

South Carolina  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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DME

March 9, 2012

## MEDICAID BULLETIN

**TO: Providers Indicated**

**SUBJECT: Policy Updates**

**Effective with dates of services on or after April 1, 2012, the South Carolina Department of Health and Human Services (SCDHHS) will make the following policy updates.**

### **I. Prior Authorization and Reconsideration Process**

All Prior Authorization (PA) requests for Durable Medical Equipment (DME) equipment or supplies must include the Medicaid PA Form, the Medicaid Certificate of Medical Necessity (MCMN), and the original or a legible copy of the patient's prescription. If the PA is denied, providers may request a reconsideration of the decision. Requests for reconsiderations must be submitted in writing within thirty (30) calendar days of receipt of the denial. The reconsideration request must include a copy of the denial letter and any documentation not previously submitted that supports the medical necessity for the equipment requested. If the original denial is upheld, providers may exercise their right to an appeal as outlined in Section 100 of the Medicaid DME provider manual located on our website at <https://www.scdhhs.gov>.

### **II. Required Documents for Manually Priced DME Procedure Codes**

To ensure accurate payment of DME manually priced procedure codes and codes Not Otherwise Classified (NOC), providers must submit an invoice that contains Manufacturer Suggested Retail Pricing (MSRP) for the items billed. If submitting an internet "screen print", a signature is required certifying the date, quantity, cost, and description of items being billed. Medicaid will reimburse cost plus twenty-five (25) percent. Claims submitted with documents other than an Invoice or a signed document as indicated above will be rejected.

### **III. Update to DME Procedure Codes**

The table below lists DME codes that will be modified, which include codes that now require a PA, codes that no longer require a PA, codes that no longer require

the MCMN and codes that have been deleted. These codes will be updated in the DME provider manual.

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PA Removed (Send claim in with MCMN)	CMN Removed (Codes can be filed electronically and MCMN kept on file)			PA Required	Deleted Codes
A4280	A4604	E1225	E2204	E2312	E1310
A6441	A6441	E1226	E2222	E2313	
B4103	A6452	E1841	E2226	E2321	
B4157	A6453	E2201	E2392	E2322	
B4162	A6454	E2202	E2394	E2375	
E0640	A8000	E2203	E2395	B9998	
E0565	A8001		E2622	B8189	
E0655	E0168		K0733	L0637	
E0660	E0562		L3455	L1832	
E1031	E0621				
E1038	E0911				
E1039	E0912				
T5001	E0956				

#### IV. Manual and Power wheelchairs

SCDHHS has revised the Manual and Power Wheelchair section of the DME provider manual. This includes but is not limited to face-to-face examination criteria, mobility evaluations, and physician prescription information. Please refer to the Durable Medical Equipment manual, Section 200, located on our website at <https://www.scdhhs.gov>.

If you have any questions regarding the contents of this bulletin, please contact your Program Manager in the Office of Hospitals and Durable Medical Equipment at (803) 898-2665. Thank you for your continued support of the Medicaid program.

/s/  
Anthony E. Keck  
Director