

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Post Office Box 8206  
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[www.dhhs.state.sc.us](http://www.dhhs.state.sc.us)

March 1, 2005

# MEDICAID BULLETIN

<i>HMO</i>	05-02	<i>PHY-DERM</i>	05-04
<i>HOS-IP-GEN</i>	05-04	<i>PHY-ENT</i>	05-04
<i>HOS-IPIMD</i>	05-02	<i>PHY-ER</i>	05-04
<i>HOS-IP-RTF</i>	05-02	<i>PHY-MSP-CBP</i>	05-04
<i>HOS-OP</i>	05-04	<i>PHY-MSP-HBP</i>	05-04
<i>LAB</i>	05-03	<i>PHY-OPHT</i>	05-04
<i>MC-ASC</i>	05-03	<i>PHY-PATH</i>	05-04
<i>MC-CCDC</i>	05-02	<i>PHY-PC-FP/GP</i>	05-04
<i>MC-DE</i>	05-02	<i>PHY-PC-GER</i>	05-04
<i>MC-DHEC</i>	05-03	<i>PHY-PC-INT</i>	05-04
<i>MC-DRC</i>	05-03	<i>PHY-PC-NEO</i>	05-04
<i>MC-ESRD</i>	05-02	<i>PHY-PC-OG</i>	05-04
<i>MC-FFHC</i>	05-03	<i>PHY-PC-PED</i>	05-04
<i>MC-FQHC</i>	05-04	<i>PHY-PC-PED/SUB</i>	05-04
<i>MC-MCHC</i>	05-03	<i>PHY-PS</i>	05-04
<i>MC-PDN</i>	05-02	<i>PHY-RAD</i>	05-04
<i>MC-RHC</i>	05-04	<i>PHY-S</i>	05-04
<i>MC-SHC</i>	05-02	<i>PHY-SPEC</i>	05-04
<i>PHY-ALG</i>	05-04	<i>PHY-SURG</i>	05-04
<i>PHY-ANES</i>	05-04	<i>XRAY-IND</i>	05-03
<i>PHY-CARD</i>	05-04		

**TO: Providers Indicated**

**SUBJECT: Billing Requirements for Clinical Diagnostic Laboratory Services**

Effective immediately, the South Carolina Department of Health and Human Services is revising its general guidelines pertaining to clinical diagnostic laboratory services to reflect a policy that is both uniform and consistent with Medicare regarding the date of service reported on a CMS-1500 claim form (field 24A). For those providers who utilize the electronic 837 professional transaction, the date of service is reported in the 2400 Loop, DTP Segment DTP02.

South Carolina Medicaid has adopted the following general guidelines:

- Date of service should be reported as the date the specimen was collected.
- For specimen collections that span more than a 24-hour period, the date of service should be reported as the date the collection began.
- For laboratory tests that require a specimen from stored collections, the date of service should be defined as the date the specimen was obtained from archives.

Please contact your program manager at (803) 898-2660, if you have questions regarding this policy. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Robert M. Kerr  
Director

RMK/bgw

**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.dhhs.state.sc.us/ResourceLibrary/E-Bulletins.htm>

Fraud & Abuse Hotline 1-888-364-3224