

Feb. 1, 2016
MB# 16-002

MEDICAID BULLETIN

All

To: All Providers

Subject: Ambulance Services Provider Manual Update

The South Carolina Department of Health and Human Services (SCDHHS) will update sections three and four of the Ambulance Services Provider Manual. The update will make a clear distinction between the current requirements for submitting claims with modifiers and origin/destination codes. The previous policy uses the term “modifier” to describe the CMS 1500 billing codes (76 - Duplicate procedure on the same day of service; NT - No Transport and EV - Evacuation) as well as the Agency’s origin and destination alpha characters. Effective immediately, the origin and destination alpha characters will be described as “indicators.”

The link to the SCDHHS Ambulance Services Manual, below, will contain the revised language noted above on or after March 1, 2016.

<https://www.scdhhs.gov/provider-type/ambulance-services-manual-010109-edition-posted-010109>

Please contact the Provider Service Center at (888) 289-0709 for any questions regarding the fee-for-service policies indicated in this bulletin.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/
Christian L. Soura
Director