

**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
ESRD, OPAC, ASC and INFUSION CENTERS						
OPAC						
S0750	OP PEDS AIDES CLINIC MULTIDISCIPLINARY VISIT W/PHYS	T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AND PSYCHOSOCIAL IMPAIRMENTS, PER DIEM			
S0751	OP PED AIDES CLINIC PAC LAB ONLY VISIT	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE			
S0752	OPAC SATELLITE VISIT					Code Deleted
S0753	OPAC AUXILIARY VISIT					Code Deleted
ESRD						
S6661	MULTIVITAMINS PER 100 TABS OR CAPS	X6661	MULTIVITAMINS PER 100 TABS OR CAPS			
S6704	CALCIUM ACETATE PER 100 TABS OR CAPS	X6704	CALCIUM ACETATE PER 100 TABS OR CAPS			
S6711	VITAMIN D	X6711	VITAMIN D			
S6717	CALCIUM PER 100 TABS OR CAPS	X6717	CALCIUM PER 100 TABS OR CAPS			
S6718	ANTACID/PHOSPHATE BINDERS	X6718	ANTACID/PHOSPHATE BINDERS			
S6719	IRON SALTS PER 100 TABS OR CAPS	X6719	IRON SALTS PER 100 TABS OR CAPS			
S6720	IRON WITH VITAMINS PER 100 TABS OR CAPS	X6720	IRON WITH VITAMINS PER 100 TABS OR CAPS			
S6721	IRON COMPLEX PER 100 TABS OR CAPS	X6721	IRON COMPLEX PER 100 TABS OR CAPS			
M0991	HOME HEMODIALYSIS (PER TREATMENT DAY)	S9335	PAYING CLINIC TO OVERSEE PATIENT, PATIENT IS ADMINISTERING OWN CARE, SUPPLIES FROM CLINIC			
M0995	HEMODIALYSIS (IN CENTER) MAX 14 PER MONTH	90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION			
M0997	PERITONEAL DIALYSIS PER TREAT UP TO 30 HRS	S9339	HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM			
S6716	NUTRITIONAL SUPPLEMENT/8 OZ CAN-EQUIVALENT	B4150	ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/PROTEIN ISOLATES, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT			Use modifier BO -Orally administered nutrition, not by feeding tube, Ensure
S6716	NUTRITIONAL SUPPLEMENT/8 OZ CAN-EQUIVALENT	B4152	ENTERAL FORMULAE; CATEGORY II; INTACT PROTEIN/PROTEIN ISOLATES (CALORICALLY DENSE), ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT			Use modifier BO -Orally administered nutrition, not by feeding tube, Ensure Plus
S6716	NUTRITIONAL SUPPLEMENT/8 OZ CAN-EQUIVALENT	B4154	ENTERAL FORMULAE; CATEGORY IV; DEFINED FORMULA FOR SPECIAL METABOLIC NEED, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT			Use modifier BO -Orally administered nutrition, not by feeding tube, Nepro, Suplena
ASC						
S6650	AMBULATORY SURGERY FACILITY CHARGE GRP I	D0120, D0150, D1120 D1203, D7285, D7286, D7510, D7520, D7530	Please refer to your Current ADA/CDT Code listing for the appropriate description.			

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		D1351, D1510, D1515, D2110, D2120, D2130, D2131, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2380, D2381, D2382, D2385, D2386, D2387, D2940, D3220, D3310, D3320, D6999, D7110, D7210, D7220, D7230, D7240, D7241, D7250, D7270, D7281, D7410, D7420, D7430, D7431, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7670, D7770, D7910, D7911, D7912	Please refer to your Current ADA/CDT Code listing for the appropriate description.			
S6651	AMBULATORY SURGERY FACILITY CHARGE GRP II					
S6652	AMBULATORY SURGERY FACILITY CHARGE GRP III	D2930, D2931, D2932, D2951	Please refer to your Current ADA/CDT Code listing for the appropriate description.			
Infusion						
S8050	CHEMOTHERAPY INFUSION THERAPY	96410	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOUR			
S8050	CHEMOTHERAPY INFUSION THERAPY	96412	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
S8050	CHEMOTHERAPY INFUSION THERAPY	96414	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP			
S8050	CHEMOTHERAPY INFUSION THERAPY	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR			
S8050	CHEMOTHERAPY INFUSION THERAPY	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8HOURS, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
S8050	CHEMOTHERAPY INFUSION THERAPY	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP			

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S8051	INHALATION THERAPY	94640	PRESSURIZED OR NON PRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION OR FOR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES (EG, WITH AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING)			
S8052	ANTIBIOTIC INFUSION THERAPY	90780	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; UP TO ONE HOUR THESE PROCEDURES ENCOMPASS PROLONGED INTRAVENOUS INJECTIONS.			
S8052	ANTIBIOTIC INFUSION THERAPY	90781	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
S8054	BLOOD OR BLD PRODUCT INFUSION THERAPY	36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS			
S8055	HYDRTN INFUSION THERAPY	90780	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; UP TO ONE HOUR THESE PROCEDURES ENCOMPASS PROLONGED INTRAVENOUS INJECTIONS.			
S8055	HYDRTN INFUSION THERAPY	90781	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
S8056	IGIV INFUSION THERAPY	90780	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; UP TO ONE HOUR THESE PROCEDURES ENCOMPASS PROLONGED INTRAVENOUS INJECTIONS.			
S8056	IGIV INFUSION THERAPY	90781	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			
S8057	BLOOD OR BLD PRODUCT	P9010, P9012, P9016, P9019, P9035	P9010-BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT P9012-CRYOPRECIPITATE, EACH UNIT P9016-RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT P9019-PLATELETS, EACH UNIT P9035-PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT			
S8060	PHORESIS PLATELET AT 200 CC	P9034	PLATELETS, PHERESIS, EACH UNIT			