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State/Territory Name: SC

State Plan Amendment (SPA) #: 21-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

April 5, 2022

Mr. Joshua D. Baker, Director
South Carolina Department of Health & Human Services
P.O. Box 8206
Columbia, South Carolina 29202-8206

Attention: Sheila Chavis

RE: South Carolina State Plan Amendment (SPA) 21-0011

Dear Mr. Baker:

We have reviewed the proposed South Carolina State Plan Amendment, 21-0011, which was received by the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021. This plan amendment will remove an add-on code for component-based vaccine administration and counseling and reference the correct fee schedule date.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Moe Wolf at 410-786-9291 or Moshe.Wolf@CMS.HHS.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0011	2. STATE South Carolina
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 1, 2021	
5. TYPE OF PLAN MATERIAL (Check One): <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 438 42 CFR 441 42 CFR 447 77 FR 66669		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$ immaterial --- ((\$.4 million) x 76.83% x 1/12) b. FFY 2022 \$ <31 million> --- ((\$.4 million) x 76.95%) a. FFY 2021 (\$ 25,610) b. FFY 2022 (\$ 310,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B page, 2 Supplement 3 to Attachment 4.19-B, page 3 State Plan Basic Index page 66b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B page, 2 Supplement 3 to Attachment 4.19-B, page 3 State Plan Basic Index page 66b	
10. SUBJECT OF AMENDMENT: This plan amendment will remove an add-on code for component-based vaccine administration and counseling and reference the correct fee schedule date.			
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: Mr. Kerr was designated by the Governor to review and approval all State Plans.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Robert M. Kerr		South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
14. TITLE: Director			
15. DATE SUBMITTED: September 30, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/30/2021		18. DATE APPROVED: April 5, 2022	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/01/2021		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS: Pen and ink change to update fiscal impact in box 7 authorized via email on 11/9/2021 (MW) Pen and ink change to add State Plan Basic Index page 66b to boxes 8 and 9 authorized via email on 3/7/2022 (MW)			

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.

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.

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.

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.

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 September 1, 2021 and are effective for services provided on or after that date. All rates are published on the agency's website at <https://www.scdhhs.gov/resource/fee-schedules>.

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 21-0011
EFFECTIVE DATE: 09/01/21
RO APPROVAL: April 5, 2022
SUPERSEDES: SC 18-0004

99224 E/M SUBSEQ OBS CARE PER DAY,LEVEL 1	1/1/2011
99225 E/M SUBSEQ OBS CARE PER DAY,LEVEL 2	1/1/2011
99226 E/M SUBSEQ OBS CARE PER DAY, LEVEL 3	1/1/2011
99406 SMOK/TOBACCO CESSATION COUNS, 3-10 MIN	2/1/2012
99407 SMOK/TOBAC CESSATION, INTENSIVE<10MIN	2/1/2012
90460 IMMUN ADMIN <=AGE 18; ANY ROUTE,1ST VACC	1/1/2011

Physician Services – Vaccine Administration

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

Medicare Physician Fee Schedule rate

State regional maximum administration fee set by the Vaccines for Children program. The agency's fee schedule rates were set as of September 1, 2021 and are effective for services provided on or after that date. All rates are published on the agency's website at <https://www.scdhhs.gov/resource/fee-schedules>.

1.

Rate using the CY 2009 conversion factor

SC 21-0011
EFFECTIVE DATE: 09/01/21
APPROVAL DATE: April 5, 2022
SUPERSEDES: SC 13-001

Revision: HCFA-AT-94-8 (MB)
October 1994

State/Territory: South Carolina

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines Under the Pediatric Immunization Program

1928(c)(2) (i) A provider may impose a charge for the administration
(c)(ii) of a qualified pediatric vaccine as stated in
the Act the Act 1928(c)(2)(c)(ii) of the Act. Within this overall
provision, Medicaid reimbursement to providers will
be administered as follows:

(ii) The State:

X sets a payment rate at the level of the
Regional maximum established by the DHHS
Secretary.

is a Universal Purchase State and sets a
Payment rate at the level of the regional
maximum established in accordance with State
law.

sets a payment rate below the level of the
Regional maximum established by the DHHS
Secretary.

is a Universal Purchase State and sets a
Payment Rate below the level of the regional
maximum established by the Universal Purchase
State.

The State pays the following rate for the
administration of a vaccine:

1926 of (iii) Medicaid beneficiary access to immunization
the act is assured through the following methodology:

TN No. SC 21-0011
Supersedes
TN No. MA 04-003

Approval Date April 5, 2022

Effective Date 09/01/21