

September 24, 2007

MEDICAID BULLETIN

CLTC 07-12

TO: Medicaid DME Providers of Nutritional Supplements

SUBJECT: Change in Payment Rate for Regular Nutritional Supplements

The South Carolina Department of Health and Human Services (SCDHHS) will increase the rate of reimbursement for regular nutritional supplements from \$27.00 per case to \$33.00 per case effective with dates of service **on or after October 1, 2007**.

The following table lists the current procedure code utilized for each waiver, the new rate, and the effective date.

Program	Procedure Code	Procedure Description	Reimbursement Rate on or after Oct 1, 2007
Community Choices	X1939	Nutritional Supplements	\$33.00/case
HIV/AIDS	X1939	Nutritional Supplements	\$33.00/case
Mechanical Ventilation	X9202	Nutritional Supplements	\$33.00/case

Each nutritional supplement must contain a minimum of 225 calories and come in a twenty-four-count case in order to qualify for Medicaid reimbursement. If you have questions concerning the above information, please contact your Program Manager at (803) 898-2590.

Thank you for your continued participation in the South Carolina Medicaid Program.

/s/

Emma Forkner
Director

EF/wsk

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov 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: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>