

The February 2010 Medicaid Bulletin article titled [Policy Changes for Case Management Services](#) contains an error. The article incorrectly instructs providers to bill with the new procedure code T1017SC if additional hours (up to 6 hours/24 units) are needed for completing an assessment, completing a reauthorization or continued need review, or for a crisis/emergency situation.

When billing for these additional six hours/24 units, **all programs must use the procedure code currently submitted for case management services and append an informational modifier SC to that detail.**

For example:

- ◆ CAP/CH and CAP/DA would bill with T1016SC.
- ◆ CAP/MR-DD and Early Intervention would continue to bill with T1017HI and append a second modifier of SC.
- ◆ CAP/Choice would bill with T2041SC

Please make note of this correction.