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.