

Table of Contents

State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 17-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303



Atlanta Regional Operations Group

October 21, 2019

Mr. Joshua D. Baker
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

Re: South Carolina State Plan Amendment 17-0015

Dear Mr. Baker:

We have reviewed the proposed South Carolina State Plan Amendment, SC 17-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 30, 2017. This plan amendment increases reimbursement rates for dental exam codes, preventive dental codes, oral surgery codes, and ancillary dental codes.

Based on the information provided, the Medicaid State Plan Amendment SC 17-0015 was approved on October 21, 2019. The effective date of this amendment is July 1, 2017. We are enclosing the approved HCFA-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Cheryl Wigfall at (803) 252-7299 or Cheryl.wigfall@cms.hhs.gov.

Sincerely,

/s/

David R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0015	2. STATE South Carolina
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.100 – Services: General Provisions: Dental Services		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ 2,317,000 b. FFY 2018 \$ 9,300,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 3a.7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, page 3a.7	
10. SUBJECT OF AMENDMENT: This plan amendment increases dental rates for dental exam codes, preventive dental codes, oral surgery codes and ancillary codes.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Ms. Singleton was designated by the Governor to review and approve all State Plans	
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO: South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
13. TYPED NAME: Deirdra T. Singleton			
14. TITLE: Acting Director			
15. DATE SUBMITTED: August 28, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 08/30/17		18. DATE APPROVED: 10/21/19	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/17		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Davida R. Kimble		22. TITLE: Acting Deputy Director Division of Medicaid Field Operations South	
23. REMARKS:			

The Medicaid Agency will unbundle the previously bundled CPT codes applicable to the individual OPAC service(s) being rendered (i.e. medical or behavioral/psychological) for future pricing purposes.

Infusion Centers

Infusion centers allow Medicaid beneficiaries to receive various types of infusion therapy in a facility setting other than a physician's office or outpatient hospital. Infusion centers must have the ability to perform the following services:

Chemotherapy,
Hydration,
IGIV,
Blood and blood products,
Antibiotics,
Intrathecal/lumbar puncture,
Inhalation,
Or therapeutic phlebotomy.

Effective calendar year 2003, Infusion Centers are a recognized provider type in the Medicaid Program. Services performed in Infusion Centers are reimbursed according to existing Medicaid fee schedules found under the various covered Medicaid services contained within Attachment 4.19-B as follows: physician services - section 5 and drugs (including J codes and blood/blood products) - section 12.

10. **Dental Services:**

Reimbursement to providers of dental services is made on the basis of an established fee schedule not to exceed prevailing charges in the state. Reimbursement will be provided on a per procedure basis. Reimbursement for dental services shall be based on a percentage of published usual and customary South Carolina dental rates, not to exceed the 75th percentile of usual and customary reimbursement for South Carolina. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of July 1, 2017 and is effective for services provided on or after that date. Rates for Preventive, Oral Surgery and Ancillary services were updated on July 1, 2017. The rates for all other dental services were set as of July 11, 2011. All rates are published on the agency's website at www.scdhhs.gov.

SC 17-0015
EFFECTIVEDATE: 07/01/17
RO APPROVAL:10/21/19
SUPERSEDES: SC 16-0008