

**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
<b>MEDICAL SERVICES</b>						
<b>Modifiers</b>						
W3	3 TOT OR FINAL FRACTIONS					Code Deleted
W4	TOT OR FINAL FRACTIONS					Code Deleted
W5	TOT FIN OR INT FRACTIONS					Code Deleted
WJ	REPEAT PROFESSIONAL COMPONENT	26	PROFESSIONAL COMPONENT			
WK	MD PERSON SUP/PERF TEST					Code Deleted
WM	NURSE MIDWIFE SERVICE	SB	NURSE MIDWIFE			
<b>Procedure Codes</b>						
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
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
S0042	FAMILY PLAN PELVIC EXAM W/UNRELATED VISIT					Code Deleted
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
S0100	CARDIAC MRI HEART PROFESSIONAL SERVICE	75552 - 75556	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL			Bill appropriate MRI code 75552 - 75556 depending on level of service. Use modifier 26 when billing of professional component only.
S0105	CATAWBA INDIAN ENCOUNTER - MEMBER	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE			Use modifier SE
S0106	CATAWBA INDIAN ENCOUNTER - NON-MEMBER	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE			
S0119	HMHF INFANT HOME VISIT, NICU INFANT	T1028	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET PATIENT'S MEDICAL NEEDS			Modifier HA - Child/Adolescent Program
S0120	POSTPARTUM/INFANT HOME VISIT	99501	HOME VISIT, POSTNATAL ASSESS/FOLLOW-UP			Modifier HA - Child/Adolescent Program
S0145	ERMD SCREENING - PEP	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED PROGRAM, PROJECT OR TREATMENT PROTOCOL, PER ENCOUNTER			
S0150	GRP COUNSEL BY PARAPROF UNDER MD SUPRVIS	90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)			Use modifiers as appropriate: HN-Bachelors Degree level HO-Masters Degree level HP-Doctoral level

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S0151	FAM COUNSEL BY PARAPROF UNDER MD SUPRVIS	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)			Use modifiers as appropriate: HN-Bachelors Degree level HO-Masters Degree level HP-Doctoral level
S0152	IND COUNSEL BY PARAPROF UNDER MD SUP 30MIN	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;			Use modifiers as appropriate: HN-Bachelors Degree level HO-Masters Degree level HP-Doctoral level
S0153	IND COUNSEL BY PARAPROF UNDER MD SUP 50MIN	90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;			Use modifiers as appropriate: HN-Bachelors Degree level HO-Masters Degree level HP-Doctoral level
S0700	LIMITED GENETIC EVALUATION	99241 - 99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Bill appropriate consult code. Use modifier TF for Intermediate Level of Care
S0701	EXTENDED GENETIC EVALUATION	99241 - 99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Bill appropriate consult code. Use modifier TG for Complex/High Tech Level of Care
S0702	DETAILED GENETIC EVALUATION	99241 - 99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Bill appropriate consult code. Use modifier TG for Complex/High Tech Level of Care
S0703	COMPREHENSIVE GENETIC EVALUATION	99241 - 99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Bill appropriate consult code. Use modifier TG for Complex/High Tech Level of Care
S1240	EARLY INTERVENTION CASE MANAGEMENT	T1016	CASE MANAGEMENT, EACH 15 MINUTES			
S1245	MEDICAL MANAGEMENT SUPPORT SERVICES	S5102	DAY CARE SERVICES, ADULT; PER DIEM			
S1300	S.C. PHYSICIAN LIMITED SERVICE 30 MIN	99241 - 99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Bill appropriate consult code. Use modifier TF for Intermediate Level of Care
S1301	S.C. PHYSICIAN EXTENDED SERVICE 60 MIN	99241 - 99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Bill appropriate consult code. Use modifier TG for Complex/High Tech Level of Care
S1302	S.C. PHYS COMPREHENSIVE SERVICE 90 MIN	99241 - 99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Bill appropriate consult code. Use modifier TG for Complex/High Tech Level of Care
S1410	RS-C PARENT TRAINING FOR PT					Code Deleted
S1424	DEVELOPMENTAL PSYCHOLOGICAL ASSESSMENT	96100	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF PERSONALITY, PSYCHOPATHOLOGY, EMOTIONALITY, INTELLECTUAL ABILITIES, EG, WAIS-R, RORSCHACH, MMPI) WITH INTERPRETATION AND REPORT, PER HOUR			Use modifier HO.
S1426	DEVELOPMENTAL PSYCHOLOGICAL RE-ASSESSMENT	96100	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF PERSONALITY, PSYCHOPATHOLOGY, EMOTIONALITY, INTELLECTUAL ABILITIES, EG, WAIS-R, RORSCHACH, MMPI) WITH INTERPRETATION AND REPORT, PER HOUR			Use modifier TS.
S1428	INITIAL SPEECH AND LANGUAGE EVAL	92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCESSING, AND/OR AURAL REHABILITATION STATUS			Use modifier TG.
S1430	RS-C SCREENING FOR SPEECH OR AUDIOLOGY	92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCESSING, AND/OR AURAL REHABILITATION STATUS			Use modifier 52 - Reduced Service

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S1450	NEURODEVELOP INITIAL ASSESS - 30 MIN	96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS, E.G., BAYLEY SCALES OF INFANT DEVELOPMENT) WITH INTERPRETATION AND			
S1452	NEURODEVELOP RE-ASSESS - 30 MIN	96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS, E.G., BAYLEY SCALES OF INFANT DEVELOPMENT) WITH INTERPRETATION AND			Use modifier TS.
S1455	INITIAL NEURODEVELOP ASSESS - NP	96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS, E.G., BAYLEY SCALES OF INFANT DEVELOPMENT) WITH INTERPRETATION AND			Use modifier SA - Nurse practitioner rendering service in collaboration with a physician
S1456	NEURODEVELOP RE-ASSESS - NP	96110	DEVELOPMENTAL TESTING; LIMITED (E.G., DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT			Use modifier SA - Nurse practitioner rendering service in collaboration with a physician
S1468	EARLY INTERVENTION FAMILY TRAINING	T1027	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES			
S1474	FABRICATION OF THUMB SPLINT	L3800	WRIST HAND FINGER ORTHOSIS, SHORT OPPONENTS, NO ATTACHMENTS, CUSTOM-FABRICATED			Use appropriate digit modifier
S1474	FABRICATION OF THUMB SPLINT	L3805	WRIST HAND FINGER ORTHOSIS, LONG OPPONENTS, NO ATTACHMENT, CUSTOM-FABRICATED			Use appropriate digit modifier
S1475	FABRICATION OF FINGER SPLINT	L3800	WRIST HAND FINGER ORTHOSIS, SHORT OPPONENTS, NO ATTACHMENTS, CUSTOM-FABRICATED			Use appropriate digit modifier
S1475	FABRICATION OF FINGER SPLINT	L3805	WRIST HAND FINGER ORTHOSIS, LONG OPPONENTS, NO ATTACHMENT, CUSTOM-FABRICATED			Use appropriate digit modifier
S1476	FABRICATION OF THUMB SPLINT	L3800	WRIST HAND FINGER ORTHOSIS, SHORT OPPONENTS, NO ATTACHMENTS, CUSTOM-FABRICATED			Use appropriate digit modifier
S1500	INITIAL OB EXAM					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)			
S1515	SC ASSESSMENT/SERVICE PLAN	S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM			
S1597	S C CASE MANAG MONITOR/INTERVENT/CONSULTA	S0316	FOLLOW-UP/REASSESSMENT			

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S1612	SPEC FABRICATED SPLINT - STATIC					Code Deleted
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
S1812	MINOR SURGICAL TRAY	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)			
S1839	PEAK FLOW METER	A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD			
S2001	SPEECH RE-EVALUATION	X2001	SPEECH RE-EVALUATION			
S2024	HEARING EVALUATION	X2024	HEARING EVALUATION			
S2025	HEARING AID EVALUATION	X2025	HEARING AID EVALUATION			
S2026	HEARING AID ORIENTATION	X2026	HEARING AID ORIENTATION			
S2027	RIGHT EAR MOLD	X2027	RIGHT EAR MOLD			
S2028	LEFT EAR MOLD	X2028	LEFT EAR MOLD			
S2029	HEARING RE-EVALUATION	X2029	HEARING RE-EVALUATION			
S2030	HEARING AID ANALYSIS	X2030	HEARING AID ANALYSIS			
S2031	HEARING AID RE-CHECK	X2031	HEARING AID RE-CHECK			
S2032	PURE TONE AIR CONDUCTION TESTING	X2032	PURE TONE AIR CONDUCTION TESTING			
S2033	IMPEDANCE TESTING	X2033	IMPEDANCE TESTING			
S2034	HEARING CONSULTATION	X2034	HEARING CONSULTATION			
S3220	CA SCREEN PROJECT - DIGITAL RECTAL EXAM	S0605	DIGITAL RECTAL EXAMINATION, ANNUAL			
S3260	INITIAL COMPREHENSIVE ASSESSMENT	99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (E.G., HEALTH HAZARD APPRAISAL)			Use modifier TG
S3300	PHY INTERPRET/MULT-CHANNEL STUDY 15 MIN					Code Deleted
S4437	FQHC HIV ENCOUNTER	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE			Use modifier P4.
S4438	FQHC PSYCH ENCOUNTER CODE	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE			Use modifier HE.
S4439	FQHC MATERNAL CARE ENCOUNTER CODE	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE			Use modifier TH.
S4440	FQHC/RHC MEDICAL ENCOUNTER CODE	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE			Use modifier FP as needed.
S5300	EARMOLDS	V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE			Use modifiers RT - Right Side or LT - Left Side
S5300	EARMOLDS	V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE			Use modifiers RT - Right Side or LT - Left Side
S6900	HIV-INITIAL OFFICE/OP VISIT (1 TIME)	99201 - 99205, 99241 - 99245	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT			Bill appropriate EM code. Use modifier P4 to designate HIV.
S6905	HIV-ESTABLISHED PATIENT OFFICE/OP VISIT	99211 - 99215, 99241 - 99245	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT			Bill appropriate EM code. Use modifier P4 to designate HIV.
S6910	HIV-INITIAL HOSPITAL VISIT (1 TIME)	99221-99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS			Bill appropriate EM code. Use modifier P4 to designate HIV.
S6915	HIV-ESTABLISHED PATIENT HOSP VISIT	99231 - 99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT			Bill appropriate procedure code depending on level of service and complexity. Use modifier P4.
S6925	HIV-ESTABLISHED PATIENT HOME VISIT	99341 - 99345, 99347 - 99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT,			Bill appropriate home visit EM code depending on level of service and complexity. Use modifier P4.
S6940	HIV-ER VISIT	99281 - 99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT			Bill appropriate ER code depending on level of service and complexity. Use modifier P4.

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S6950	HIV-INITIAL CONSULTATION (1 TIME)	99241 - 99245, 99261 - 99263	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Bill appropriate office consult code depending on level of service and complexity. Use modifier P4.
S6955	HIV-ESTABLISH PATIENT FOLLOW-UP CONSULTANT	99261 - 99263	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Bill appropriate office consult code depending on level of service and complexity. Use modifier P4.
S7632	RECOMBINANT DNA ANALYSIS LAB TEST	X7632	RECOMBINANT DNA ANALYSIS LAB TEST			
S7800	SI PRIMARY CASE MANAGEMENT	T1016	CASE MANAGEMENT, EACH 15 MINUTES			
S7801	SI CONCURRENT CASE MANAGEMENT	T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES			
S7804	EARLY INTERVENTION FAMILY TRAINING	T1027	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES			
S8020	MD REFERRAL EST. PT A&D TX FORMS ONLY	99080	SPECIAL REPORTS SUCH AS INSURANCE FORMS, MORE THAN THE INFORMATION CONVEYED IN THE USUAL MEDICAL COMMUNICATIONS OR STANDARD REPORTING FORM			
S8144	CHILDREN'S DAY TREATMENT	S5105	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM			
S9003	PERIODIC SGG. PLUS IMMUNS. TODAY < AGE1					Code Deleted
S9004	PERIODIC SCG. PLUS IMMUNS. TODAY > AGE1					Code Deleted
S9005	INTERPERIODIC IMMUNIZATIONS- V70.9					Code Deleted
S9020	DIABET-INITIAL ASSESSMENT/MATERNAL	S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM			
S9030	DIABET-EA CLASS HOUR MAX 10X1 YR013X2 YR	S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION			
S9040	DIABET-POST ASSESSMENT (ONE TIME ONLY)	S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP VISIT TO NON-MD PROVIDER			
S9050	DIABET FOLLOW-UP	S0316	FOLLOW-UP/REASSESSMENT			
S9211	REFERRING PHYS ATTENDANCE DURING TELE CO					Code Deleted
S9510	INITIAL FAMILY PLANNING VISIT (1/5 YEARS)	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT			Bill appropriate EM code depending on level of service and complexity. Use modifier FP.
S9550	MEDICAL FOSTER CARE	T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AND PSYCHOSOCIAL IMPAIRMENTS, PER DIEM			Use modifier TG - High Complexity or TF - Intermediate Complexity as needed.
S9630	MEDICALLY FRAGILE NON FOSTER CARE	T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AND PSYCHOSOCIAL IMPAIRMENTS, PER DIEM			Use modifier TG - High Complexity or TF - Intermediate Complexity as needed.
S9650	HMHF INFANT HOME VISIT & WIC REFERRAL	X9650	HMHF INFANT HOME VISIT & WIC REFERRAL	97802	Medical nutritional therapy, initial assessment and intervention, individual, face-to-face, with the patient, each 15 minutes	
S9660	BACK TRANS NICU GRAD-INITIAL OFFICE VISIT	99293, 99294, 99295, 99296, 99298, or 99299	PEDIATRIC/NEONATAL CRITICAL CARE AND INTENSIVE LOW BIRTH WEIGHT SERVICES			Bill appropriate code depending on level of care.
S9661	BACK TRANS NICU GRAD - INITIAL HOSP EXAM	99293, 99294, 99295, 99296, 99298, or 99299	PEDIATRIC/NEONATAL CRITICAL CARE AND INTENSIVE LOW BIRTH WEIGHT SERVICES			Bill appropriate code depending on level of care.
S9662	BACK TRANS NICU GRAD-SUBSQ HOSP EXTENDED	99293, 99294, 99295, 99296, 99298, or 99299	PEDIATRIC/NEONATAL CRITICAL CARE AND INTENSIVE LOW BIRTH WEIGHT SERVICES			Bill appropriate code depending on level of care.

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S9663	BACK TRANS NICU GRAD-SUBS HOSP LIM/BRIEF	99293, 99294, 99295, 99296, 99298, or 99299	PEDIATRIC/NEONATAL CRITICAL CARE AND INTENSIVE LOW BIRTH WEIGHT SERVICES			Bill appropriate code depending on level of care.
S9679	OBSERVATION FOR MATERNITY/LABOR					Code Deleted
S9850	INJ DIPRIVAN 10MG/ML	J3490	Unclassified drugs			
S9853	INJ SYNAGIS (RSV) IM 100 MG	90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH			
S9854	ZANTAC (RANITIDINE HCL), 25 MG	J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG			
S9855	TAGAMENT (CIMETIDINE), 300 MG	S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG			
S9859	ZITHROMAX ORAL 1 GRAM SINGLE DOSE	Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram			
S9865	HONEY BEE VENOM PER 5 CC VIAL					Code Deleted Please Refer to CPT manual
S9869	MIXED VESPID VENOM PER 5 CC VIAL					Code Deleted Please Refer to CPT manual
S9870	WASP VENOM PER 5 CC VIAL					Code Deleted Please Refer to CPT manual
S9871	FIRE ANT VENOM PER 5 CC VIAL					Code Deleted Please Refer to CPT manual
S9875	INJEC IRON/LIVER COMBIN PER 1ML					Code Deleted
S9877	IMMUNIZATION ONLY	X9877	IMMUNIZATION ONLY	90471, 90472	90471-Immunization administration (includes percutaneous, intra dermal, subcutaneous, intramuscular and jet injections); one vaccine (single or combination vaccine/toxoid) 90472-Immunization administration (includes percutaneous, intra dermal, 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, 90472	90471-Immunization administration (includes percutaneous, intra dermal, subcutaneous, intramuscular and jet injections); one vaccine (single or combination vaccine/toxoid) 90472-Immunization administration (includes percutaneous, intra dermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)	
W0051	A & D SCREEN BY MD/NP TO DETERMINE TX NEEDS	H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM			
W3016	INJECTION STADOL 2MG OR 1 CC	S0009	Injection, butorphanol tartrate, 1 mg			
W3025	INJECTION, BUPRENEX TO 0.3 MG/1MG	J0592	Injection, buprenorphine hydrochloride, 0.1 mg			
W3701	INJECT D5W, DETROSE 60 IN H2O 25 MG/50ML	J7060	5% dextrose/water (500 ml = 1 unit)			
W3703	INJECT DOPAMINE TO 200 MG	Q4076	Unclassified drugs			
W3708	INJECT SODIUM BICARBONATE TO 50 ML	J3490	Unclassified drugs			
X0010	NEONATAL TRACHEAL LAVAGE	31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL			Use modifier HA
X0030	NEONATAL SIDS EVALUATION	99251 - 99255	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT.			Bill appropriate consult codes 99251-99255 depending on level of service
X0040	FAMILY PLANNING COUNSELING	X0040	FAMILY PLANNING COUNSELING	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
X0041	FAMILY PLANNING INSTRUCTION/TEACHING	X0041	FAMILY PLANNING INSTRUCTION/TEACHING	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
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

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X0121	PHYSICIAN BACKUP OB EXAM	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT.			Bill appropriate EM code.
X0122	PREGNANCY ASSESSMENT LICENSED MIDWIFE BKU	99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (E.G., HEALTH HAZARD APPRAISAL)			Use with SB=Nurse Midwife modifier
X0123	INITIAL LICENSED MIDWIFE OB EXAM	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT.			Bill appropriate EM code. Use with SB=Nurse Midwife modifier
X0124	DELIVERY SUPPLY CODE	S8415	SUPPLIES FOR HOME DELIVERY OF INFANT			
X0155	HOP INITIAL DETAILED OFFICE VISIT	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT.			Bill appropriate EM code. Use modifier TG - Complex/High Tech level of care
X0156	HOP INITIAL COMPREHENSIVE OFFICE VISIT	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT.			Bill appropriate EM code. Use modifier TG - Complex/High Tech level of care
X0157	HOP BRIEF OFFICE VISIT	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT.			Bill appropriate EM code. Use modifier TG - Complex/High Tech level of care
X0158	HOP ESTABLISHED DETAILED OFFICE VISIT	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT.			Bill appropriate EM code. Use modifier TG - Complex/High Tech level of care
X0159	HOP ESTABLISHED COMPREHENSIVE OV	99201 - 99205, 99211 - 99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT.			Bill appropriate EM code. Use modifier TG - Complex/High Tech level of care
X9560	PREADMISS EVALUATE FOR MENTAL HEALTH SVS	T2010	PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL I IDENTIFICATION SCREENING, PER SCREEN.			
<b>CORF/CARF and DHEC Certified Facilities</b>						
S1472	FABRICATION OF ORTHOTIC	L3800 or L3805	L3800-WRIST HAND FINGER ORTHOSIS, SHORT OPPONENTS, NO ATTACHMENTS, CUSTOM-FABRICATED L3805-WRIST HAND FINGER ORTHOSIS, LONG OPPONENTS, NO ATTACHMENT, CUSTOM-FABRICATED			Use appropriate digit modifier
S1478	GROUP PHYSICAL THERAPY	X1478	GROUP PHYSICAL THERAPY			
S1479	GROUP OCCUPATIONAL THERAPY	X1479	GROUP OCCUPATIONAL THERAPY			
S1480	PEEDEE BIRTHING CENTER					Code Deleted
S1481	A PT/OT CONSULTATION	99241 - 99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT			Use modifier GP (Physical Therapy) or GO (Occupational Therapy) as appropriate.
S1555	PHYSICAL THERAPY EVALUATION	97001	PHYSICAL THERAPY EVALUATION			Use modifier GP
S1556	OCCUPATIONAL THERAPY EVALUATION	97003	OCCUPATIONAL THERAPY EVALUATION			Use modifier GO
S1557	INDIVIDUAL PHYSICAL THERAPY	S1557	INDIVIDUAL PHYSICAL THERAPY			
S1558	INDIVIDUAL OCCUPATIONAL THERAPY	S1558	INDIVIDUAL OCCUPATIONAL THERAPY			
S2005	SPEECH RE-EVALUATION	S2005	SPEECH RE-EVALUATION			
S2006	SPEECH CONSULTATION	S2006	SPEECH CONSULTATION			
S2007	INDIVIDUAL SPEECH THERAPY	S2007	INDIVIDUAL SPEECH THERAPY			
S2008	SPEECH EVALUATION	S2008	SPEECH EVALUATION			
S2009	GROUP SPEECH THERAPY	S2009	GROUP SPEECH THERAPY			
<b>FQHC, FFHC, RHC (Health Clinics)</b>						
S0120	POSTPARTUM/INFANT HOME VISIT	99501	HOME VISIT, POSTNATAL ASSESS/FOLLOW-UP			Use modifier HA
S1501	PREGNANCY ASSESSMENT - LOW RISK	99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH HAZARD APPRAISAL)			

**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
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)			
S1812	MINOR SURGICAL TRAY	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)			
S9853	INJ SYNAGIS (RSV) IM 100 MG	90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH			
S9650	HMHF INFANT HOME VISIT & WIC REFERRAL	X9650	HMHF INFANT HOME VISIT & WIC REFERRAL			
S9877	IMMUNIZATION ONLY	X9877	IMMUNIZATION ONLY	90471, 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, 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)	