

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Phys
 MC
 Med Clin
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 Pharm
 DME

MEDICAID BULLETIN

TO: Medicaid Providers

SUBJECT: Revised South Carolina Medicaid Diabetic Meters and Strips Program effective May 1, 2009

On March 2, 2009, South Carolina Medicaid implemented a Diabetic Supplies Preferred Product Program. This program requires diabetic meters and strips to be billed under the Point Of Sale (POS) format. Meters and strips manufactured by Abbott or Johnson & Johnson (Lifescan) are preferred and will pay without Prior Authorization.

Effective May 1, 2009, we are pleased to announce that meters and strips manufactured by Roche will also be preferred and included in this program.

The following National Drug Codes (NDCs) must be billed for reimbursement and do not require Prior Authorization for adjudication of claims using the POS format:

<i>Meters</i>			<i>Strips</i>		
<i>Manufacturer</i>	<i>Product Name</i>	<i>NDC</i>	<i>Manufacturer</i>	<i>Product Name</i>	<i>NDC</i>
ABBOTT	FREESTYLE FLASH	99073-0170-01	ABBOT	FREESTYLE	99073-0120-50
ABBOTT	FREESTYLE FREEDOM	99073-0110-01	ABBOT	FREESTYLE	99073-0121-01
ABBOTT	FREESTYLE LITE	99073-0708-05	ABBOTT	FREESTYLE LITE	99073-0708-22
ABBOTT	FREESTYLE FREEDOM LITE	99073-0709-14	ABBOTT	FREESTYLE LITE	99073-0708-27
ABBOTT	PRECISION XTRA	57599-8814-01	ABBOTT	PRECISION Q-I-D	57599-7400-04
LIFESCAN	ONE TOUCH ULTRA	53885-0247-01	ABBOTT	PRECISION Q-I-D	57599-7401-05
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0208-01	ABBOTT	PRECISION XTRA	57599-9728-04
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0419-01	ABBOTT	PRECISION XTRA	57599-9877-05
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0420-01	LIFESCAN	ONE TOUCH BASIC/PROFILE	53885-0197-25
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0421-01	LIFESCAN	ONE TOUCH BASIC/PROFILE	53885-0198-50
LIFESCAN	ONE TOUCH ULTRA2	53885-0448-01	LIFESCAN	ONE TOUCH BASIC/PROFILE	53885-0374-10
LIFESCAN	ONE TOUCH ULTRAMINI	53885-0911-01	LIFESCAN	ONE TOUCH FAST TAKE	53885-0048-10
LIFESCAN	ONE TOUCH ULTRAMINI	53885-0912-01	LIFESCAN	ONE TOUCH FAST TAKE	53885-0444-50
LIFESCAN	ONE TOUCH ULTRASMART	53885-0524-01	LIFESCAN	ONE TOUCH SURESTEP	53885-0359-50
ROCHE	ACCU-CHEK COMPACT PLUS	50924-0019-01	LIFESCAN	ONE TOUCH SURESTEP	53885-0052-10
ROCHE	ACCU-CHEK ACTIVE	50924-0477-01	LIFESCAN	ONE TOUCH ULTRA	53885-0244-50
ROCHE	ACCU-CHEK ADVANTAGE	50924-0860-01	LIFESCAN	ONE TOUCH ULTRA	53885-0245-10
ROCHE	ACCU-CHEK AVIVA	65702-0101-10	LIFESCAN	ONE TOUCH ULTRA	53885-0994-25
			ROCHE	ACCU-CHEK COMFORT CURVE	50924-0373-50
			ROCHE	ACCU-CHEK COMFORT CURVE	50924-0381-10
			ROCHE	ACCU-CHEK ACTIVE	50924-0475-50
			ROCHE	ACCU-CHEK COMPACT	50924-0884-01
			ROCHE	ACCU-CHEK COMPACT	50924-0988-50
			ROCHE	ACCU-CHEK AVIVA	65702-0103-10
			ROCHE	ACCU-CHEK AVIVA	65702-0104-10

Reimbursement for these preferred products will be at the rate of their respective National Drug Code numbers' (NDC) Average Wholesale Price (AWP) less 10%. The quantity billed must be the actual number of strips provided (not boxes provided).

All other NDCs for non-preferred products will be denied and require a Prior Authorization for payment by South Carolina Medicaid if processed through the POS format. These changes apply to primary Medicaid beneficiaries, dual eligible Medicaid beneficiaries, and those with other third party primary payers. The changes do not apply to Medicaid beneficiaries enrolled with a Managed Care Organization (MCO). Claims for services rendered to beneficiaries enrolled with a MCO should be filed to the MCO.

Preferred manufacturers have been and will continue contacting providers and prescribers to supply glucometers (blood glucose monitoring devices, HCPCS code E0607) at no charge when used for exchange of non-preferred glucometers. **Providers are instructed not to bill to South Carolina Medicaid for these exchanges.** All claims are subject to audit by the Department of Health and Human Services (DHHS) Program Integrity division.

Pharmacy providers enrolled as DME providers must submit claims for these agents utilizing their **DME National Provider ID (NPI), not the Pharmacy NPI**, and may submit claims using the current POS format. DME Providers that are non-pharmacy providers will need to enroll in the web-enabled "Claims Submission Tool" described in the next paragraph. Enrolled Pharmacy and DME providers may elect to use the web-enabled tool for claims processing.

A Web-enabled Claims Submission Tool is available for providers wishing to bill through the POS format that do not have a POS system currently in place. Only DME claims for diabetic meters and strips may be billed through the Claims Submission Tool. This tool will allow provider staff members to enter, reverse, re-bill, and search claims via the First Health Services state specific web site. To gain access, a designated staff person will be required to complete registration via the User Administration Console application. Once this person has successfully registered, the user can then set-up other staff members and grant them access to the Claims Submission Tool.

In an effort to assist DME providers, South Carolina Medicaid will continue to allow the billing of strips via the CMS 1500 claim form or the traditional Medicaid Web Tool for those DME providers unable to bill Medicaid utilizing the NDCs of the preferred products.

The South Carolina DHHS Medicaid program will continue to accept primary and secondary claims submitted via 1500 forms for HCPCS codes A4253 and E0607 as in the past.

There is no change in the billing procedures for lancets and syringes. Continue to bill these items as you have in the past as detailed in the Medicaid DME Services Manual.

South Carolina Medicaid is the payer of last resort. Claims should be submitted to all other payers either via the POS format or via the traditional format prior to billing SC Medicaid.

User Guides for the Web Claims Submission Tool and for the User Administration Console may be located at the <http://southcarolina.fhsc.com> web site. Additional information will be sent to providers through email communication from First Health Services. Provider Education Representatives from First Health have been contacting providers to obtain email information for future communication. To

find additional information regarding the Web Claims Submission Tool or the Diabetic Supplies Program, and to provide your email address, please contact the First Health Services Provider Education Representatives:

Chris Moore at ChrisMoore@FirstHealth.com or
Chris Enlow at ChristopherEnlow@FirstHealth.com.

Tutorials for using the User Administration Console may be found at <http://southcarolina.fhsc.com>; follow the link 'references'. Tutorials for using the Web Claims Submission Tool may be found at the same site under DME Providers, then click on documents and educational materials.

Providers are reminded that a Certificate of Medical Necessity is still required to be on file. Quantity limits are 150 test strips per month for adult beneficiaries and 300 test strips per month for children.

Prior Authorization requests should be telephoned or submitted by fax to the First Health Clinical Call Center by the prescriber or the prescriber's designated office personnel. The toll-free telephone and fax numbers for the Clinical Call Center are 866-247-1181 and 888-603-7696. The First Health Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be furnished directly to beneficiaries. [First Health's S. C. Medicaid *beneficiary call center* telephone number is 800-834-2680; providers may furnish the beneficiary call center number to Medicaid beneficiaries *for Pharmacy Services-related issues only*.] Providers are reminded that questions about *Medicare* eligibility issues and Part D drug plans should be directed to 1-800-MEDICARE.

Questions regarding this bulletin should be directed to the Division of Pharmacy and DME Services at (803) 898-2876.

/S/
Emma Forkner
Director

EF/mgba

NOTE: To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov/>.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.