

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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January 1, 2009

MEDICAID BULLETIN

TO: Medicaid Providers

SUBJECT:

- I. Lab and Radiological Examination- CPT Code 71010**
- II. Collection of Venous Blood by Venipuncture – CPT Code 36415**
- III. After Hour Services - CPT Code 99051**
- IV. Discontinuation of Hospice Program**
- V. Hospice and Waiver Participation**
- VI. Admissions Freeze in the HIV/AIDS Waiver**
- VII. Admissions Reduction in the Community Choices Waiver**
- VIII. Discontinue Coverage for SyvekPatch®**
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Due to state revenue shortfalls, the South Carolina Department of Health and Human Services (SCDHHS) budget has been significantly reduced. As a result of this reduction, it has become necessary to make substantial changes to the services covered by SCDHHS. Many of these changes were listed in a Medicaid Provider Notice sent to you on December 17, 2008.

Please review the following changes effective **January 1, 2009**. SCDHHS will send details of other pending changes to this listserv when they become available. If you have additional questions, please contact your Medicaid provider representative.

I. Lab and Radiological Examination- CPT Code 71010

SCDHHS will limit the frequency of Current Procedural Terminology (CPT) code 71010 to two per day. Any additional services must be supported by documentation and approved by SCDHHS' Medical Director.

II. Collection of Venous Blood by Venipuncture - CPT Code 36415

SCDHHS will discontinue coverage of CPT code 36415 for Laboratory and Home Health Providers.

III. After Hour Services - CPT Code 99051

SCDHHS will discontinue coverage of CPT code 99051 (services provided in the office during regularly scheduled evening, weekend, or holiday office hours).

IV. Discontinuation of Hospice Program

SCDHHS will discontinue coverage for hospice program effective February 1, 2009. Referrals will no longer be accepted on or after January 1, 2009. [A clarification bulletin will follow.]

V. Hospice and Waiver Participation

Effective February 1, 2009, dual eligible recipients enrolled in hospice, through any other payor source, and a Medicaid Waiver program must choose between hospice or the waiver program. Recipients can no longer participate in programs simultaneously.

VI. Admissions Freeze in the HIV/AIDS Waiver

SCDHHS will not admit any new participants into the HIV/AIDS Waiver. A waiting list for the waiver will be maintained to document requests for waiver enrollment and will be used in the event the freeze on admissions is lifted in the future.

VII. Admissions Reduction in the Community Choices Waiver

SCDHHS will only admit one new participant to the Community Choices Waiver for every two participants leaving the waiver. The current waiting list will be used to document requests for waiver admission.

VIII. Discontinue Coverage for SyvekPatch®

SCDHHS will discontinue coverage of the SyvekPatch® (A4913).

IX. Changes for the Provision of Durable Medical Equipment Items

- SCDHHS will discontinue coverage of alcohol wipes (A4245).
- Purchase of nebulizers (E0570) will be restricted to 1 unit every 2 years, regardless of provider.
- Nebulizer administration and supply kits (A7003 & A7004) will be limited to 15 units each per month.
- Cranial Bands (S1040) will require prior authorization by SCDHHS.
- Manual wheelchairs (K0001 – K0009) will convert to a “rent to purchase” (capped rental) item. The item will be rented for a 10 month period and considered purchased at that time.

X. Minimum Age for Panorex Dental Films

SCDHHS will discontinue coverage of Panorex dental X-ray (Code D0330) for children under the age of 8.

XI. Dental Sealants for Children

SCDHHS will only reimburse for dental sealants (Code D1351) on permanent molars for children between the ages of 6 and 15.

XII. Discontinue Coverage of Group OT & PT Services

SCDHHS will discontinue coverage for all Group Physical and Group Occupational Therapy Services (97150-GP or 97150-GO). Any claims for dates of services billed on or after January 1, 2009 will be rejected.

School-Based Services that provide for any Rehabilitative Therapy and Audiological Services are not affected by this or any other changes.

XIII. Physician Visits per Year Limits

Physician visits for adults are limited to 12 per year.

Please Note:

As a reminder, providers can verify patient visit counts as part of eligibility verification queries.

Emma Forkner
Director

EF/mgws

Note: 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.

To sign up for the Provider Listserv, please go to <http://bulletin.scdhhs.gov>.