## South Carolina **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Post Office Box 8206 Columbia, South Carolina 29202-8206 www.scdhhs.gov

June 20, 2007

## MEDICAID BULLETIN

CLTC 07-08

TO: Medicaid Providers of Case Management Services

SUBJECT: Community Long Term Care Reimbursement Changes for Case

**Management Services** 

The South Carolina Department of Health and Human Services (SCDHHS) will increase the rate of reimbursement for case management services beginning with dates of service on or after July 1, 2007.

Claims for participants receiving case management services in the Community Choices and HIV/AIDS waivers will continue to be filed through the Care Call system. **Claims may not be filed outside of the Care Call system for these participants.** The following table lists the current procedure code utilized in each waiver and new rate effective with dates of service on and after July 1, 2007:

Program	Procedure Code	Procedure Description	Reimbursement Rate Effective July 1, 2007
HIV/AIDS	G9012	Case Management	\$50.00
<b>Community Choices</b>	G9012	Case Management	\$50.00

If you have any questions concerning the above information, please contact your Program Coordinator at (803) 898-2590.

Susan B. Bowling Acting Director

SBB/wpk

NOTE: To receive Medicaid bulletins by email, please send an email to <u>bulletin@scdhhs.gov</u> indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <a href="http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp">http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp</a>