

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

June 14, 2007

MEDICAID BULLETIN

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| <i>HMO</i> | <i>07-15</i> |
| <i>HOS-IP-GEN</i> | <i>07-14</i> |
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TO: Hospital Providers

SUBJECT: Reimbursement on Questionable Admission Claims (Edit 105)

Effective July 1, 2007, the South Carolina Department of Health and Human Services (SCDHHS), will begin to review inpatient claims for possible payment when rejected for a "Questionable Admission." In the past, certain codes, when used as the principal diagnosis, caused the claim to reject as a Questionable Admission. The claim received an Edit Code 105 and the DRG was not assigned.

The 3M Health Information Systems Diagnosis Related Groups (DRGs) Definitions Manual, Version 24.0, has identified certain diagnosis codes that are not usually sufficient justification for admission to an acute care hospital. SCDHHS staff will review these claims to determine if reimbursement is warranted. In order to facilitate this review, documentation to support the medical reason for this admission must be submitted along with the claim or the Edit Correction Form (ECF). The following list of codes require support documentation, when billed as a principal diagnosis:

- 250.00 - Diabetes mellitus type II/unspecified type, not stated as uncontrolled
- 278.00 - Obesity, unspecified
- 380.4 - Impacted cerumen
- 401.1 - Benign hypertension
- 426.2 - Left bundle branch hemiblock
- 426.3 - Other left bundle branch block
- 426.4 - Right bundle branch block
- 790.93 - Elevated prostate specific antigen
- 796.2 - Elevated blood pressure reading without diagnosis of hypertension
- 999.9 - Other and unspecified complications of medical care, not elsewhere classified
- V08. - Asymptomatic human immunodeficiency virus infection status
- V53.31 - Fit and adjust cardiac pacemaker
- V53.32 - Fit and adjust automatic implantable cardiac defibrillator
- V53.39 - Fit and adjust other cardiac device

For previously rejected claims with dates of service on or after July 1, 2006, SCDHHS will recycle those claims and they will appear on a future remittance advice as a rejection. These ECFs may be returned with documentation to support the medical reason for the admission.

If you have any questions regarding this Medicaid bulletin or any other Medicaid billing or policy questions, please contact your program representative at Division of Hospital Services (803) 898-2665. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Susan B. Bowling
Acting Director

SSB/gvb

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