

2nd Quarter 2015

QUICK NOTES

When submitting a claim for a Medicare Part B-covered drug secondarily to Medicaid, the provider should submit 90798 in the Other Payer ID field (NCPDP field # 340-7C). 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: <u>http://southcarolina.fhsc.com</u>.

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

RESOURCES

To obtain information from the SC Department of Health and Human Services, visit their website at www.scdhhs.gov

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

FFS PHONE NUMBERS

Magellan Medicaid Administration Clinical Call Center (PA requests)

866-247-1181

Magellan Medicaid Administration Technical Call Center (Claims issues)

866-254-1669

Magellan Medicaid Administration Beneficiary Help Desk

800-834-2680

SCDHHS Beneficiary Call Center (Eligibility questions) 888-549-0820



Effective for dates of service on or after November 1, 2014, the South Carolina Department of Health and Human Services (SC DHHS) implemented a new program that offers Healthy Connections Medicaid coverage for treatment of latent tuberculosis (TB) or active TB infection/disease who do not otherwise qualify for Medicaid or have any other insurance coverage. This program will be administered through the South Carolina Department of Health and Environmental Control (SC DHEC).

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The TB-ONLY Benefit will cover services directly related to the treatment of this disease. The services include:

- Prescriptions and Physician-administered drugs;
- Clinical services related to TB, including outpatient hospital services, public health clinic services, rural health clinic services, and federally-qualified health center services;
- Laboratory and Radiology services, including those to confirm the presence of infection or disease);
- Case management services; and
- Services (other than room and board) designed to encourage completion of regimens of prescribed drugs in an outpatient and/or home setting, including services to directly observe the intake of prescribed treatment medications.

Please Note: This benefit does not pay for hospital stays or room and board.

HEALTHY CONNECTIONS CHECKUP: COLORECTAL CANCER SCREENING BENEFITS

On August 1, 2014, The South Carolina Department of Health and Human Services (SCDHHS) implemented changes to the benefit structure for the Family Planning Eligibility Category, now known as **Healthy Connections Checkup (Checkup)**. Checkup is a Medicaid limited benefit program that provides coverage for preventive health care, family planning services, and family planning-related services. Checkup is available to men and women in South Carolina whose annual family income does not exceed 194 percent of the Federal Poverty Level (FPL) and who are ineligible for full Medicaid coverage under any other eligibility category. Services currently covered under the Family Planning Eligibility Category will continue to be covered for individuals enrolled in Checkup. *For participating Pharmacy providers, colonoscopy preps are part of Checkup's limited benefit program.*

REVISED SC MEDICAID DIABETIC METERS AND STRIPS PROGRAM

The following National Drug Codes (NDCs) may be billed through the Point-of-Sale (POS) system and do not require Prior Authorization. The approved list of diabetic strips and meters is posted on the Magellan Medicaid Administration website at

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

Effective July 1, 2015, all updates to this approved list will be posted directly to the Magellan Medicaid Administration website.

Meters			
Manufacturer	Product Name	NDC	
ABBOTT	FREESTYLE LITE	99073-0708-05	
ABBOTT	FREESTYLE FREEDOM LITE	99073-0709-14	
ABBOTT	FREESTYLE INSULINX	99073-0711-43	
ABBOTT	PRECISION XTRA	57599-8814-01	

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Meters (continued)		
Manufacturer	Product Name	NDC
LIFESCAN	ONE TOUCH ULTRA	53885-0247-01
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0208-01
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0419-01
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0420-01
LIFESCAN	ONE TOUCH ULTRA2	53885-0448-01
LIFESCAN	ONE TOUCH ULTRAMINI	53885-0911-01
LIFESCAN	ONE TOUCH ULTRAMINI	53885-0912-01
ROCHE	ACCU-CHEK AVIVA	65702-0101-10
ROCHE	ACCU-CHEK NANO SMARTVIEW	65702-0483-10
	Strips	
Manufacturer	Product Name	NDC
ABBOTT	FREESTYLE	99073-0120-50
ABBOTT	FREESTYLE	99073-0121-01
ABBOTT	FREESTYLE LITE	99073-0708-22
ABBOTT	FREESTYLE LITE	99073-0708-27
ABBOTT	FREESTYLE INSULINX	99073-0712-31
ABBOTT	FREESTYLE INSULINX	99073-0712-27
ABBOTT	PRECISION XTRA	57599-9728-04
ABBOTT	PRECISION XTRA	57599-9877-05
LIFESCAN	ONE TOUCH ULTRA	53885-0244-50
LIFESCAN	ONE TOUCH ULTRA	53885-0245-10
LIFESCAN	ONE TOUCH ULTRA	53885-0994-25
LIFESCAN	ONE TOUCH VERIO 25'S	53885-0270-25
LIFESCAN	ONE TOUCH VERIO 50'S	53885-0271-50
LIFESCAN	ONE TOUCH VERIO 100'S	53885-0272-10
ROCHE	ACCU-CHEK COMFORT CURVE	50924-0373-50
ROCHE	ACCU-CHEK COMFORT CURVE	50924-0381-10
ROCHE	ACCU-CHEK ACTIVE	50924-0475-50
ROCHE	ACCU-CHEK COMPACT	50924-0884-01
ROCHE	ACCU-CHEK COMPACT	50924-0988-50
ROCHE	ACCU-CHEK AVIVA	65702-0103-10
ROCHE	ACCU-CHEK AVIVA	65702-0104-10
ROCHE	ACCU-CHEK AVIVA PLUS	65702-0407-10
ROCHE	ACCU-CHEK AVIVA PLUS	65702-0408-10
ROCHE	ACCU-CHEK AVIVA PLUS	65702-0591-10
ROCHE	ACCU-CHEK NANO SMARTVIEW	65702-0492-10
ROCHE	ACCU-CHEK NANO SMARTVIEW	65702-0493-10
ROCHE	ACCU-CHECK NANO SMARTVIEW	65702-0592-10

CONTACT PROVIDER RELATIONS

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