

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

January 15, 2009

*Hospital
Physicians*

MEDICAID BULLETIN

TO: Physicians and Hospital Providers

SUBJECT: Policy Changes for Qualis – Technical Denials and
Prior Authorization Update

I. Technical Denials

Effective February 1, 2009, South Carolina Department of Health and Human Services (SCDHHS) will no longer grant the additional 60 days in which providers may submit medical records to Qualis Health for retrospective review. Once Qualis Health has issued a technical denial for records that have not been received within 30 days of the request, that decision stands as final. If the review results in a denial, SCDHHS will send a letter to notify providers of the impending adjustments to recoup the entire claim's payment. It is recommended that you immediately contact Qualis Health at (877) 717-8592 to confirm the correct mailing address and correct hospital contact in order to ensure notifications are received and records are submitted timely (within the 30-day time period).

II. Prior Authorization Update

Effective February 1, 2009, the following Procedure Codes will require Prior Authorization from Qualis Health:

Mastectomy Procedure Codes, Repair and/or Reconstruction Procedure Codes, and Spine/Back Procedure Codes: (see attached list)

The policy for Mastectomy and Reconstructive Breast Surgery has not changed. Reimbursement is allowed for reconstructive breast surgery following a mastectomy when performed for the removal of cancer or for prompt repair of accidental injury.

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What will change effective February 1, 2009, is that Prior Authorization must be requested and approval obtained from Qualis Health prior to claims submission. InterQual screening criteria applies.

Breast reconstruction done for cosmetic reasons is non-covered. Breast Augmentation is non-covered under all circumstances. Payment is made for special bras through the Durable Medical Equipment (DME) program for women who have undergone any type of mastectomy. Program information can be found in the DME provider manual located on our website at www.scdhhs.gov or you may contact your Program Manager at (803) 898-2882.

The provider manuals will be updated February 1, 2009. For a list of codes requiring PA or support documentation, see "Procedure Codes Requiring Prior Authorization and Support Documentation" in Section 4 of your provider manual.

Qualis Health will offer Webinars/teleconferences to discuss the above changes on Wednesday, January 21st, 2009 and on Wednesday, January 28th, 2009, from 11:30 AM-12:30 PM. You are invited to log on to the Qualis website at: www.qualishealth.org, select South Carolina; Upcoming Provider Education; Webinar for Prior Authorization and follow the instructions provided.

Questions regarding this Medicaid Bulletin should be directed to your Program Manager for Physician Services at (803) 898-2660 or Hospital Services at (803) 898-2665. Thank you for your continued support of the Medicaid program.

/S/

Emma Forkner
Director

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Attachment

Note: To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov/>. 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.

Attachment

Codes	Mastectomy & Repair and/or Reconstruction Codes	ICD-9
19301	Partial Mastectomy	85.22
19302	P-Mastectomy W/LN Removal	85.22
19303	Mastectomy, Simple Complete	85.41
19304	Mastectomy, SQ	85.34
19305	Mastectomy, Radical	85.45
19306	Mastectomy, Radical, Urban Type	85.47
19307	Mastectomy, Modified Radical	85.43
19330	Removal of Implant Material	85.94
19370	Surgery of Breast Capsule	85
19371	Removal of Breast Capsule	85.21
	Skin Tissue Rearrangement	86.89

Codes	Back Procedure Abbreviated Titles	ICD-9 Codes
63001	Removal of Spinal Lamina	03.09
63003	Removal of Spinal Lamina	03.09
63005	Removal of Spinal Lamina	03.09
63011	Removal of Spinal Lamina	03.09
63012	Removal of Spinal Lamina	03.09
63015	Removal of Spinal Lamina	03.09
63016	Removal of Spinal Lamina	03.09
63017	Removal of Spinal Lamina	03.09
63020	Neck Spine Disk Surgery	80.51
63030	Low Back Disk Surgery	80.51
63035	Spinal Disk Surgery Add On	80.51
63040	Laminotomy, Single Cervical	03.02
63042	Laminotomy, Single Lumbar	03.02
63043	Laminotomy, Additional Cervical	03.02
63044	Laminotomy, Additional Lumbar	03.02
63045	Removal of Spinal Lamina	03.09
63046	Removal of Spinal Lamina	03.09
63047	Removal of Spinal Lamina	03.09
63048	Remove Spinal Lamina Add On	03.09
63050	Cervical Laminoplasty	03.09
63051	C-Laminoplasty With Graft/Plate	78.49
63055	Decompress Spinal Cord	03.09
63056	Decompress Spinal Cord	03.09
63057	Decompress Spinal Cord Add On	03.09
63064	Decompress Spinal Cord	03.09
63066	Decompress Spinal Cord Add On	03.09
63075	Neck Spine Disk Surgery	80.51
63076	Neck Spine Disk Surgery	80.51
63077	Spine Disk Surgery, Thorax	80.51
63078	Spine Disk Surgery, Thorax	80.51
63081	Removal of Vertebral Body	80.99
63082	Removal of Vertebral Body Add On	80.99
63085	Removal of Vertebral Body	80.99
63086	Removal of Vertebral Body Add On	80.99
63087	Removal of Vertebral Body	80.99
63088	Removal of Vertebral Body Add On	80.99
63090	Removal of Vertebral Body	80.99
63091	Removal of Vertebral Body Add On	80.99
63170	Incise Spinal Cord Tract(s)	03.29
63172	Drainage of Spinal Cyst	03.09
63173	Drainage of Spinal Cyst	03.09
63180	Revise Spinal Cord Ligaments	80.49
63182	Revise Spinal Cord Ligaments	80.49
63185	Incise Spinal Column/Nerves	03.1

Codes	Back Procedure Abbreviated Titles	ICD-9 Codes
63190	Incise Spinal	03.1
63191	Incise Spinal	04.03
63194	Incise Spinal Column &	03.29
63195	Incise Spinal Column &	03.29
63196	Incise Spinal Column &	03.29
63197	Incise Spinal Column &	03.29
63198	Incise Spinal Column &	03.29
63199	Incise Spinal Column &	03.29
63200	Incise Spinal Column &	03.29
21899	Neck/Chest Surgery	78.41
22548	Neck Spine Fusion	81.01
22554	Neck Spine Fusion	81.01
22556	Thorax Spine Fusion	81.04
22558	Lumbar Spine Fusion	81.06
22585	Additional Spinal Fusion	81.62
22590	Spine & Skull Spinal	81.01
22595	Neck Spinal Fusion	81.01
22600	Neck Spine Fusion	81.03
22610	Thorax Spine Fusion	81.05
22612	Lumbar Spine Fusion	81.08
22614	Spine Fusion, Extra	81.62
22630	Lumbar Spine Fusion	81.08
22632	Spine Fusion, Extra	81.62
22800	Fusion of Spine	81.05
22802	Fusion of Spine	81.05
22804	Fusion of Spine	81.05
22808	Fusion of Spine	81.04
22810	Fusion of Spine	81.04
22812	Fusion of Spine	81.04
22830	Exploration of Spinal	03.02
22840	Insert Spine Fixation	
22841	Insert Spine Fixation	
22842	Insert Spine Fixation	
22843	Insert Spine Fixation	
22844	Insert Spine Fixation	
22845	Insert Spine Fixation	
22846	Insert Spine Fixation	
22847	Insert Spine Fixation	
22848	Insert Pelv Fixation	
22849	Reinsert Spinal Fixation	81.30
22851	Apply Spine Prosth	84.51
22899	Spine Surgery Procedure	78.49