

THErapy SERVICES – HOME HEALTH vs. PRIVATE

HOME HEALTH SERVICES:

Home health services are defined as those services (Skilled Nursing Visits, Home health aide visits, Therapy visits (PT, ST, OT), and Social work services) provided by a certified home health agency to SC Medicaid beneficiaries meeting homebound status.

Generally speaking, the following criteria must be met when considering the homebound status for all beneficiaries:

- A physician must certify the patient is confined to home
- Patients do not have to be bed ridden; however, leaving home should require a considerable and taxing effort
- Absences from the home are infrequent and of short duration, and may be to receive medical treatment
- A condition due to an illness or injury restricts the patient's ability to leave home

In accordance with the above guidelines, children in school settings or day care do not meet the homebound criteria.

Procedure Codes:

Following is a list of all codes billable to FFS Medicaid by certified home health agencies. The frequency limit for these services is a total of 75 visits, not hours, regardless of service/combination of services rendered. Visits are not time specific (15 minutes vs. 1 hour).

Procedure Code	Procedure Code Description
T1030	Nursing care by a RN
T1031	Nursing care by a LPN
T1031	Nursing visit – stabilized patient
T1028	Assessment visit DME evaluation
T1021	Home health aide visit
A9900	Supplies
S9127	Social work service to enhance the effectiveness of home health
S9128	Speech therapy
S9129	Occupational therapy
S9131	Physical therapy

The above codes are reimbursed at the contract rate associated with the certified home health agency. For rate information, see the monthly contract rate file.

PRIVATE THERAPY SERVICES:

In order to be eligible for Private Rehabilitative Therapy and Audiological Services, an individual must meet one of the following:

- Be under the age of 21 with a need for services identified through an EPSDT examination
- Be under the age of 21 with a current and valid ITP identifying the need for rehabilitative therapy or audiology services

Procedure Codes:

Following is a list of all codes billable to FFS Medicaid by private therapists. The frequency limit is specific to each code as outlined in the grid below.

I. Speech-Language Pathology Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Speech Evaluation					
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	HA	Child/adolescent program	One evaluation	1 per lifetime
S9152	Speech Therapy Re-evaluation			One re-evaluation	
<i>NOTE: Any evaluation performed subsequent to the evaluation conducted as a result of the initial speech disorder is considered a re-evaluation and should be billed under this code.</i>					
Individual Speech Therapy					
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual			15 minutes	4 units per day (1 hour) Limited up to 300 units per SFY (75 hours)
Group Speech Therapy					
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, two or more individuals			15 minutes	4 units per day (1 hour) Limited up to 300 units per SFY (75 hours)

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II. Audiological Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Pure Tone Audiometry					
92552	Pure tone audiometry (threshold); air only			One test	6 every 12 months
Audiological Evaluation					
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)			One evaluation	1 every 12 months
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52	Reduced services	One evaluation	6 every 12 months
Tympanometry (Impedance Testing)					
92567	Tympanometry (impedance testing)			One test	6 every 12 months
Acoustic reflex testing; threshold					
92568	Acoustic reflex testing; threshold			One test	2 every 12 months
Electrocochleography					
92584	Electrocochleography			One procedure	1 per implantation
Audiologic Function Tests with Medical Diagnostic Evaluation					
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive			One test	No limit
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	52	Reduced services	One test	No limit
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)			One test	No limit
92588	Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)			One test	No limit

Hearing Aid Examination and Selection; Monaural					
92590	Hearing aid examination and selection; monaural			One evaluation	6 every 12 months
Hearing Aid Check; Monaural					
92592	Hearing Aid Check; Monaural			One analysis	6 every 12 months
92592	Hearing Aid Check; Monaural	52	Reduced services	One analysis	6 every 12 months
Cochlear Implant					
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years; with programming			One procedure	No limit
92602	Subsequent reprogramming (Do not reports 92602 in addition to 92601) (For aural rehabilitation services following cochlear implant, including evaluation of rehabilitation status, see 92626-92627, 92630-92633)			One procedure	No limit
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming			One procedure	No limit
92604	Subsequent reprogramming (Do not report 92603 in addition to 92604)			One procedure	No limit
Evaluation of Auditory Rehabilitation Status					
92626	Evaluation of auditory rehabilitation status, first hour			One procedure	10 per year
Fitting/Orientation/Checking of Hearing Aid					
V5011	Fitting/orientation/checking of hearing aid			One orientation	6 every 12 months
Dispensing Fee					
V5090	Dispensing fee, unspecified hearing aid			One fee	6 every 12 months
Ear Impression					
V5275	Ear impression, each (One – bill 1 unit)			One ear impression	6 every 12 months
V5275	Ear impression, each (Both – bill 2 units)			One ear impression	6 every 12 months

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III. Physical and Occupational Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Physical Therapy Evaluation					
97001	Physical therapy evaluation	GP	Services delivered under an outpatient physical therapy plan of care	One evaluation	2 every 12 months
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	GP	Services delivered under an outpatient physical therapy plan of care	15 minutes	4 units per day (1 hour) Limited up to 300 units per SFY (75 hours)
Individual Aquatic Therapy					
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	GP	Services delivered under an outpatient physical therapy plan of care	15 minutes	8 units per calendar month (may be a combination of units not to exceed 8 units per month)
Occupational Therapy Evaluation					
97003	Occupational therapy evaluation	GO	Services delivered under an occupational therapy plan of care	One evaluation	2 every 12 months
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	GO	Services delivered under an occupational therapy plan of care	15 minutes	4 units per day (1 hour) Limited up to 300 units per state fiscal year (75 hours)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency
Individual Aquatic Therapy					
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	GO	Services delivered under an outpatient physical therapy plan of care	15 minutes	8 units per calendar month (may be a combination of units not to exceed 8 units per month)
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					
Wrist Hand Finger Orthosis (WHFO)					
L3808	Wrist hand finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment			One splint	4 every 12 months
Fabrication of Orthotic					
L2999	Lower extremity orthosis, not otherwise specified (NOS)			One orthotic	4 every 12 months
L3999	Upper limb orthosis, not otherwise specified (NOS)			One orthotic	4 every 12 months
<i>NOTE: Payment for this procedure includes both time and cost of material.</i>					