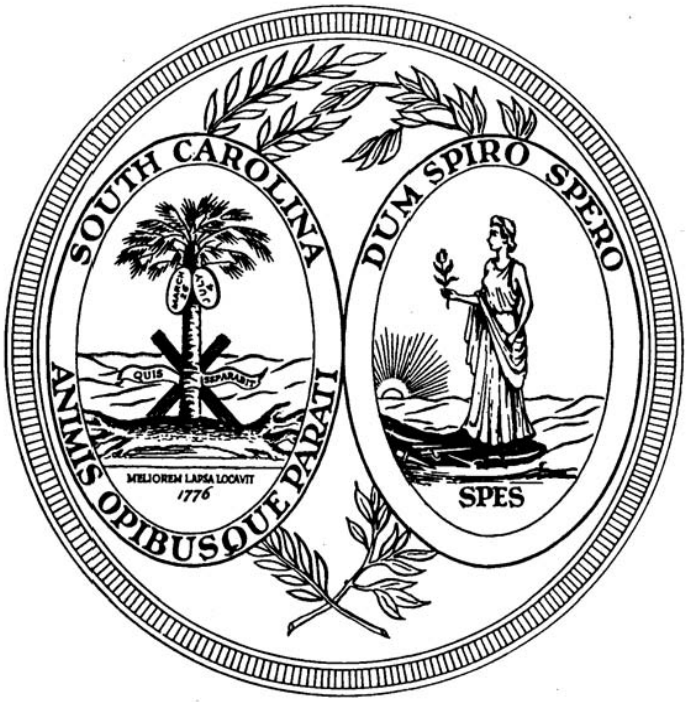
South Carolina Department of
Health & Human Services



MEDICAID PROVIDER MANUAL

SICKLE CELL SERVICES PROGRAM

March 1, 2008
Updated June 1, 2010

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

February 28, 2008

MEDICAID BULLETIN

MC-MCHC 08-02

TO: **Sickle Cell Program Providers**

SUBJECT: **Medicaid Policy Manual for Sickle Cell Services Program**

The enclosed revised Sickle Cell Program Manual is effective March 1, 2008 and includes all previous HIPAA changes and Medicaid policy bulletins.

This manual is to be used for program information and requirements, billing procedures, and provider services guidelines. **Due to several substantial changes in policy, providers are urged to carefully review this revision.**

In addition to inclusion of policy changes specific to the Sickle Cell program area, the new provider manuals for all Medicaid programs have been reformatted to give them a more consistent, standardized layout and to improve navigation and readability. Headings for each subsection appear on the left side of the page, with the corresponding information on the right. "Chapters" are now called "sections," and the numbering system has been simplified.

The revised manual is organized generally as follows, with each section having its own table of contents:

Section 1, **General Information and Administration,** contains an overview of the South Carolina Medicaid program, as well as information about record retention, documentation requirements, utilization review, program integrity, and other general Medicaid policies.

Section 2, **Policies and Procedures,** describes policies and procedures specific to the Sickle Cell program.

Section 3, **Billing Procedures,** contains billing information that is common to all South Carolina Medicaid programs, as well as program-specific guidelines for claim filing and processing.

Section 4 contains procedure codes, fee schedules, and other approval codes and modifiers.

Section 5, **Administrative Services,** contains contact information for SCDHHS state and county offices, contacts for claim form suppliers and vendors, and information about obtaining forms and manuals.

The Forms section includes forms and form samples referenced throughout the manual, as well as some generic forms.

The **appendices** include the following:

- Appendix 1: Edit Codes, CARCs & RARCs, and Resolutions
- Appendix 2: Carrier Codes
- Appendix 3: Schedule of Copayments

The **Third-Party Liability Supplement** explains third-party liability requirements and recommended practices. It includes sample forms and resources.

The **Managed Care Supplement** contains information on the managed care program, including pictures of the cards issued by the various managed care plans.

The enclosed compact disk contains a copy of the manual in Portable Document Format (PDF). To access the file, you will need Adobe Acrobat Reader software, which is pre-installed on most computers and also available for free download at **www.adobe.com/support**.

The most current version of the provider manual is maintained on the SCDHHS Web site at **www.scdhhs.gov**. [On the SCDHHS home page, click on the Provider Manuals link listed under the heading "Providers."] The Web site is updated on the first of every month to reflect any minor non-policy changes to provider manuals (for example, corrections to addresses, etc.). Note: SCDHHS policy changes continue to be conveyed to providers as they occur via Medicaid bulletin; manuals are revised to reflect those changes as they occur. Providers with access to the Internet should check the SCDHHS Web site monthly to access information about any updates made to the provider manuals.

Should you wish to order a printed copy of your provider manual, or an additional compact disk, please call South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing.

The policy manual and fee schedule are not subject to copyright regulations and may be reproduced in their entirety.

If you have any questions regarding this provider manual and fee schedule, please contact your program coordinator in the Division of Family Services at (803) 898-2565. Thank you for your continued support of the South Carolina Medicaid program.

/s/

Emma Forkner
Director

EF/bgav

Enclosure

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

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