

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

July 18, 2008

HMO 08-06
HOS-IP-GEN 08-12
HOS-IP-IMD 08-12
HOS-IP-RTF 08-12
HOS-OP 08-11
MC-FQHC 08-09
MC-RHC 08-09
PHY-ALG 08-07
PHY-ANES 08-07
PHY-CARD 08-07
PHY-DERM 08-07
PHY-ENT 08-08
PHY-ER 08-07
PHY-MSP-CBP 08-07
PHY-MSP-HBP 08-07
PHY-OPHT 08-07
PHY-PATH 08-07
PHY-PC-FP/GP 08-09
PHY-PC-GER 08-09
PHY-PC-INT 08-09
PHY-PC-NEO 08-09
PHY-PC-OG 08-10
PHY-PC-PED 08-09
PHY-PC-PED/SUB 08-09
PHY-PS 08-07
PHY-RAD 08-07
PHY-S 08-07
PHY-SPEC 08-07
PHY-SURG 08-08
POD 08-05
VIS 08-04

MEDICAID BULLETIN

TO: Physician and Hospital Providers

SUBJECT: InterQual Criteria

Effective August 1, 2008, the South Carolina Department of Health and Human Services (SCDHHS) will utilize medical review/screening criteria published by InterQual, instead of the criteria currently listed in the provider manuals for the procedures below. The purpose for using InterQual criteria, rather than SCDHHS' current criteria, is to standardize the review process using nationally recognized criteria. **Please note that this is not the complete list of codes requiring prior authorization or support documentation. This list represents only those codes with published SCDHHS criteria.**

CPT Codes:

11960	19369	54400	58275	58600	59851
11970	29901	54401	58285	58605	59855
11971	29902	54405	58290	58611	59856
15830	37788	54690	58291	58615	59857
15847	43644	55200	58292	58661	63650
19300	43645	55250	58293	58671	63655
19318	43770	55450	58294	58673	63660
19328	43771	58150	58541	58700	63685
19330	43773	58152	58542	58720	63688
19340	43842	58180	58543	58952	69714
19342	43846	58200	58544	58953	69715
19350	43847	58210	58548	58954	69718
19357	43848	58240	58550	58956	69930
19361	43886	58260	58552	58957	
19364	43887	58262	58553	59135	
19366	43888	58263	58554	59525	
19367	51925	58267	58565	59840	
19368	54235	58270	58670	59841	

ICD-9 Codes:

03.99	68.49	68.70	85.31	85.70	85.96
44.95	68.51	68.71	85.32	85.87	85.99
68.31	68.59	68.79	85.34	85.89	86.83
68.40	68.60	68.90	85.36	85.94	86.89
68.41	68.61	69.69	85.60	85.95	

The use of InterQual criteria will not require additional action on your part. All changes will occur internally and without interruption to services. Requests for prior authorization and support documentation reviews will continue to be performed by our current quality improvement organization, QualisHealth. The complete list of codes and instructions for obtaining prior authorizations can be found in Section 2 of the Physician, Laboratories and Other Medical Professionals and the Hospital Services manuals on the SCDHHS website at <http://www.scdhhs.gov>.

Questions concerning this matter may be directed to your Program Manager in the Division of Hospital Services at (803) 898-2665 and the Division of Physician Services at (803) 898-2660. Thank you for your continued support of the South Carolina Medicaid Program.

/s/

Emma Forkner
Director

EF/mgvb

**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>**