

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility Services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided:       No limitations       With limitations\*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

Provided:       No limitations       With limitations\*

1905(a)(4)(C)

c. Family Planning

(i) Family planning services and supplies for individuals of child-bearing age and for individuals (including men) eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State. Family Planning services are available to all Medicaid beneficiaries and include medical and counseling services related to alternatives for birth control, pregnancy prevention services and STI/HIV testing and counseling/education prescribed and rendered by physicians, hospitals, clinics, pharmacies and other Medicaid providers.

Provided       No limitations       With limitations

Please describe any limitation.

- Charges incurred when a beneficiary enters an outpatient facility for sterilization purposes, but then opts out of the procedure
- Colposcopy and biopsy of cervix/vagina
- Removal of contraceptive implants due to medical complications

(ii) Family planning-related services provided under the above State Eligibility Option

d. 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other than tobacco cessation services*; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

\*describe if there are any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided:       No limitations       With limitations \*

\*Any benefit package that consists of *less than four (4) counseling sessions per quit attempt per 12 month period* should be explained below.

Please describe any limitations:

TN No. SC 11-023  
Supersedes  
TN No. SC 10-010

Approval Date 03/05/12

Effective Date 01/01/12

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5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided  with limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided:  No limitations  With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Provided:  No limitations  With limitations\*

Not Provided.

\*Description provided on attachment.