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**State/Territory Name: South Carolina**

**State Plan Amendment (SPA) #: 18-0004**

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  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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September 12, 2018

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 18-0004

Dear Mr. Baker:

We have reviewed the proposed South Carolina state plan amendment, SC 18-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 28, 2018. This amendment updates the medical and dental periodicity schedules to align with nationally recognized guidelines.

Based on the information provided, the Medicaid State Plan Amendment SC 18-0004 was approved on September 12, 2018. The effective date of this amendment is April 1, 2018. 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 Maria Drake at (404) 562-3697 or [Maria.Drake@cms.hhs.gov](mailto:Maria.Drake@cms.hhs.gov).

Sincerely,

//s//

Shantrina D. Roberts, MSN  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: SC 18-0004	2. STATE South Carolina
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2018

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 441.56 and 441.58 Subpart B	7. FEDERAL BUDGET IMPACT: a. SFY 2018    \$86,121 b. SFY 2019    \$344,486
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A Limitation Supplement, pages 2, 2.1 (New Page) Attachment 4.19-B, page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-A Limitation Supplement, page 2 Attachment 4.19-B, page 2

10. SUBJECT OF AMENDMENT:  
Update of the Periodicity Schedules

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Mr. Baker was designated by the Governor  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      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: Joshua D. Baker	
14. TITLE: Director	
15. DATE SUBMITTED: June 25, 2018	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 06/28/18	18. DATE APPROVED: 09/12/18
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/18	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:

**4.b EPSDT Continued:**

**EPSDT Periodic Screening Services:**

EPSDT Periodic Screening services include medical, mental health, vision, hearing and oral screenings that are regularly scheduled examinations and evaluations of the general physical, dental and mental health, growth, development, immunization and nutritional status as well as an appropriate health education component for infants, children, and adolescents.

*Medical Periodicity Schedule:*

The SCDHHS adopted the Bright Futures/ American Academy of Pediatrics (AAP) Medical Periodicity Schedule, where medical, vision and hearing screenings as well as age appropriate assessments, procedures and immunizations are provided to beneficiaries from birth through the last day of the month of their twenty first (21) birthday.

The SCDHHS developed an Oral Health Section of the Medical Periodicity Schedule, where oral screenings performed in medical settings are provided at each EPSDT visit from birth through the last day of the month of their twenty first (21) birthday. Proper referral for treatment and follow up occurs for all children as early as needed. All children are referred for routine dental care, preventive dental services and dental examination starting at the eruption of first tooth and no later than 12 months of age.

*Dental Periodicity Schedule:*

The SCDHHS developed the Dental Periodicity Schedule, where routine dental examinations are provided every 6 months from the eruption of the first tooth through the last day of the month of the beneficiary's 21<sup>st</sup> birthday.

*Additional Services:*

Additional Services that are deemed medically necessary by the provider, include: Lead Screening, Tuberculin Skin Test, urinalysis, Sickle Cell Test, Parasite Test and Fluoride varnish.

**EPSDT Interperiodic screening Services:**

Interperiodic medical or dental screenings outside of the SCDHHS's Periodicity Schedules are provided to beneficiaries from birth through the last day of the month of their twenty first (21) birthday, when medically necessary to identify and treat a suspected illness or condition that was not present at the regularly scheduled screening or to determine if there has been a change in a previously diagnosed illness or condition that requires additional services.

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SUPERSEDES: SC 12-012

Dental

Dental Services for recipients under the age of 21 include any medically necessary services are covered.

Vision

Tinted lenses are not a covered service  
Lens covered as a separate service (except replacement)  
Training lenses  
Protective lenses  
Oversized lenses are not covered  
Lenses for unaided VA less than 20/30 + -.50 sphere  
Plastic lenses for prescription less than + or -4 diopters  
Visual therapy or training is not covered  
There are no allowable benefits for optometric hypnosis, broken appointments, or charges for special reports.

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SUPERSEDES: New Page

3. Other Laboratory and X-Ray Services:

The Physician Services fee schedule rates are effective for services provided on or after the implementation date as outlined in the Physician Services methodology located at Attachment 4.19-B, Page 2a.2 Section 5. 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 rates were set as of July 11, 2011 and are effective for services provided on or after that date. All rates are published on the agency's website at [www.scdhhs.gov](http://www.scdhhs.gov).

4.b Early and Periodic Screening, Diagnosis and Treatment Screening Services:

*Medical:* The SCDHHS adopted the Bright Futures/ American Academy of Pediatrics (AAP) Medical Periodicity Schedule for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screening Services.

Reimbursement for EPSDT Screening Services is based on the Physician Services fee schedule rates effective for services provided on or after the implementation date as outlined in the Physician Section 5, Attachment 4.19-B, Page 2a.2. 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 rates were set as of July 11, 2011 and are effective for services provided on or after that date. All rates are published on the agency's website at [www.scdhhs.gov](http://www.scdhhs.gov).

*Dental:* The SCDHHS developed the South Carolina Dental Periodicity Schedule for EPSDT Dental Services effective for services provided on April 1, 2018 or after that date. Reimbursement for EPSDT Dental Services are based on the Dental Services fee schedule rates effective for services provided on or after the implementation date as outlined in the Dental Services Section 10 of Attachment 4.19-B. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. 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](http://www.scdhhs.gov).

*Additional services:* The SCDHHS allows coverage for additional services that are deemed medically necessary by the provider as outlined in the EPSDT Section 4.b, Attachment 3.1-A, Limitation Supplement, Page 2. Reimbursement for additional medically necessary services effective for services provided on April 1, 2018 or after that date are based on the Physician Services fee schedule rates as outlined in the Physician Section 5, Attachment 4.19-B, Page 2a.2. Except as otherwise noted in the plan, state-developed fee schedule rates for Physician services are the same for both governmental and private providers and those rates were set as of July 11, 2011. All rates are published on the agency's website at [www.scdhhs.gov](http://www.scdhhs.gov).

Immunizations:

Vaccines for Children Program. The appropriate Immunization Administration for Vaccine/Toxoids Current Procedural Terminology code will be reimbursed to Medicaid providers who administer immunizations in conjunction with an EPSDT screening or other billable service, as well as, for "shots only" visits. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The reimbursement for this service can be found at the Physician Services fee schedule effective for services provided on or after the implementation date as outlined in the Physician Services methodology located at Attachment 4.19-B, Page 2a.2 Section 5. The agency's fee schedule rates were set as of July 11, 2011 and are effective for services provided on or after that date. All rates are published on the agency's website at [www.scdhhs.gov](http://www.scdhhs.gov).

Payments for EPSDT Services that are not otherwise covered:

Services not listed as covered services in the state agency manuals/state plan will be provided if determined to be medically necessary by the appropriate agency staff or consultants. These are services that are not covered by South Carolina Medicaid and are not listed in any fee schedule. Several methodologies are employed to determine the appropriate reimbursement. The sequence that is employed is listed below:

SC 18-0004  
EFFECTIVE DATE: 04/01/18  
RO APPROVAL: 09/12/18  
SUPERSEDES: SC 12-026