

**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
SCHOOL BASED SERVICES						
S1401	PT/OT CONSULTATION	G9007	Coordinated care fee, scheduled team conference			Use appropriate modifier: GP - Physical Therapy GO - Occupational Therapy
S1402	PHYSICAL THERAPY EVALUATION	97001	Physical therapy evaluation			HA-Child/adolescent program
S1404	OCCUPATIONAL THERAPY EVALUATION	97003	Occupational therapy evaluation			HA-Child/adolescent program
S1448	GROUP PHYSICAL THERAPY	97150	Therapeutic procedure(s), group (2 or more individuals)			GP - Physical Therapy
S1449	GROUP OCCUPATIONAL THERAPY	97150	Therapeutic procedure(s), group (2 or more individuals)			GO - Occupational Therapy
S1470	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			
S1471	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 - Occupational Therapy
S1473	FABRICATION OF ORTHOTIC	L2999	Lower extremity orthosis, not otherwise specified			
S1473	FABRICATION OF ORTHOTIC	L3999	Upper extremity orthosis, not otherwise specified			
S1476	FABRICATION OF THUMB SPLINT	L3805	Wrist hand finger orthosis, long OPPOSITIONAL, no attachment, custom-fabricated			
S1477	FABRICATION OF FINGER SPLINT	L3800	Wrist hand finger orthosis, short OPPOSITIONAL, no attachments, custom-fabricated			
S2000	SPEECH EVALUATION	92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status			HA-Child/adolescent program
S2001	SPEECH RE-EVALUATION	92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status			
S2002	SPEECH CONSULTATION	G9007	Coordinated care fee, scheduled team conference			GN-Services delivered under an outpatient speech pathology plan of care

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S2003	INDIVIDUAL SPEECH THERAPY	92507	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); individual			
S2010	HEARING EVALUATION	92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)			
S2011	HEARING AID EVALUATION	92590	Hearing aid examination and selection; monaural			
S2012	HEARING AID ORIENTATION	V5011	Fitting/orientation/checking of hearing aid			HA-Child/adolescent program
S2013	RIGHT EAR MOLD	V5265	Ear mold/insert disposable, any type			RT-Right side
S2014	LEFT EAR MOLD	V5265	Ear mold/insert disposable, any type			LT-Left side
S2015	HEARING RE-EVALUATION	92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)			52-Reduced service
S2016	HEARING AID ANALYSIS	92592	Hearing aid check and monaural			
S2017	HEARING AID RE-CHECK	92592	Hearing aid check and monaural			52-Reduced service
S2018	PURE TONE AIR CONDUCTION TESTING	92552	Puretone audiometry (threshold air only)			
S2019	IMPEDANCE TESTING	92567	Tympanometry (impedance testing)			
S2020	HEARING CONSULTATION	G9007	Coordinated care fee, scheduled team conference			TJ-Program group, child and/or adolescent
S2022	HEARING AID HANDLING FEE	V5090	Dispensing fee, unspecified hearing aid			
S2036	GROUP SPEECH THERAPY	92508	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); group			
S2050	ORIENTATION 3 MOBILITY ASSESSMENT	T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter			
S2051	ORIENTATION + MOBILITY REASSESSMENT	T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter			TS-Follow-up service

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S2052	ORIENTATION AND MOBILITY SERVICES	T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter			Use modifier TM-Individual education program
S7522	FP NEEDS ASSESSMENT	T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project of 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 of treatment protocol, per encounter			Use modifier FP-Service provided as part of Medicaid Family Planning Program
S8026	THERAPEUTIC CHILD TREATMENT - HOME VISIT	H2020	Therapeutic behavioral services, per diem			Use modifier HA-Child/adolescent program
S8031	THERAPEUTIC CHILD TREATMENT - CENTER	H2019	Therapeutic behavioral services, per 15 minutes			Adjust units to match code description
S8179	CLINICAL DAY PROGRAMMING/PUBLIC - ONE DAY	H2018	Psychosocial rehabilitation services, per DIEM			
S2187	WRAP AROUND SERVICES NONCOSY/ISCEDC	H2021	Community-based wrap-around services, 15 minutes			Adjust units to match code description
S2193	WRAP AROUND NONCOSY/ISCEDC THERAPY	H2021	Community-based wrap-around services, 15 minutes			Adjust units to match code description
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	H1010-Non-medical family planning education, per session	Use modifier FP-Service provided as part of Medicaid Family Planning Program
X2040	NURSING SERVICES	T1002 or T1003	T1002-RN Services, up to 15 minutes T1003-LPN/LVN Services, up to 15 minutes			
X2041	NURSING ENCOUNTER	T1015	Clinic visit/encounter, all-inclusive			Use appropriate modifier: TD-RN TE-LPN/LVN
X2060	APPLIED BEHAVIOR THERAPY 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

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X2061	APPLIED BEHAVIOR LEAD THERAPY SERVICE	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 degree level
X2062	APPLIED BEHAVIOR COORDINATOR SERVICE	T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter			HN-Bachelors degree level
X2194	WRAP AROUND NONCOSY/ISCEDC BEHAVIOR IN	H2021	Community-based wrap-around services, 15 minutes			Adjust units to match code description.
X8180	SCHOOL-BASED PSYCHOL TEST/EVAL	96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionally, intellectual abilities, eg, WAIS-R, RORSCHACH,MMPI) with interpretation and report, per hour			Adjust units to match code description (1 UNIT = 60 MINUTES, Frequency 20 Units)
X8181	ANNUAL/TRANSFER REVIEW	90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data from medical diagnostic purposes			
X8183	PROFESSIONAL CONSULTATION	G9007	Coordinated care fee, scheduled team conference			HA-Child/adolescent program