

Feb. 1, 2018
MB# 18-002

MEDICAID BULLETIN

DME

To: Providers Indicated

**SUBJECT: Durable Medical Equipment Medicaid Certificate of Medical Necessity
Signature Requirement Modifications**

The South Carolina Department of Health and Human Services (SCDHHS) is amending current physician signature requirements for the following forms located in the Durable Medical Equipment (DME) Provider Manual:

1. DME 001 (Equipment and Supplies)
2. DME 003 (Power/Manual Wheelchairs and/or Accessories)
3. DME 004 (Orthotics, Prosthetics and Diabetic Shoes)
4. DME 005 (Enteral Nutrition)
5. DME 006 (Parenteral Nutrition)
6. DME 007 (Oxygen)

Effective March 1, 2018, the prescription date reflected on these forms must be within 90 days of the date of the treating/ordering physician's signature and the date the beneficiary was seen by the physician, nurse practitioner or physician assistant. For service dates before March 1, 2018, providers will continue to abide by the requirement that the prescription date reflected on these forms must be within 60 days of the date of the treating/ordering physician's signature and the date the beneficiary was seen by the physician, nurse practitioner or physician assistant. These forms are located in the forms section of the DME Provider Manual at www.scdhhs.gov.

Please refer any questions or concerns regarding this bulletin to the Provider Service Center at (888) 289-0709.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/
Joshua D. Baker
Interim Director