

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Post Office Box 8206
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 www.scdhhs.gov

October 10, 2007

MEDICAID BULLETIN

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TO: Medicaid Providers

- SUBJECT:**
- I. Physician Fee Schedule Update**
 - II. Rate Change for Physician Administered Injectable Drugs**
 - III. Adult Preventative Wellness Exams**
 - IV. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Rate Increase**
 - V. End Stage Renal Disease (ESRD) Rate Adjustment**
 - VI. Resolution for the 301 Edit Code**
 - VII. Modification to Additional Ambulatory Visit Requests for Beneficiaries**
 - VIII. Modification to Policy Regarding Ambulatory Visits for Beneficiaries in Nursing Home Care**
 - IX. Discontinuation of the Physicians Enhanced Program (PEP)**
 - X. Revised Essure Sterilization Procedures**

The South Carolina Department of Health and Human Services (SCDHHS) will make the following changes effective November 1, 2007:

- I. Physicians Fee Schedule Update**
 The SCDHHS will update the Medicaid fee schedule for physicians. Reimbursement for Evaluation and Management codes and most other procedure codes will be at 86 percent of the 2007 Medicare Fee Schedule. Nurse Practitioners will continue to receive reimbursement at 80 percent of the physician's rate.
- II. Rate Changes for Physician Administered Injectable Drugs**
 The SCDHHS will update the fee schedule for physician administered injectable drug codes. These rates will continue to be based on Average Wholesale Price (AWP) as published by ReadyPrice, July 2007, minus 15 percent (AWP-15%). If ReadyPrice has not indicated a change to AWP on or before July 2007, the rate will remain the same.

III. Modification to Adult Preventative Wellness Exams

The SCDHHS will modify the Medicaid policy for Adult Preventative Care Services to allow one adult wellness exam every two years for adult Medicaid Beneficiaries. Adult Preventative Care Services are for recipients over the age of 21 with full Medicaid benefits. Refer to the Physicians, Laboratories, and Other Medical Professionals Provider manual for the guidelines.

IV. EPSDT Rate Increase

The SCDHHS will update the Medicaid fee schedule for covered EPSDT procedure codes. The complete list is provided below:

CPT	DESCRIPTION	NEW REIMBURSEMENT
99381	Preventive visit, new, infant	\$82.69
99382	Preventive visit, new, age 1 - 4	\$82.69
99383	Preventive visit, new, age 5 – 11	\$82.69
99384	Preventive visit, new, age 12 – 17	\$82.69
99385	Preventive visit, new, age 18 – 39*	\$82.69
99391	Preventive visit, established, infant	\$66.15
99392	Preventive visit, established, 1 – 4	\$66.15
99393	Preventive visit, established, 5 – 11	\$66.15
99394	Preventive visit, established, 12 – 17	\$66.15
99395	Preventive visit, established, 18 – 39*	\$66.15

**Only ages 18-21 are covered for this code under the EPSDT program. Refer to the Preventative Care Services section of the Physicians, Laboratories, and Other Medical Professionals Provider manual for ages 21-39 years of age.*

V. ESRD Rate Adjustment

The SCDHHS will update rates for End Stage Renal Disease (ESRD) Nutritional Supplement codes to reflect the Average Wholesale Price (AWP) as published by ReadyPrice, July 2007, minus 15 percent (AWP-15%). A listing of the codes and their updated rates are provided below:

CPT	DESCRIPTION	NEW REIMBURSEMENT
S6661	Multivitamins - per 130 tablets	\$ 8.76
S6704	Calcium Acetate - per 100 tabs or caps	\$15.89
S6711	Vitamin D - per 30 capsules or tablets	\$78.80
S6716	Nutritional supplements - per 8 ounce can or equivalent	\$ 3.43
S6717	Calcium - per 100 tablets or capsules	\$ 5.67
S6718	Antacids (Phosphate binders) - per 100 tablets or capsules or per 12-16 oz. can	\$ 4.88
S6719	Iron Salts - per 100 tablets or capsules	\$ 3.58
S6720	Iron w/vitamins - per 100 tabs or caps	\$32.30
S6721	Iron Complex - per 100 tablets or capsules	\$48.77

VI. Resolution for the 301 Edit Code

SCDHHS has modified the resolution steps for a 301 edit. This edit is received when drug-related Healthcare Common Procedure Coding System (HCPCS) codes are filed with a corresponding 11-digit National Drug Code (NDC) that is not listed in the Palmetto GBA Crosswalk (www.palmettogba.com), or in the supplemental file located on the SCDHHS website.

All lines receiving a 301 edit will reject back to the provider for resolution. To resolve this edit, the provider may:

- Correct the NDC on the Edit Correction Form (ECF) by drawing a line through the invalid NDC and writing the valid NDC to the right of the invalid NDC. All corrections must be made using red ink.

or

- Attach a copy of the drug label to the ECF and return the ECF for processing. The drug label must indicate the NDC number, drug description, and drug expiration date. If it is determined the NDC and HCPCS being filed are eligible for rebate, the line will be paid.

or

- Re-file the rejected lines with a valid NDC. This is the only way to resolve a rejected line on a claim that has otherwise paid.

VII. Modification to Additional Ambulatory Care Visit Requests for Beneficiaries

On July 19, 2006, SCDHHS issued a bulletin stating the policy for requesting additional Ambulatory Care Visits above the allowed 12-visit limit for recipients over the age of 21.

SCDHHS is modifying the policy concerning the potential approval of additional ambulatory visits. Providers will no longer be required to mail a request for prior approval to the Medical Director. Instead, you must attach to the recipient's claim or ECF a letter from the attending physician or certified nurse practitioner to our Medical Director explaining the medical necessity for the additional visit. The letter must be on office letterhead and include your Medicaid Provider ID and/or National Provider Identifier (NPI), the beneficiary's name and Medicaid ID number. **Prescription or "fill-in-the-blank" form documents are not acceptable. The signature of the physician or certified nurse practitioner making the request must be on the letter.** The requested letter must accompany your claim in order for the claim to be considered for payment.

VIII. Modification to Policy Regarding Ambulatory Care Visits for Beneficiaries in Nursing Home Care

SCDHHS has modified the policy regarding Ambulatory Care Visits (ACV) for recipients residing in a nursing home or long-term care facility. Claims with the place of service 31 (Skilled Nursing Facility), 32 (Nursing Facility), 33 (Custodial Care Facility), and 54 (Intermediate Care Facility/Mentally Retarded) will be exempt from the ACV limit of 12 visits.

IX. Discontinuation of the Physicians Enhanced Program (PEP)

The SCDHHS has discontinued PEP. Medicaid beneficiaries enrolled in PEP have been notified and given the opportunity to either choose among the coordinated healthcare plans offered in their respective counties of residence, or in regular fee-for-service Medicaid. We encourage providers to consider working with both Managed Care Organizations (MCO) and Primary Care Case Management/Medical Homes Network (PCCM/MHN) plans to afford patients the opportunity to choose a health plan that best meets their needs.

X. Revised Essure Sterilization Procedures

The SCDHHS has modified the prior authorization criteria for approval of the Essure procedure as it relates to morbidly obese recipients. The Body Mass Index (BMI) requirement has been changed from 45 or greater to a BMI of 40 or greater. All other criteria for the approval of the procedure will remain the same.

For a complete copy of these policy changes, please refer to the Physician, Laboratories and Other Medical Professionals Provider Manual or Hospital Services Provider Manual. The most current versions of the provider manuals are maintained on the SCDHHS Web site at www.scdhhs.gov. If you have any questions regarding this bulletin or any other Medicaid billing or policy questions, please contact your Program Representative at either the Division of Physician Services at (803) 898-2660, or Hospital Services at (803) 898-2665.

/s/

Emma Forkner
Director

EF/mgwd

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>