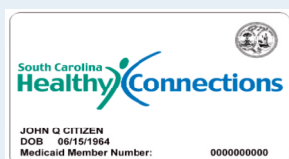


QUICK NOTES

If a South Carolina Beneficiary has Medicare Part B as their primary insurance carrier, enter carrier code 90798 when submitting the claim to SC Medicaid for secondary payment.

Please ensure the correct Medicaid ID Number is used when submitting claims.



HOW TO REQUEST A MAC REVIEW

If you disagree with the Maximum Allowable Cost (MAC), you may appeal by completing the form at this link: <http://southcarolina.fhsc.com>.

Then, choose the "Pharmacy" tab and "Documents."

RESOURCES

To obtain information from the SC Department of Health and Human Services, visit their website at <http://www2.scdhhs.gov/>.

To receive Medicaid bulletins by e-mail, send your e-mail address and contact information to bulletin@scdhhs.gov.

To locate a Prescriber's NPI, visit the NPPES website at <https://nppes.cms.hhs.gov>.

To view the 2012 D.O Payer Specifications, visit our website at <http://southcarolina.fhsc.com>.

Then, choose the "Pharmacy" tab and "Documents"

HAVE A QUESTION?

When you have a question, we are here to help. The table below lists important contact information every pharmacy should know for Fee-for-Service Medicaid Beneficiaries. If the Beneficiary is enrolled in a Managed Care Organization (MCO), please contact his/her MCO for assistance.

Department Name	Phone Number
SCDHHS (Medicaid) Beneficiary Call Center	1-888-549-0820
SC Medicaid Eligibility Verification	https://webclaims.scmcaid.com NOTE: If you have not used the SC DHHS web tool previously, call EDI at 1-888-289-0709 for a password
Checkwrite and Payment Inquiries	https://webclaims.scmcaid.com NOTE: If you have not used the SC DHHS web tool previously, call EDI at 1-888-289-0709 for a password
Provider Support Center (Provider Enrollment only)	1-888-289-0709
Magellan Medicaid Administration Clinical Call Center (PA Requests)	1-866-247-1181
Magellan Medicaid Administration Technical Call Center (Claims Issues)	1-866-254-1669
Magellan Medicaid Administration Beneficiary Help Desk	1-800-834-2680

COVERAGE CHANGE FOR BARBITURATES AND BENZODIAZEPINES

Effective January 1, 2013, the SC Department of Health and Human Services (SC Medicaid) began excluding coverage of barbiturates "used in the treatment of epilepsy, cancer, or a chronic mental disorder" and benzodiazepines for dual eligible individuals. This exclusion of coverage applies only to dual eligible individuals, those having both Medicare and Medicaid coverage. Pharmacies billing barbiturates or benzodiazepines for dual eligible individuals will receive a message to "Bill Medicare Part D." For additional information, please consult the bulletin below:

http://southcarolina.fhsc.com/Downloads/provider/Bulletin_20121212.pdf

COVERAGE CHANGE FOR CONCERTA

Effective April 1, 2013, SC Medicaid will prefer generic Methylphenidate Extended Release tablets (in 18mg, 27mg, 36mg, and 54mg tablet strengths) over the brand-name product, Concerta. This applies only to claims submitted to Magellan Medicaid Administration for fee-for-service Medicaid beneficiaries. Pharmacy coverage for beneficiaries enrolled in a Managed Care Organization is determined by each MCO's pharmacy benefits manager.

HOME ADMINISTERED INJECTABLE PRODUCTS

In order to be considered for reimbursement, injectable products must be rebated and administered in the patient's home, including long-term care facilities. The dispensing pharmacist will enter "1" in the Prior Authorization Type Code (PATC) field and "01" in the Patient Residence field. The submission of a Medicaid pharmacy claim for an injectable signifies the pharmacist has verified the self- or home-administration of the product.

In addition to home-administered injectables, the following physician administered products may also be billed using this process: RhoGAM®, Lupron®, Eligard®, Viadur®, Xolair®, Synagis®, Depo Provera, Invega® Sustenna® and Risperdal® Consta®. Please consult the SC Pharmacy Provider Manual for complete details pertaining to these exceptions.

http://southcarolina.fhsc.com/Downloads/provider/SCRx_ProviderManual_POS.pdf

SUBMITTING COB CLAIMS

SC Medicaid is always the payer of last resort. When a SC Medicaid beneficiary has other insurance coverage, pharmacy providers are required to bill all other insurance carriers before billing SC Medicaid.

There are 4 fields that are required to process a Medicaid COB claim:

- ❖ Other Coverage Code (OCC) (NCPDP field #: 308-C8)
- ❖ Other Payer Date (NCPDP field #: 443-E8)
- ❖ (Insurance) ID Qualifier (NCPDP field #: 339-6C) – Always use “99”
- ❖ Other Payer ID (NCPDP field #: 340-7C)

The Carrier Code (Payer ID) to be populated in the “Other Payer ID” field may be found by clicking on one of the following links:

http://southcarolina.fhsc.com/Downloads/provider/SCRx_TPLcodes_byName.pdf

http://southcarolina.fhsc.com/Downloads/provider/SCRx_TPLcodes_byCode.pdf

The table below outlines which Other Coverage Code (OCC) is appropriate and any additional fields required:

OCC	Use this value if...	Additional fields to complete...		
		Field name	NCPDP #	Reason
2	Primary payer makes payment	Other Payer Amount Paid	431-DV	Enter payer’s payment amount
		Other Payer Patient Responsibility Amt	352-NQ	Enter patient’s liability
3	Primary payer does not cover the drug ~OR~ Primary payer denied the claim as the Beneficiary’s coverage was not effective on the date of service	Other Payer Reject Code	472-6E	Enter payer’s reject reason
4	Primary payer’s total payment is applied to the Beneficiary’s Deductible or Copayment	Other Payer Patient Responsibility Amt	352-NQ	Enter patient’s liability
		Other Payer Amount Paid	431-DV	Enter payer’s payment amount
		Other Payer Amount Paid Qualifier	342-HC	(See SC Payer Specs for values)

CONTACT PROVIDER RELATIONS

To supplement those services provided by the Technical Call Center, the Provider Relations staff has established an email box to address your inquiries during normal business hours. Should you have a claim processing concern, contact us at SCprovidersupport@magellanhealth.com.