

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>11-21-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000179</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Geck, Host</i> <i>cleared 12/19/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-5-13</i> <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**

NOV 21 2013

Compliance Department  
150 Ashley Avenue  
P.O. Box 250583  
Charleston SC 29425  
Tel 843 876 1321  
Fax 843 876 1322

<http://www.musc.edu/uma/compliance>

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

November 18, 2013

Anthony E. Keck, Director  
SCDHHS  
Division of Hospital Services  
Post Office Box 8206  
Columbia, SC 29202-8206

Dear Director Keck,


As the Senior Director of Corporate Compliance, my goal is to insure accurate billing of all services provided by MUSC Physicians. I am writing to outline our process when submitting claims as secondary to the South Carolina Medicaid program for Uncomplicated (Routine) Deliveries. The Physicians Provider Manual states in Section 2 that both vaginal (59409 and 59612) and Caesarean section (59514 and 59620) deliveries are considered surgical packages. Billing these services to Medicaid as Secondary is complicated by the differences between coding required by Medicaid and that of most commercial insurance plans. We have reviewed the Medicaid Manual instructions for billing Medicaid as Secondary and have determined the following method meets Medicaid requirements:

Our primary Commercial Insurance plans require us to bill global OB care codes. Therefore we will submit the global delivery code as required by the patient's primary carrier. If we receive a denial from the primary carrier, we will file this same code as secondary to the South Carolina Medicaid program. Upon denial by Medicaid, we will resubmit the claim as secondary with the Uncomplicated (Routine) Delivery code as outlined in your manual.

Our goal is to have a process that provides transparency in claims filing and results in accurate payment from Medicaid for services provided. If you disagree with this process please notify our office within 60 days from the date of this letter.

Thank you for your attention to this matter.

Sincerely,



Julie W. Acker  
Senior Director of Corporate Compliance  
MUSC Physicians



University Medical Associates  
Compliance Department  
150 Ashley Ave  
MSC 583  
Charleston SC 29425  
RETURN SERVICE REQUESTED

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NOV 21 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Anthony E. Keck, Director SCDHHS  
Division of Hospital Services  
Post Office Box 8206  
Columbia, SC 29202-8206

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Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 &gt; Columbia, SC 29202

[www.scdhhs.gov](http://www.scdhhs.gov)

December 12, 2013

Julie W. Acker  
Senior Director of Corporate Compliance  
MUSC Physicians  
150 Ashley Ave, MSC 583  
Charleston, SC 29425

Dear Ms. Acker,

Thank you for your letter explaining your intent for billing delivery services for MUSC physicians. I appreciate your efforts to streamline processes when interacting with all payers.

I do not have a specific disagreement with your proposed methodology. However, please be aware that filing claims outside of the outlined requirements in our Provider Manual may result in the delay in reimbursement if claim resubmission is required.

If I can be of any further assistance please let me know. Thank you for your continued support of the South Carolina Medicaid program.

Sincerely,

John Supra  
Deputy Director and CIO

JS:jt

