

**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 |
| PRIVATE REHABILITATIVE SERVICES | | | | | | |
| X2001 | SPEECH RE-EVALUATION | | | | | Code Deleted |
| S2005 | SPEECH RE-EVALUATION | X2005 | SPEECH RE-EVALUATION | 92506 | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status | Use modifier 52-Reduced Services |
| S2006 | SPEECH CONSULTATION | X2006 | SPEECH CONSULTATION | 99241 | Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; care with other providers or agencies are provided consistent with the nature of the problem(s) and the patients and/or family's needs | Use modifier GN-Services delivered under an outpatient speech language pathology plan of care |
| S2007 | INDIVIDUAL SPEECH THERAPY | X2007 | INDIVIDUAL SPEECH THERAPY | 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual | |
| S2008 | SPEECH EVALUATION | X2008 | SPEECH EVALUATION | 92506 | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status | Use modifier HA-Child/adolescent program |
| S2009 | GROUP SPEECH THERAPY | 92508 | Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); group | | | Use modifier 52-Reduced services |
| S2024 | HEARING EVALUATION | X2024 | HEARING EVALUATION | 92557 | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) | |
| S2025 | HEARING AID EVALUATION | 92590 | HEARING AID EVALUATION | 92590 | Hearing aid examination and selection; monaural | |
| S2026 | HEARING AID ORIENTATION | X2026 | HEARING AID ORIENTATION | V5011 | Fitting/orientation/checking of hearing aid | |
| S2027 | RIGHT EAR MOLD | X2027 | RIGHT EAR MOLD | V5265 | Ear mold/insert disposable, any type | Use Modifier RT-Right side |
| S2028 | LEFT EAR MOLD | V5265 | | V5265 | Ear mold/insert disposable, any type | Use Modifier LT-Left side |
| S2029 | HEARING RE-EVALUATION | X2029 | HEARING RE-EVALUATION | 92557 | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) | Use modifier 52-Reduced services |
| S2030 | HEARING AID ANALYSIS | X2030 | HEARING AID ANALYSIS | 92592 | Hearing aid check and monaural | |
| S2031 | HEARING AID RE-CHECK | X2031 | HEARING AID RE-CHECK | 92592 | Hearing aid check and monaural | Use modifier 52-Reduced services |
| S2032 | PURE TONE AIR CONDUCTION TESTING | X2032 | PURE TONE AIR CONDUCTION TESTING | 92552 | Hearing aid check and monaural | |
| S2033 | IMPEDANCE TESTING | X2033 | IMPEDANCE TESTING | 92567 | Tympanometry (impedance testing) | |
| S2034 | HEARING CONSULTATION | X2034 | HEARING CONSULTATION | 99241 | Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; care with other providers or agencies are provided consistent with the nature of the problem(s) | |
| S1472 | FABRICATION OF ORTHOTIC | L3800 or L3805 | L3800-WRIST HAND FINGER ORTHOSIS, SHORT OPPOSITIONAL, NO ATTACHMENTS, CUSTOM-FABRICATED L3805-WRIST HAND FINGER ORTHOSIS, LONG OPPOSITIONAL, NO ATTACHMENT, CUSTOM-FABRICATED | | | |
| S1474 | FABRICATION OF THUMB SPLINT | L3800 | WRIST HAND FINGER ORTHOSIS, SHORT OPPOSITIONAL, NO ATTACHMENTS, CUSTOM-FABRICATED | | | |
| S1474 | FABRICATION OF THUMB SPLINT | L3805 | WRIST HAND FINGER ORTHOSIS, LONG OPPOSITIONAL, NO ATTACHMENT, CUSTOM-FABRICATED | | | |

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| S1475 | FABRICATION OF FINGER SPLINT | L3800 | WRIST HAND FINGER ORTHOSIS, SHORT OPPOSITIONAL, NO ATTACHMENTS, CUSTOM-FABRICATED | | | |
| S1475 | FABRICATION OF FINGER SPLINT | L3805 | WRIST HAND FINGER ORTHOSIS, LONG OPPOSITIONAL, NO ATTACHMENT, CUSTOM-FABRICATED | | | |
| S1476 | FABRICATION OF THUMB SPLINT | L3800 | WRIST HAND FINGER ORTHOSIS, SHORT OPPOSITIONAL, NO ATTACHMENTS, CUSTOM-FABRICATED | | | |
| S1478 | GROUP PHYSICAL THERAPY | X1478 | GROUP PHYSICAL THERAPY | 97150 | Therapeutic procedure(s), group (2 or more individuals) | Use modifier GP |
| S1479 | GROUP OCCUPATIONAL THERAPY | X1479 | GROUP OCCUPATIONAL THERAPY | 97150 | Therapeutic procedure(s), group (2 or more individuals) | Use modifier GO |
| 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 | X1557 | 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 | Use modifier GP |
| S1558 | INDIVIDUAL OCCUPATIONAL THERAPY | X1558 | INDIVIDUAL OCCUPATIONAL THERAPY | 97530 | Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes | Use modifier GO |
| S2022 | HEARING AID HANDLING FEE | V5090 | DISPENSING FEE, UNSPECIFIED HEARING AID | | | |