

ATTACHMENT B

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Log of Incurred Medical Expenses

For the Month of _____

A brief description of expenses which can be deducted, including the limits, is found on the back of this form.

Beneficiary's Name: _____

Medicaid ID Number: _____

Month: _____

<u>Item/Service</u>	<u>Date Rendered</u>	<u>Date Bill Provided to Facility</u>	<u>Amount Billed for Item/Service</u>	<u>Lesser of Cost or Allowable Deduction*</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		Total	_____	_____

Monthly Recurring Income (SCDHHS Form 181) _____

Incurred Monthly Expenses (Not to Exceed Monthly Recurring Income) _____

Amount carried over to next month** _____

*If actual cost is less than the limit found on the back of this form, enter actual cost. If actual cost is greater than the limit, enter the limit amount.

**If incurred monthly expenses exceed monthly recurring income, the difference can be carried forward to the next month. Put the difference on the first line of next month's log sheet. Include the statement "Prior Month Carry Forward" in the item/service line and the amount to be carried forward in the "Lesser of Cost or Allowable Deduction" column.

The following deduction amounts outlined replace amounts determined in 1989:

1. Eyeglasses
 - Not otherwise covered by the Medicaid program, not to exceed a total of \$108.00 per occurrence for lenses, frames and dispensing fee; and
 - A licensed optometrist or ophthalmologist must certify the necessity for eyeglasses.
2. Dentures
 - A one-time expense;
 - Not to exceed \$651.00 per plate or \$1320.00 for one full pair of dentures; and
 - A licensed dental practitioner must certify necessity.
 - An expense for more than one (1) pair of dentures must be prior approved by State Office.
3. Denture Repair
 - Not to exceed \$77.00 per occurrence; and
 - A licensed dental practitioner must certify the necessity for denture repair.
4. Physician and other medical practitioner visits that exceed the yearly limit
 - Not to exceed \$69.00 per visit.
5. Hearing Aids
 - A one-time expense;
 - Not to exceed \$1000.00 for one or \$2000.00 for both; and
 - A licensed practitioner must certify the necessity for hearing aids.
 - An expense for more than one hearing aid must be prior approved by State Office.
6. The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty is limited to zero.
7. Other non-covered medical expenses which are recognized by State Law but not covered by Medicaid, or any other third party, not to exceed \$20.00 per item/service. These non-covered medical expenses must be prescribed by a licensed practitioner.

Items/services presented by the beneficiary for deductions which require prior approval or are questionable should be submitted to the Division of Medicaid Policy and Planning. The request for prior approval should be made on the SCDHHS Form 235 and should be mailed to:

South Carolina Department of Health and Human Services
Division of Medicaid Policy and Planning
Post Office Box 8206
Columbia, South Carolina 29202-8206