

## **Table of Contents**

**State/Territory Name: SOUTH CAROLINA**

**State Plan Amendment (SPA) #: SC-24-0020**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

October 31, 2024

Robert M. Kerr  
Director  
South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202-8206

RE: TN 24-0020

Dear Director Kerr,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed South Carolina State Plan Amendment (SPA) to Attachment 4.19-B 24-0020, which was submitted to CMS on September 30, 2024. This plan amendment updates the reimbursement methodology for Rehabilitative Therapy Services (OT, PT and ST).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 Ysabel Gavino via email at [Maria.Gavino@cms.hhs.gov](mailto:Maria.Gavino@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER 2 4 — 0 0 2 0	2. STATE S C
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.110; 1905(a)(11)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 704,516 b FFY 2025 \$ 2,823,736	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B, pages 2a, 2a.1, 3b		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  Attachment 4.19-B, pages 2a, 2a.1, 3b	
9. SUBJECT OF AMENDMENT  This SPA updates the reimbursement methodology for rehabilitative therapy services (OT, PT, and ST).			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED: Mr. Kerr was designated by the Governor to review and approve all State Plans.			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
12. TYPED NAME Robert M. Kerr			
13. TITLE Director			
14. DATE SUBMITTED September 30, 2024			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED September 30, 2024		17. DATE APPROVED October 31, 2024	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS			

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SC 24-0020  
EFFECTIVE DATE: 07/01/24  
APPROVAL DATE: October 31, 2024  
SUPERSEDES: SC 08-026

Orientation and Mobility Services

B. Orientation and Mobility Services are evaluation and treatment services provided to assist blind and visually impaired individuals achieve maximum independence. The fixed 15 minute rate, applied to both evaluation and treatment services as follows:

T1024/000	Orientation and Mobility Assessment
T1024/0TS	Orientation and Mobility Reassessment
T1024/0TM	Orientation and Mobility Services

This rate has been established at sixty percent (60%) of the average of the 2005 Medicare rates for the following three CPT codes:

97533	Sensory Integration
97535	Self Care Management Training
97537	Community/Work Reintegration

SC 24-0020  
EFFECTIVE DATE: 07/01/24  
APPROVAL DATE: October 31, 2024  
SUPERSEDES: SC 08-026

11.a. Physical Therapy/Occupational Therapy:

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11.b. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physical or occupational therapy services. Payments to physical therapists and occupational therapists are based on the following methodology:

- The Medicaid fee schedule rates for certain general therapy treatment services are set at 70% of the 2024 Medicare Physician Fee Schedule.
- The Medicaid fee schedule rates for all other physical therapy and occupational therapy services are set at 83% of the 2024 Medicare Physician Fee Schedule.
- The agency's Physical Therapy and Occupational Therapy fee schedule rates are effective for services provided on or after July 1, 2024. Medicaid Bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's web site at <http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp>.

The SCDHHS does not publish a fee schedule for Hospitals and Home Health services. The payment methodology for Hospital Services can be found at 4.19-B page 1a.1 and Home Health can be found at 4.19-B page 3a.

11.c. Speech/Language and Audiological Services:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of speech-language pathology or audiological services.

Payments to speech-language pathologists are based on the following methodology:

- The Medicaid fee schedule rates for speech/language therapy services are set at 83% of the 2024 Medicare Physician Fee Schedule except for the following codes:
  - The rate for 92507 is \$24.81 per 15-minute unit.
  - The rate for 92508 is \$11.60 per 15-minute unit.
- Speech-Language Therapy fee schedule rates are effective for services provided on or after July 1, 2024.

Payment to audiologists will be according to an established fee schedule as based on the methodology outlined in the Physician Section 5, Attachment 4.19-B, Page 2a.2. The Physician Services fee schedule rates are effective for services provided on or after the implementation date as outlined in the Physician Section 5, Attachment 4.19-B, Page 2a.2. Medicaid Bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's web site at <http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp>.

The SCDHHS does not publish a fee schedule for Hospitals and Home Health services. The payment methodology for Hospital Services can be found at 4.19-B page 1a.1 and Home Health can be found at 4.19-B page 3a.