local Procedure Code prior to 10/16/03	Description	National Code	Description	National Code (blank indicates no March 1, 2004 changes)	Description	Coding Notes

**DHEC: Maternal Child Health/CRS/BabyNet/Postpartum-Infant Home Visit/Family Planning/Preventive & Rehabilitative Services Primary Care Enhancement/Medicaid Adolescent Pregnancy Prevention Services (MAPPS)/Developmental Rehab Centers**

X0040	FAMILY PLANNING COUNSELING	X0040	FAMILY PLANNING COUNSELING	S9445 or S9446	S9445-PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION S9446-PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON PHYSICIAN PROVIDER, GROUP, PER SESSION	Use modifier FP-Service provided as part of Medicaid Family Planning Program
X0041	FAMILY PLANNING INSTRUCTION/TEACHING	X0041	FAMILY PLANNING INSTRUCTION/TEACHING	H1010	NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION	Use modifier FP-Service provided as part of Medicaid Family Planning Program
M0092	FP ORAL CONTRACEPT - ONE MONTH SUPPLY	S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL			Use modifier FP-Service provided as part of Medicaid Family Planning Program
M0093	FP IUD LIPPES LOOP	S4989	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G. PROGESTACERT IUD), INCLUDING IMPLANTS AND SUPPLIES			Use modifier FP-Service provided as part of Medicaid Family Planning Program
M0094	FP CONDOMS PER DOZEN	A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH			Use modifier FP-Service provided as part of Medicaid Family Planning Program
M0095	FP VAGINAL FOAM PER TUBE	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH			Use modifier FP-Service provided as part of Medicaid Family Planning Program
M0096	FP VAGINAL CREAM OR JELLY PER TUBE	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH			Use modifier FP-Service provided as part of Medicaid Family Planning Program
M0097	FP DIAPHRAGM	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE			Use modifier FP-Service provided as part of Medicaid Family Planning Program
M0098	FP SUPPOSITORIES 12 PACK	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S0046	FP - NORPLANT INSERTION	11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S0047	FP - NORPLANT REMOVAL	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S0048	FP - PROBLEM VISIT W PE	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use FP modifier. FP=Service provided as part of Medicaid Family Planning Program.
S0049	FP - PROBLEM VISIT W/O PE	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use FP modifier. FP=Service provided as part of Medicaid Family Planning Program.
S0050	FP - NURSE VISIT	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use FP modifier. FP=Service provided as part of Medicaid Family Planning Program.
S0051	FP - INITIAL VISIT W/O PE	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use FP modifier. FP=Service provided as part of Medicaid Family Planning Program.

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S0052	FP - INITIAL VISIT W PE	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use FP modifier. FP=Service provided as part of Medicaid Family Planning Program.
S0053	FP - ANNUAL VISIT	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use FP modifier. FP=Service provided as part of Medicaid Family Planning Program.
S0054	FP - ADMIT VISIT	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use FP modifier. FP=Service provided as part of Medicaid Family Planning Program.
S0055	FP - INITIAL VISIT	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use FP modifier. FP=Service provided as part of Medicaid Family Planning Program.
S0056	Condom, female, each	A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH			Use modifier FP=Service provided as part of Medicaid Family Planning Program
S0075	FP CONTRACEPTIVE GEL (CONCEPTROL) PER PACK	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH			Use modifier FP=Service provided as part of Medicaid Family Planning Program
S0076	VCF CONTRACEPTIVE FILM 12 PACK	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH			Use modifier FP=Service provided as part of Medicaid Family Planning Program
S0095	FP - CONTRACEPTIVE SPONGE EACH (DHEC)	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH			Use modifier FP=Service provided as part of Medicaid Family Planning Program
S0111	MATERNAL ACCESS VISIT	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use TH modifier. TH=Obstetrical treatment/services, prenatal or postpartum
S0112	ANTEPARTUM CARE WITH HEALTH EDUCATION					Code Deleted
S0114	POSTPARTUM CARE W/FAMILY PLANNING ED					Code Deleted
S0118	HMHF INFANT HOME VISIT, REPEAT (FOLLOW UP)	99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE			Use modifier 52=Reduced Services
S0119	HMHF INFANT HOME VISIT, NICU INFANT	T1028	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET PATIENT'S MEDICAL NEEDS			Use modifier HA - Child/Adolescent Program
S0120	POSTPARTUM/INFANT HOME VISIT	99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE			
S0321	KANAMYCIN (KATREX) 500MG/2CC VIAL	J1840	INJECT KANAMYCIN SULFATE TO 500 MG			
S0327	PROCAINE PEN - VIAL	J2510	INJECT PENICILLIN-G PROCAI AQUE 600,000			
S0328	PROCAINE PEN - SYRINGE	J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS			
S0334	SODIUM CHLORIDE .9% 30CC PER VIA	J2912	INJECT,SODIUM CHLORIDE,0.9%,PER 2 ML			
S0338	BENZATHINE PEN 1.2 M/U PER SYRINGE	J0530 - J0580	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE			Select the appropriate penicillin code depending on the units administered.
S0339	CEFTRIAXONE 250 MG VIAL	J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG			
S0343	KANAMYCIN (KANTREX) 1GM3CC VIAL	J1840	INJECT KANAMYCIN SULFATE TO 500 MG			
S0360	STD/HIV INITIAL VISIT W/O EXAM	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use P2 modifier.

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S0361	STD/HIV INITIAL VISIT WITH EXAM	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT			Select the appropriate EM code from the range of procedure codes depending on the level of service provided. Use P2 modifier.
S0362	TB - INITIAL VISIT SCREENING EVALUATION					Code Deleted
S0363	TB - NEW CASE/SUSPECT INITIAL VISIT					Code Deleted
S0364	DHEC HOME SERVICES - LEVEL I					Code Deleted
S0365	DHEC HOME SERVICES - LEVEL II					Code Deleted
S0366	DHEC HOME SERVICES - LEVEL III					Code Deleted
S1501	PREGNANCY ASSESSMENT - LOW RISK	99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH HAZARD APPRAISAL)			
S1502	PREGNANCY ASSESSMENT - HIGH RISK	99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH HAZARD APPRAISAL)			
S1503	NEWBORN ASSESSMENT - LOW RISK	99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH HAZARD APPRAISAL)			
S1504	NEWBORN ASSESSMENT - HIGH RISK	99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH HAZARD APPRAISAL)			
S1675	ENVIRONMENTAL INVESTIGATION FOR LEAD	T1029	COMPREHENSIVE ENVIRONMENTAL LEAD INVESTIGATION, NOT INCLUDING LABORATORY ANALYSIS, PER DWELLING			
S1807	PROGESTASERT IUD (COST)	S4989	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G. PROGESTACERT IUD), INCLUDING IMPLANTS AND SUPPLIES			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S7000	FP COUNSELING INDIV/FAMILY	H1010	NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S7001	FP NEEDS ASSESSMENT	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S7002	FP INTERVENTION PLAN	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S7003	FP COUNSELING GROUP	S9446	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S7522	FP NEEDS ASSESSMENT	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S7523	FP INTERVENTION CASE PLAN	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S8020	MD REFERRAL-EST PT A&D TX: FORMS ONLY	99080	SPECIAL REPORTS (I.E. INSURANCE AND MORE THAN STANDARD COMMON REPORTING SYSTEMS)			
W0051	A & D SCREEN BY MD/NP TO DETERMINE TX NEEDS	H0002	BEHAVIORAL HEALTH SCREEN TO DETERMINE ELIGIBILITY FOR TREATMENT PROGRAM			

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X0077	VAGINAL FOAM 17 GRAM TUBE FP	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH			Use modifier FP-Service provided as part of Medicaid Family Planning Program
X0097	FP - NORPLANT KIT (COST ONLY)	A4260	LEVONORGESTREL (CONTRACEPTIVE) IMPLANTS SYSTEM, INCLUDING IMPLANTS AND SUPPLIES			Use modifier FP-Service provided as part of Medicaid Family Planning Program
X0180	PSPCE/RSPCE ASSESS/EVAL/SERVICE PLANNING	X0180	PSPCE/RSPCE ASSESS/EVAL/SERVICE PLANNING	S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM	Use the following modifiers as appropriate: HN-Bachelors degree level HO-Masters degree level TD-RN TE-LPN/LVN
X0181	PSPCE INDIVIDUAL FOLLOW-UP	X0181	PSPCE INDIVIDUAL FOLLOW-UP	S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION	Use modifier TS-Follow-up service
X0182	PSPCE GROUP FOLLOW-UP	X0182	PSPCE GROUP FOLLOW-UP	S9446	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION	Use modifier TS-Follow-up service
X0183	RSPCE INDIVIDUAL FOLLOW-UP	X0183	RSPCE INDIVIDUAL FOLLOW-UP	S0316	DISEASE MANAGEMENT PROGRAM;FOLLOW-UP/REASSESSMENT	Use the following modifiers as appropriate: HN-Bachelors degree level HO-Masters degree level TD-RN TE-LPN/LVN
X0184	RSPCE- GROUP FOLLOW-UP	X0184	RSPCE- GROUP FOLLOW-UP	96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR MORE PATIENTS)	Use the following modifiers as appropriate: HN-Bachelors degree level HO-Masters degree level TD-RN TE-LPN/LVN
X0185	RSPCE- INDIVIDUAL F/UP PARAPROFESSIONAL	X0185	RSPCE- INDIVIDUAL F/UP PARAPROFESSIONAL	S0316	DISEASE MANAGEMENT PROGRAM; FOLLOW-UP/REASSESSMENT	Use the following modifiers as appropriate: HM- Less than bachelor degree level
X0186	RSPCE- GROUP F/UP-PARAPROFESSIONAL	X0186	RSPCE- GROUP F/UP-PARAPROFESSIONAL	96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR MORE PATIENTS)	Use modifier HM- Less than bachelor degree level
S0294	VALACYCLOVIR 500 MG PER CAPLET	X0294	VALACYCLOVIR 500 MG PER CAPLET			
S0295	METRONIDAZOLE 250 MG EACH	X0295	METRONIDAZOLE 250 MG EACH			
S0296	IMIQUIMOD CREAM 5% 12 PACKET	X0296	IMIQUIMOD CREAM 5% 12 PACKET			
S0297	MONISTAT 3	X0297	MONISTAT 3			
S0298	MONISTAT 7	X0298	MONISTAT 7			
S0300	AMOXICILLIN PER TAB/CAP	X0300	AMOXICILLIN PER TAB/CAP			

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S0301	AMPICILLIN PER TAB/CAP	X0301	AMPICILLIN PER TAB/CAP		
S0303	BIAXIN 250/500 MG PER TAB/CAP	X0303	BIAXIN 250/500 MG PER TAB/CAP		
S0304	CEFIXIME PER TAB/CAP	X0304	CEFIXIME PER TAB/CAP		
S0305	CLEOCIN VAG CREAM	X0305	CLEOCIN VAG CREAM		
S0307	CIPROFLOXACIN 500MG PER TAB/CAP	X0307	CIPROFLOXACIN 500MG PER TAB/CAP		
S0311	CONDYLOX TOP SOL	X0311	CONDYLOX TOP SOL		
S0313	DOXYCYCLINE PER TAB/CAP	X0313	DOXYCYCLINE PER TAB/CAP		
S0314	ERYTHROMYCIN EC PER TAB/CAP	X0314	ERYTHROMYCIN EC PER TAB/CAP		
S0317	ETHAMBUTOL 400 MG PER TAB/CAP (MYAMBUTOL	X0317	ETHAMBUTOL 400 MG PER TAB/CAP (MYAMBUTOL		
S0318	INH SYRUP 50MG/5ML	X0318	INH SYRUP 50MG/5ML		
S0322	METRONIDAZOLE PER TAB/CAP	X0322	METRONIDAZOLE PER TAB/CAP		
S0324	OFLOXACIN 400 MG PER TAB/CAP	X0324	OFLOXACIN 400 MG PER TAB/CAP		
S0326	PROBENECID PER TAB/CAP	X0326	PROBENECID PER TAB/CAP		
S0332	RAFAMPIN 300 MG PER TAB/CAP	X0332	RAFAMPIN 300 MG PER TAB/CAP		
S0337	MYCELEX CLOTRIMAZOLE VAG CREAM 30 GM TUB	X0337	MYCELEX CLOTRIMAZOLE VAG CREAM 30 GM TUB		
S0346	ACYCLOVIR 200MG PER CAP (ZOVIRAX)	X0346	ACYCLOVIR 200MG PER CAP (ZOVIRAX)		
S0347	DIFLUCAN 150 MG PER TABLET	X0347	DIFLUCAN 150 MG PER TABLET		
S0348	AZITHROMYCIN SACHET, PACKET	X0348	AZITHROMYCIN SACHET, PACKET		
S0351	PREMARIN VAGINAL CREAM W/APPLICATOR 4OZ	X0351	PREMARIN VAGINAL CREAM W/APPLICATOR 4OZ		
S0352	SULTRIN VAGINAL CREAM/APPL 4 OZ	X0352	SULTRIN VAGINAL CREAM/APPL 4 OZ		
S0353	MICONAZOLE SUPPOSITORIES 100 MG 7 TABS	X0353	MICONAZOLE SUPPOSITORIES 100 MG 7 TABS		
S0354	MICONAZOLE CREAM W/APPL 30 GR TUBE	X0354	MICONAZOLE CREAM W/APPL 30 GR TUBE		
S0355	GYNE LOTRIMIN VAGINAL CREAM W/APP 4 OZ	X0355	GYNE LOTRIMIN VAGINAL CREAM W/APP 4 OZ		
S0356	TERAZOL 7 CREAM/APPL 45GRAM	X0356	TERAZOL 7 CREAM/APPL 45GRAM		
S0359	ELIMITE CREAM 5% 60GRAM	X0359	ELIMITE CREAM 5% 60GRAM		
S0367	DHEC MULTIVITAMIN PER 100	X0367	DHEC MULTIVITAMIN PER 100		
X0302	AZITHROMYCIN PER TAB/CAP	X0302	AZITHROMYCIN PER TAB/CAP		
X0315	ERYTHROMYCIN TR PER TAB/CAP	X0315	ERYTHROMYCIN TR PER TAB/CAP		
X0340	METROGEL VAG GEL	X0340	METROGEL VAG GEL		
X0341	SPECTINOMYCIN 2 GM VIAL	J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM		
X0368	ACYCLOVIR ZOVIRAX 400 MG				
X0368	ACYCLOVIR ZOVIRAX 400 MG	X0368	ACYCLOVIR ZOVIRAX 400 MG		
X0369	PREMARIN TABS 1.25MG	X0369	PREMARIN TABS 1.25MG		
X0369	PREMARIN TABS 1.25MG				
X0370	OVIDE 0.5% LOTION	X0370	OVIDE 0.5% LOTION		
X0372	CIPRO 500 MG	X0372	CIPRO 500 MG		
X0373	FLOXIN 400MG	X0373	FLOXIN 400MG		
X0374	GYNAZOLE VAGINAL CREAM	X0374	GYNAZOLE VAGINAL CREAM		
X0375	FP.- PATCH ORTH EVRA	X0375	FP.- PATCH ORTH EVRA		
X0376	FP - NUVA RING			J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH
S9520	DHEC IRON SUPPLEMENT(PRE-NAT/FP)PER UNIT	X9520	DHEC IRON SUPPLEMENT(PRE-NAT/FP)PER UNIT		Use modifier FP-Service provided as part of Medicaid Family Planning Program

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S9877	IMMUNIZATION ONLY	X9877	IMMUNIZATION ONLY	90471 or 90472	90471-IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS); ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) 90472-IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS); EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
S9878	IMMUNIZATION W/ ANOTHER BILLABLE SERVICE	X9878	IMMUNIZATION W/ ANOTHER BILLABLE SERVICE	90471 or 90472	90471-IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS); ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) 90472-IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS); EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	
<b>BabyNet</b>						
S7800	SI PRIMARY CASE MANAGEMENT	T1016	Case Management, each 15 minutes			
S7804	EARLY INTERVENTION FAMILY TRAINING	T1027	Family training and counseling for child development, per 15 minutes			