

# State of South Carolina

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P.O. Box 1715  
Columbia, S.C. 29202-1715



TEL: (803) 737-5700  
www.wcc.sc.gov

## Workers' Compensation Commission

### ADVISORY NOTICE

#### 2025 Medical Services Provider Manual

**April 11, 2025**

At the Business Meeting on March 10, 2025, the SC Workers' Compensation Commission approved changes to the Medical Services Provider Manual (MSPM) for 2025.

The codes in the fee schedule were made current by including codes established for 2025 and deleting obsolete codes, updating copyright dates, code ranges, numerical examples and URL links. Maximum allowable payment (MAP) amounts will be updated based on a Conversion Factor of \$52.00.

The changes approved were effective April 1, 2025, and are attached to this advisory.

To purchase a copy of the 2025 MSPM go to the following link on the Commission's website:

[Medical Fee Schedules | Workers' Compensation Commission](#)



## Summary of Proposed Changes

### 2025 Medical Services Provider Manual

January 9, 2025

FAIR Health reviewed the policies in the Medical Services Provider Manual (MSPM) under the direction of the South Carolina Workers' Compensation Commission (WCC). This is a preliminary version of the summary and will be updated when final changes are approved.

The codes in the provider manual will be made current by including codes established for 2025 and deleting obsolete codes. Maximum allowable payment (MAP) amounts will be updated based on the conversion factors adopted by the Workers' Compensation Commission. In addition to administrative changes such as updating copyright dates, code ranges, numerical examples and URL links, substantive changes to the text, which are outlined below, are included in the proposed version of the 2025 MSPM. Page numbers refer to the pages in the South Carolina MSPM effective April 1, 2024.

There are very few substantive changes proposed for the 2025 MSPM. The following sections have no proposed changes:

- Part 1 Chapter I. Overview and Guidelines: Healthcare Common Procedure Coding System
  - Chapter II. General Policy
  - Chapter III. Billing Policy
- Part 2 Section 2. Anesthesia
  - Section 3. Surgery
  - Section 4. Radiology
  - Section 5. Pathology and Laboratory
  - Section 8. Special Reports and Services
  - Section 9. HCPCS Level II

Where applicable, new text is underlined and deleted text is marked with a ~~strikethrough~~.

#### Part I

##### Chapter IV. Payment Policy

Changes to the Payment Dispute Resolution Process and an update to the Initial Medical Bill Dispute Form called for changes in the Payment Policy chapter.

- Page 17 – Remove “(See Request a State of South Carolina Secure Email in this chapter.)” from number 6 in the Timely Payment section.
- Page 17 – Remove “(See Request a State of South Carolina Secure Email in this chapter.)” from the Payment Reconsideration section.

- Page 18 – Remove the Request a State of South Carolina Secure Email section

~~Request a State of South Carolina Secure Email~~

~~The following steps must be taken to obtain a secure email account with South Carolina Workers' Compensation Commission (SCWCC):~~

- ~~1. Send an email to [mbdispute@wcc.sc.gov](mailto:mbdispute@wcc.sc.gov) with the following in the subject line (please do not alter the wording):~~

~~Sign up for a SC State Secure Email Account Request~~

- ~~2. You will receive two emails:~~

- ~~3. Upon receipt of the WELCOME email, click the link to “activate your personal account” and follow the instructions on the page. Once you have finished setting up your new secure email account you will see an inbox. Please read the initial email for additional instruction on initiating a new Medical Bill Dispute or adding additional documentation to an existing medical dispute.~~

- Page 18 – Remove “(See Request a State of South Carolina Secure Email in this chapter.)” from the Approved Reviewers Submitting Claims To The Commission For Review section.
- Pages 19-21 – Replace the existing Initial Medical Bill Dispute Form with the updated form (see attached)

## Part II

### Fee Schedule

#### Section 1. Evaluation and Management (E/M) Services

- Page 35, Levels Of E/M Services – Added a code range specific to telehealth evaluation and management.

Time alone may be used to select the appropriate code level of office or other outpatient evaluation and management services (CPT 99202-99205 and 99212-99215), inpatient and observation care, (CPT 99221-99223, 99231-99236 and 99238-99239), nursing facility services (99307-99310) and (99315-99316) and home and residence services (99341-99345) and telehealth evaluation and management services (CPT 98000-98016). Consultation codes (CPT 99242-99245 and 99252-99255), are not reimbursable under the *Medical Services Provider Manual*.

- Page 39, Modifiers – removed language from Modifier 95. Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System that refers users to a list of codes approved by CPT. In removing the reference, the Commission aligns the modifier language to its policy of considering codes permitted by both CPT and CMS as telehealth eligible.

95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and

the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. ~~Modifier 95 may only be appended to the services listed in Appendix P of CPT 2024/2025. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.~~

## Section 6. Medicine and Injections

- **Page 373, Modifiers** - removed language from Modifier 95. Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System that refers users to a list of codes approved by CPT. In removing the reference, the Commission aligns the modifier language to its policy of considering codes permitted by both CPT and CMS as telehealth eligible.
- 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. ~~Modifier 95 may only be appended to the services listed in Appendix P of CPT 2024/2025. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.~~

## Section 7. Physical Medicine

- **Page 428, Modifiers** removed language from Modifier 95. Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System that refers users to a list of codes approved by CPT. In removing the reference, the Commission aligns the modifier language to its policy of considering codes permitted by both CPT and CMS as telehealth eligible.
- 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. ~~Modifier 95 may only be appended to the services listed in Appendix P of CPT 2024/2025. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.~~

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*Workers' Compensation Commission*

**INITIAL MEDICAL BILL DISPUTE FORM**

**Date:**

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**PERSON REQUESTING MEDICAL BILL REVIEW/DISPUTE**

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**Name:**

**Email Address:**

**Telephone:**

**WCC # (if available):**

**Carrier Claim #:**

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**PATIENT INFORMATION**

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**Patient Name**

**Prefix:**

**First Name:**

**Middle Initial:**

**Last Name:**

**Suffix:**

**Last 5 digits of Social Security Number:**

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**MEDICAL PROVIDER INFORMATION**

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**Name of Provider:**

**Provider Mailing Address:**

**City, State, Zip:**

**Provider Contact Name:**

**Provider Contact Email Address:**

**Provider Contact Telephone:**

**Provider Contact Supervisor Name:**

**Provider Contact Supervisor Email Address:**

**Provider Contact Supervisor Telephone:**

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**EMPLOYER INFORMATION**

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**Employer Name:**

**Employer Mailing Address:**

**City, State, Zip:**

**Employer Contact Name:**

**Employer Contact Email Address:**

**Employer Contact Telephone:**

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**INSURANCE CARRIER INFORMATION**

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Carrier Name:  
Carrier Mailing Address:  
City, State, Zip:  
Carrier Contact Name:  
Carrier Contact Email Address:  
Carrier Contact Telephone:

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**THIRD PARTY ADMINISTRATOR (TPA)**

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TPA Contact Name:  
TPA Contact Email:  
TPA Contact Telephone:

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**CASE INFORMATION**

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Dates of Service (mm/dd/yyyy – may enter multiple dates):  
Date of Injury (DOI) (mm/dd/yyyy):  
First Bill Date (mm/dd/yyyy):  
2<sup>nd</sup> Notice Date (mm/dd/yyyy – must be at least 30 days after first bill date):  
Employer/Carrier/TPA response date (mm/dd/yyyy) – must be after first bill date and up to 30 days after second notice:

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**REASON FOR THE DISPUTE**

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**Instructions:**

This form and the following attachments should be submitted via **secure** email to the Medical Services Division at [MBDispute@wcc.sc.gov](mailto:MBDispute@wcc.sc.gov). The document file name of attachments should include the patient's last name and a description of the document is (i.e., first bill, second notice, or EOB), date of injury (i.e., yyyyymmdd).

- INITIAL MEDICAL BILL DISPUTE FORM (document file name example: Iname\_MBD\_yyyymmdd.pdf)**
- First Bill – (document file name example: Iname\_First\_Bill\_yyyymmdd.pdf)**
- Second Notice – (document file name example: Iname\_Second\_Notice\_yyyymmdd.pdf)**
- EOB – (document file name example: Iname\_EOB\_yyyymmdd.pdf)**
- Supplemental documentation – (document file name example: Iname\_Additional\_Correspondence\_yyyymmdd.pdf) (if applicable)**
- Provider/Carrier Authorization:  verbal  Written (document file name example: Iname\_authorization\_yyyymmdd.pdf)**

Attachments: Attachments must be in .pdf format (when creating your .pdf, please create as black and white and condensed version of .pdf to reduce the size of the attachments. The size limitation for secure mail attachments is **20MB**).

If, following a review of the submitted information, the Medical Services Division determines that the submitted petition is complete and the issue presented is within the regulatory purview of the Medical Services Division to review, the Medical Services Division shall notify the Employer's Representative of the petition/dispute through a "Notice of Dispute" (with copy to the Provider) and request that, within 30 days of such notification, the Employer's Representative provide documentation supporting its denial or modification of payment to the Provider. Within 21 days of the earlier of the close of the 30 day response period or receipt of the Employer's Representative's documentation, the SCWCC Medical Service Division shall make determination concerning the petition/dispute. Per SCWCC Regulations, the decision of the Medical Services Division shall be final.

**All email correspondence sent from the SC Workers Compensation Commission will be sent securely via the SC Department of Administration's secure email protocols.**