

Necessary Action

<b>APPROVALS</b> (Only when prepared for director's signature)	<b>APPROVE</b>	<b>* DISAPPROVE</b> (Note reason for disapproval and return to preparer.)	<b>COMMENT</b>
1.			
2.			
3.			
4.			

- **Any other pertinent reimbursement information such as age range and authorizations required**

We will continue to refer our customers to their local Medicaid office for all additional clarifications.

Please forward this information to me via mail, email or fax. If there is a link on your website with this information, please include this in your correspondence. I will keep it for future reference. My contact information is below.

Thank you for your assistance.

Sincerely,

*Glendaly Skalland*

Glendaly Holland  
First Quality Products  
[gholland@firstquality.com](mailto:gholland@firstquality.com)  
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(570)769-4969 fax

waiver, Community Supports, Medically Complex Children and the Head and Spinal Cord Injury (HASCI) waiver. Medicaid recipients must be enrolled in one of these waivers and receive an authorization for incontinence products from their case manager. The following charts list the procedure code, quantity authorized and reimbursement that South Carolina Medicaid currently allows for incontinence products. The first chart is for the waivers directly operated by the Department of Health and Human Services and the second chart encompasses those waivers operated by the Department of Disabilities and Special Needs.

I hope that this information is helpful. If you have any questions, or if we can be of further assistance, please do not hesitate to let us know.

Sincerely,



Felicity Myers, Ph.D.  
Deputy Director

FM/wstd

Enclosures (2)

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