

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bausing	9-5-06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000220	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <u>Clean & 9/18/06, letter attached.</u>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>9-14-06</u> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

RECEIVED

SEP 01 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Doc. Berkling
11 Aug. Sign

Clinton County Industrial Park

P.O. Box 270, North Road

McElhattan, PA 17748

TEL: 717.769.6900

FAX: 717.769.7481

August 30, 2006

Mr. Robert Kerr
Dept Health & Human Svc
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Kerr,

At First Quality, we pride ourselves in providing our customers with high quality incontinence products and excellent service. We regularly receive calls concerning Medicaid reimbursement for disposable diapers, liners, pull-ups, under pads (all sizes), and wet-wipes.

In order to better service our customers, could you please provide us with the following information for the enclosed list of HCPCS Level II codes for SC:

- **Maximum units per month/day**
- **Maximum allowable reimbursement**
- **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,

Tammie Dreibelbis
First Quality Products
tammiedreibelbis@firstquality.com
1(800)726-6910, ext 4432
(570)769-4404 fax

A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	
A4521	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL SIZE, EACH	
A4522	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, MEDIUM SIZE, EACH	
A4523	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE, EACH	
A4524	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, EXTRA LARGE SIZE, EACH	
A4525	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL SIZE, EACH	
A4526	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, MEDIUM SIZE, EACH	
A4527	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE, EACH	
A4528	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, EXTRA-LARGE SIZE, EACH	
A4529	CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL/MEDIUM SIZE, EACH	
A4530	CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE, EACH	
A4531	CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL/MEDIUM SIZE, EACH	
A4532	CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE, EACH	
A4533	YOUTH-SIZED INCONTINENCE PRODUCT, DIAPER, EACH	
A4534	YOUTH-SIZED INCONTINENCE PRODUCT, BRIEF, EACH	
A4535	DISPOSABLE LINER/SHIELD FOR INCONTINENCE, EACH	
A4537	UNDER PAD, REUSABLE/WASHABLE, ANY SIZE, EACH	
A4554	DISPOSABLE UNDERPADS, ALL SIZES	
A4335	Incontinence Supply Misc	



State of South Carolina

Department of Health and Human Services

dog #220 ✓

Mark Sanford
Governor

Robert M. Kerr
Director

September 18, 2006

Ms. Tammie Dreibelbis
First Quality Products
Post Office Box 270, North Road
McElhattan, Pennsylvania 17748

Dear Ms. Dreibelbis:

Thank you for your letter dated August 30, 2006, regarding Medicaid incontinence product coverage and reimbursement. South Carolina Medicaid currently covers incontinence products through its five home and community based waivers. The waivers available in the state of South Carolina are Community Choices, HIV/AIDS, Mechanical Ventilation, Mentally Retarded/Related Disability (MR/RD) and Head and Spinal Cord Injury (HASCI). Medicaid recipients must be enrolled in one of these waivers and receive an authorization for incontinence products from their case manager. The enclosed charts list the procedure code, quantity authorized and reimbursement that we currently allow 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 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,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/gahm

Enclosures (2)

**Incontinence Supplies For Community Choice, HIV/AIDS, and Mechanical
Ventilation Waiver**

Service	Rate	Maximum Frequency	Quantity Authorized	Procedure Code	Total Reimbursement
Adult Extra Large	\$1.30/diaper	Monthly	96	T4524	\$124.90
Adult Large	\$1.00/diaper	Monthly	96	T4523	\$96.00
Adult Medium	\$0.75/diaper	Monthly	96	T4522	\$72.00
Adult Small	\$0.75/diaper	Monthly	96	T4521	\$72.00
Youth Diaper	\$0.75/diaper	Monthly	96	T4533	\$72.00
Adult Brief Extra Large (protective underwear)	\$1.30/brief	Monthly	80	T4528	\$104.00
Adult Brief Large (protective underwear)	\$1.00/brief	Monthly	80	T4527	\$80.00
Adult Brief Medium (protective underwear)	\$0.90/brief	Monthly	80	T4526	\$72.00
Adult Brief Small (protective underwear)	\$0.90/brief	Monthly	80	T4525	\$72.00
Youth Brief (protective underwear)	\$0.90/brief	Monthly	80	T4534	\$72.00
Incontinence Pads	\$0.25/pad	Monthly	130	T4535	\$32.50
Under Pads	\$45.00/case	Monthly	1	A4554	\$45.00
Wipes	\$8.00/box	Monthly	70	T5999	\$8.00

Incontinence Supplies For MR/RD and HASCI waivers

Diaper Size	Diaper Price	Maximum Frequency	Procedure Code	Quantity Authorized	Total Reimbursement
Small	\$0.75/diaper	3 cases/ month	T4521	96	\$72.00
Medium	\$0.75/diaper	3 cases/ month	T4522	96	\$72.00
Large	\$1.00/diaper	3 cases/ month	T4523	72	\$72.00
Extra Large	\$1.30/diaper	3 cases/ month	T4524	54	\$70.20
Child small/medium	\$0.75/diaper	3 cases/ month	T4529	96	\$72.00
Child Large	\$0.75/diaper	3 cases/ month	T4530	96	\$72.00
Youth Diaper	\$0.75/diaper	3 cases/ month	T4533	96	\$72.00
Underpads	\$45	3 cases/ month	A4554	1 (Case)	\$45.00

This information may also be found in the South Carolina Medicaid Durable Medical Equipment manual on our website at www.scdhhs.gov. If you have further questions regarding the coverage of these services by South Carolina Medicaid, you may contact Jonathan Tapley at (803)-898-2702.