

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Post Office Box 8206  
Columbia, South Carolina 29202-8206  
[www.scdhhs.gov](http://www.scdhhs.gov)

July 19, 2006

# MEDICAID BULLETIN

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**TO: Providers Indicated**

**SUBJECT: Clarification Regarding Physician Requests for Additional Ambulatory Care Visits**

Beginning February 1, 2004, the South Carolina Department of Health and Human Services (SCDHHS) revised the Medicaid policy regarding the twelve-office visit limit. The policy requires the beneficiary's attending physician to request, in writing, prior approval through the SCDHHS Medical Director in order to override the twelve allowable visits. Requests received from office managers or insurance departments are not acceptable. The Medical Director will respond in writing with an approval, denial, or a request for additional information from the submitting physician.

Prior approval requests must contain:

- A letter signed by the attending physician, on his/her letterhead, with his/her name typed below the signature. If you have multiple locations, please circle the one where you are physically located. Prescription forms or "fill-in" form documents are unacceptable.
- An explanation of the medical necessity of the requests for additional visits. The statement should include the diagnosis or specific condition that is creating the medical need for additional care. Office notes should not be attached.
- An estimate of the number of visits needed, beyond the twelve allowable, to effectively treat the patient (additional visits are for the current fiscal year which runs from July 1 through June 30). Additional visits can only be obtained after the twelve allowed visits have been exhausted.

- If the physician has referred the patient for specialized care, he/she should include the name and address of all specialists so that those services can be included in the request for additional visits.
- Please mail or fax your request to:

**South Carolina Department of Health and Human Services  
Attn: Medical Director  
Post Office Box 8206  
Columbia, South Carolina 29202-8206  
or  
fax to: 803-255-8235**

When events necessitate an urgent office encounter that exceeds the allowable limit of twelve ambulatory visits, and for which there is insufficient time to obtain prior approval, the treating physician should submit the required documentation for retrospective review.

The department's co-payment policy will continue with each of the authorized additional visits.

A copy of the letter of approval from the SCDHHS Medical Director must accompany your paper claim for each additional visit in order for the claim to suspend to the program area for payment processing. Additionally, the letter of approval should be retained in the beneficiary's medical records in the event of a post payment review.

For a complete copy of this policy, please refer to the Physician, Laboratories and Other Medical Professionals Provider Manual. The most current version of the provider manual is maintained on the SCDHHS website at [www.scdhhs.gov](http://www.scdhhs.gov).

If you have any questions regarding this bulletin, please contact your Program Manager, at **(803) 898-2660**. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Robert M. Kerr  
Director

RMK/bgwk

**Note:** To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:  
<http://www.scdhhs.gov/dhhsnew/QLBulletins.asp>