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State/Territory Name: SOUTH CAROLINA

State Plan Amendment (SPA) #: 23-0016

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 19, 2023

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

RE: South Carolina State Plan Amendment (SPA) Transmittal Number 23-0016

Dear Director Kerr,

We have reviewed the proposed South Carolina State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 1, 2023. This plan amendment updates the reimbursement methodology for anesthesia services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2023. 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 at maria.gavino@cms.hhs.gov

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 6</u>	2. STATE <u>S C</u>
	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 <p style="text-align: center;">October 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.50	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>234,185</u> b FFY <u>2025</u> \$ <u>234,657</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Pages 2a.3, 3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Pages 2a.3, 3	

9. SUBJECT OF AMENDMENT

This SPA will update the reimbursement methodology for anesthesia services performed by anesthesiologists.

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.
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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 December 1, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED December 1, 2023	17. DATE APPROVED December 19, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	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

For those procedures that are not covered by Medicare, reimbursement is determined based on the following:

- o First, SCDHHS considers the rate paid by the South Carolina State Health Plan. SCDHHS obtains the State Health Plan fee schedule from the SC Public Benefit Authority (SCPEBA), the state agency responsible for administering benefits for state employees. If there is a rate for the service (code) on the SCPEBA fee schedule, but not Medicare, SCDHHS adopts the SCPEBA rate.
- o Second, if a service (code) is not covered by Medicare or SCPEBA, SCDHHS clinical staff identifies a service (code) that has a similar description/nature, intensity, and complexity to determine the reimbursement rate.
- o Third, if none of the options above are available, SCDHHS will obtain cost data from the provider related to the delivery of the service, and use that cost data to establish a rate.

Payment for vaginal deliveries is \$1,100. C-section deliveries are paid \$1000.

Application of Medicaid Fee Schedule to Physician Specialties

All Anesthesiologist's services (except anesthesia services) will be reimbursed at the Medicaid Physician base rate and pediatric subspecialty rate (when applicable) as described in Section 5 of this attachment. For anesthesia services the Anesthesiologist will be reimbursed at 88% of the 2022 Medicare physician fee schedule rate. The Anesthesiologist will be reimbursed at 60% of the Medicaid anesthesiologist base rate for providing medical directed supervision of Certified Registered Nurse Anesthetist (CRNAs). The agency's anesthesia fee schedule rates were set as of October 1, 2023 and are effective for services provided on or after that date. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at <http://www.scdhhs.gov/ServiceProviders/FeeSchedules.asp>.

Neonatologists and pediatric subspecialists are reimbursed at 140% of the Medicaid Physician fee schedule.

Pediatric sub-specialist providers are those medical personnel that meet the following criteria: a) have at least 85% of their patients who are children 18 years or younger; b) practice in the field of Adolescent Medicine, Cardiology,

6.a Podiatrists' Services:

Reimbursement is calculated at 100 percent of the Medicaid Physician Fee Schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at <https://www.scdhhs.gov/Providers/fee-schedules>.

6.b Optometrists' Services (Vision Care Services):

Reimbursement is calculated at 100 percent of the Medicaid Physician Fee Schedule. The agency's fee schedule rates were set as of July 1, 2020 and are effective for services provided on or after that date. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at <https://www.scdhhs.gov/Providers/fee-schedules>.

6.c Chiropractor's Services:

Reimbursement is calculated at 100 percent of the Medicaid Physician Fee Schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at <https://www.scdhhs.gov/Providers/fee-schedules>.

6.d Certified Registered Nurse Anesthetist (CRNA): CRNAs under the medical direction of a surgeon will be reimbursed at 90 percent of the Anesthesiologist reimbursement rate. CRNAs under the medical direction of an Anesthesiologist will receive 50 percent of the Anesthesiologist reimbursement rate. Refer to the Physician Services Section 5, in Attachment 4.19-B. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at <https://www.scdhhs.gov/Providers/fee-schedules>.

Nurse Practitioner: Reimbursement is calculated at 80 percent of the Medicaid Physician fee schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at <https://www.scdhhs.gov/Providers/fee-schedules>.

Physician Assistant: Reimbursement is calculated at 80 percent of the Medicaid Physician fee schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at <https://www.scdhhs.gov/Providers/fee-schedules>.

Psychologists: Psychological services are reimbursed at an established statewide fee schedule as determined in accordance with section 13.d of Attachment 4.19-B.

Licensed Registered Dietitian: The state developed fee schedule rate for this service effective on or after April 1, 2013, is \$27.82 per encounter and is paid to both private and governmental providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at <https://www.scdhhs.gov/Providers/fee-schedules>.

Licensed Pharmacist: Reimbursement is calculated at 80 percent of the Medicaid Physician fee schedule. The fee schedule payments are the same for both governmental and private providers. Medicaid bulletins informing the providers of the fee schedule rate changes, as well as the fee schedule itself, are available on the agency's website at <https://www.scdhhs.gov/Providers/fee-schedules>.

SC 23-0016

EFFECTIVE DATE: 10/01/23

APPROVAL DATE: December 19, 2023

SUPERSEDES: SC 23-0004