



****Please note that the Medicaid changes will take effect February 1, 2009, not January 1, 2009 unless otherwise noted****

Also, note that specific Medicaid bulletins regarding these changes will be sent.

Medicaid will no longer cover nutritional supplements for those enrolled in waiver programs, including the Community Long Term Care and HIV waivers, and for those with End Stage Renal Disease. Please note that many nutritional supplements can be purchased through the state's food stamp program.

Waiver beneficiaries will receive a maximum of seven (7) home delivered meals per week.

Medicaid will suspend reimbursement for the construction of home wheelchair ramps.

Women applying for the Medicaid Breast and Cervical Cancer Program must be first screened through the South Carolina Breast and Cervical Cancer Early Detection Program (Best Chance Network). This does not affect those currently eligible for the program. Effective January 1st.

Adult chiropractic visits will be limited to eight (8) per year.

Psychological counseling sessions will be limited to six (6) per year.

Utilization limits will be applied to Speech/Language, Occupational, and Physical Therapies provided to children through private therapists. All therapies will be limited to 50 hours per year with the exception of Speech/Language which will have a maximum utilization limit of 100 hours per year for children aged 0-8.

Hospice coverage will be limited to Medicaid beneficiaries who are also eligible for Medicare. Participants in the Community Long Term Care waiver will have the option of receiving the hospice benefit, but other services would be eliminated.

Home Health visits will be reduced from 75 per year to 50 per year (effective March 1, 2009).

Medicaid will no longer cover Panorex dental x-rays of children under the age of 8. In addition, Medicaid will reimburse for dental sealants on permanent molars for beneficiaries ages 6-15. **This is a clarification of an earlier announcement. We regret the previous error.**

DME changes: Medicaid will no longer cover alcohol swabs; Medicaid will restrict the use of cranial bands; Medicaid will now pay for one nebulizer every two years; nebulizer supply kits will be reduced from 31 per month to 15 per month. Manual wheelchairs will be rent to purchase only.

Medicaid will no longer cover expectorants or cough and cold medicine.

Medicaid will now cover one (1) routine physical for adults every five years.

Medicaid will no longer cover additional physician visits beyond the 12 allowed for the general Fee For Service population. This does not apply to beneficiaries enrolled in MCOs, MHNs and certain special populations, such as oncology patients.

Medicaid will no longer cover emergency adult dental procedures. **These changes do not apply to those in the MR/RD waiver.**

Medicaid will no longer cover podiatry services except when indicated through EPSDT and QMB.

Medicaid will no longer cover after-hours code 99051. Effective January 1st.

Medicaid will no longer cover adult vision services.

Billing for specific procedure codes may be limited or eliminated. Further information will be provided to you.

Additional information about changes to co-payments will also be sent to you.

If you have questions regarding the content of the bulletin, please contact your Medicaid program manager.

Medicaid Bulletins can also be found at the South Carolina Department of Health and Human Services' web site: www.scdhhs.gov

Thank you.