

2.b. RURAL HEALTH CLINICS. Rural Health Clinic (RHC) services are limited to procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife, or specialized nurse practitioner. RHC services are covered when furnished to patients at the clinic, skilled nursing facility, or the patient's place of residence. Services provided to hospital patients (including emergency room services) are not considered RHC services. All services must be medically necessary and appropriate for the diagnosis and treatment of a specific condition. Reimbursement for RHC services is described in ATTACHMENT 4.19-B.

A maximum of twelve (12) visits per patient per fiscal year for patients age 21 or older. SCDHHS may approve additional ambulatory care visits when medically necessary. Services that exceed the limit may be authorized based on medical necessity or utilization control procedures.

2.c. FEDERAL QUALIFIED HEALTH CENTERS. Federally Qualified Health Centers (FQHC's) services are limited to procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife, or specialized nurse practitioner. FQHC services are covered when furnished to patients at the center. These services are to be reimbursed at an all inclusive rate based on 100% of Medicare reasonable costs and other constraints as identified in paragraph 2(c) of 4.19-B. Services provided at a skilled nursing facility, hospital (including emergency services) or a patient's place of residence are not considered FQHC services.

Supplies, lab work and injections are not billable services. These services and supply costs are included in the all inclusive rate.

A maximum of 12 visits per patient per fiscal year for patients age 21 or older. SCDHHS may approve additional ambulatory care visits when medically necessary. Services that exceed the limit may be authorized based on medical necessity or utilization control procedures.

2.d. Federally Qualified Health Centers. Federally Qualified Health Center services provided to a pregnant woman or an individual under 21 years of age will not be limited to 12 visits per patient per fiscal year.

2.e. Indian Health Service (IHS) Facilities. Services reimbursed at the IHS rate are limited to procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife or specialized nurse practitioner. These services are covered when furnished to a patient at the clinic. These services will be reimbursed at an all-inclusive rate as determined by the IHS.

Supplies, lab work and injections are not billable services. These services and supply costs are included in the all inclusive rate.

3. Other Laboratory and X-Ray Services: Laboratory and X-Ray services shall be covered to the extent permitted in federal Medicaid regulations and must conform to policies, guidelines and limitations as specified in the Physician, Laboratories and Other Medical Professional Manuals. Services that exceed the limit may be authorized based on medical necessity or utilization control procedures.

4.a. NURSING FACILITY SERVICES. (For individuals 21 years of age or older). Prior approval for admission (or upon request for payment) and prior approval for level of care certification as appropriate is the responsibility of the Division of Community Long Term Care, South Carolina Department of Health and Human Services (DHHS). This pre-admission screening also includes services provided in a swing bed hospital and includes sub-acute care provided to ventilator dependent patients when contracted to provide this care (effective 04/01/89).

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