

October 13, 2017

Dear Customer:

The 2017 edition of the *South Carolina Workers' Compensation Medical Services Provider Manual* has been corrected as follows:

**On page 70, the following six rows have been deleted:**

	<b>10021</b>	Fine needle aspiration; without imaging guidance	177.83	95.00	000	0
	<b>10022</b>	with imaging guidance	186.50	90.00	000	0
	<b>10030</b>	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	1016.00	228.50	000	0
●	<b>10035</b>	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	698.00	120.00	000	0
● +	<b>10036</b>	each additional lesion (List separately in addition to code for primary procedure)	605.00	60.50	000	0

A replacement page that can be inserted into your book can be downloaded from:  
<https://www.optum360coding.com/ProductUpdates/>

From the product updates page, you can download only page 70 or also page 69 so that you can print a double-sided sheet to insert into your book. A corrected version of the eBook has also been posted for eBook and data file customers. The correction does not affect the data file.

With appreciation,

Optum360

## HCPCS Modifiers

### **AS Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery**

**South Carolina Specific Instruction:** *When a certified physician assistant, nurse practitioner, or certified nurse specialist acts as a surgical assistant, the service must be identified by adding the modifier AS in addition to the modifier 80 to the surgery procedure code. Reimbursement is made at 17 percent of the MAP.*

### **GC This service has been performed in part by a resident under the direction of a teaching physician**

### **GR This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with VA policy**

### **TC Technical Component**

Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier TC to the usual procedure number.

**XE Separate encounter, a service that is distinct because it occurred during a separate encounter.**

**XP Separate practitioner, a service that is distinct because it was performed by a different practitioner.**

**XS Separate structure, a service that is distinct because it was performed on a separate organ/structure.**

**XU Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service.**

## South Carolina State-Specific Modifier

### **AL Nurse practitioner, physician assistant, or certified nurse specialist**

When the service was provided by a nurse practitioner, physician assistant, or certified nurse specialist, modifier AL must be added to the CPT code for the service rendered.

**SURGERY****10021–69990****Medical Fee Schedule****Effective September 1, 2017**

CODE	DESCRIPTION	MAP NON FAC	MAP FAC	FUD	ASST
<b>10021</b>	Fine needle aspiration; without imaging guidance	161.50	94.50	XXX	0
<b>10022</b>	with imaging guidance	186.00	89.50	XXX	0
<b>10030</b>	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	919.48	207.00	000	0
<b>10035</b>	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	699.50	121.50	000	0
<b>+</b>	<b>10036</b> each additional lesion (List separately in addition to code for primary procedure)	603.50	60.50	ZZZ	0
<b>10040</b>	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	134.50	118.50	010	1
<b>10060</b>	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	155.50	130.50	010	1
<b>10061</b>	complicated or multiple	274.00	240.50	010	1
<b>10080</b>	Incision and drainage of pilonidal cyst; simple	234.50	137.00	010	1
<b>10081</b>	complicated	354.00	227.50	010	1
<b>10120</b>	Incision and removal of foreign body, subcutaneous tissues; simple	200.50	138.00	010	1
<b>10121</b>	complicated	361.00	248.50	010	1
<b>10140</b>	Incision and drainage of hematoma, seroma or fluid collection	215.50	158.50	010	1
<b>10160</b>	Puncture aspiration of abscess, hematoma, bulla, or cyst	171.00	128.00	010	1
<b>10180</b>	Incision and drainage, complex, postoperative wound infection	322.50	236.50	010	1
<b>11000</b>	Debridement of extensive eczematous or infected skin; up to 10% of body surface	72.00	39.50	000	1
<b>+</b>	<b>11001</b> each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)	28.50	19.50	ZZZ	1
<b>11004</b>	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	784.00	784.00	000	1
<b>11005</b>	abdominal wall, with or without fascial closure	1052.00	1052.00	000	0
<b>11006</b>	external genitalia, perineum and abdominal wall, with or without fascial closure	953.00	953.00	000	1
<b>+</b>	<b>11008</b> Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	369.50	369.50	ZZZ	0
<b>11010</b>	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	662.00	380.50	010	1
<b>11011</b>	skin, subcutaneous tissue, muscle fascia, and muscle	704.50	402.50	000	1
<b>11012</b>	skin, subcutaneous tissue, muscle fascia, muscle, and bone	933.50	572.00	000	1