

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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HMO 06-04
HOS-IP-GEN 06-04
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MEDICAID BULLETIN

TO: Hospital Providers

SUBJECT: Medicare Deductible, Coinsurance, and Medicaid Blood Deductible Rates

The Department of Health and Human Services' payment for dually eligible recipients is equal to the allowed amount minus the Medicare payment **or** the sum of the Co-insurance, Deductible, and Blood Deductible (up to 3 units) whichever is less. Effective January 1, 2006, CMS has published new amounts for patient's Deductible and Co-insurance. The following Medicare Deductible and Coinsurance amounts, and the Medicaid Blood Deductible are now in effect:

Inpatient Deductible	\$ 952.00
Outpatient Deductible	\$ 124.00
Inpatient Coinsurance	\$7,140.00 (per spell of illness 61-90 days)
Outpatient Coinsurance	20% of Medicare's allowed charges
Medicaid Blood Deductible	\$ 100.00 per unit (not to exceed 3)

To report the Blood Deductible units, Value Code 38 **Blood Deductible Pints (The number of un-replaced pints of whole blood or units of packed red cells furnished for which the patient is responsible)** must be listed in Fields 39-41, A-D along with the number of pints of blood. The number of pints is multiplied by the Blood Deductible amount, not to exceed 3 units.

Value code 06 (**Medicare Part A Blood Deductible**) with the total cash blood deductible amount can also be shown in Fields 39-40, A-D, but this amount will not be considered in the payment methodology for Medicare crossover claims.

If you have any questions regarding this policy change, please contact your Program Representative for Hospital Services at (803) 898-2665. Thank you for your continued support of the South Carolina Medicaid program.

/s/

Robert M. Kerr
Director

RMK/bgvh

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/dhhsnew/QLEbulletins.asp>