

The services listed below must be medically necessary and are subject to utilization review by the South Carolina Department of Health and Human Services (SCDHHS) personnel, and must meet Federal and State laws and regulations.

Prior authorization from the South Carolina Department of Health and Human Services is required before payment will be made for services covered by Medicaid and rendered by an out-of-state provider, excluding those located within a twenty-five (25) mile radius of the South Carolina border.

For referrals out-of-state, the referring physician must obtain PRIOR APPROVAL before out-of-state services are reimbursed. A written request must be submitted to the South Carolina Department of Health and Human Services personnel. Referrals should be made to an out-of-state provider only when the procedure or service is not available within the South Carolina Medical Service Area. All available resources must have been considered and indicated in the request to SCDHHS for the out of state referral.

Out-of-state providers must meet Medicaid enrollment criteria before payment may be made. Payment to out-of-state providers follows federal and state regulations and guidelines as promulgated.

1. INPATIENT HOSPITAL SERVICES. Inpatient Hospital Services must be provided in a general acute care institution licensed as a hospital by the applicable South Carolina licensing authority and certified for participation in the Medicare (Title XVIII) program. Hospital services are subject to the following cost containment measures:

1. Utilization review for appropriateness of treatment and length of stay.
2. Preadmission screening of selected services/procedures.
3. A mandatory outpatient surgery list per fiscal year.

The following procedures are noncovered services: Hospital stays related to clinically unproven procedures and/or experimental procedures, plastic surgical procedures performed for cosmetic reasons, and other procedures determined not be medically necessary.

Abortions and sterilizations are reimbursable in accordance with Federal and State requirements. Coverage for induced abortions is provided when the physician certifies that the pregnancy was a result of rape or incest or the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition cause or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed.

Effective July 1, 1989 the South Carolina Department of Health and Human Services will sponsor Administrative Day services to recipients who no longer require acute hospital care, but are in need of nursing home placement which is not available at the time. The patient must meet nursing facility level of care. Administrative Days must follow a hospital stay and will be covered in any hospital as long as such care is not available in a nursing home. Swing bed hospitals may furnish Administrative Days provided all swing beds in the hospital are occupied.

2.a OUTPATIENT HOSPITAL SERVICES. Outpatient non-emergency clinic services will be covered.

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