

June 3, 2021
MB# 21-004

MEDICAID BULLETIN

TO: All Providers

SUBJECT: SCDHHS Policy Updates for July 1, 2021

The South Carolina Department of Health and Human Services (SCDHHS) is announcing updates to several policies. The updates are described below and are effective for dates of service beginning July 1, 2021.

Recognition of Licensed Addiction Counselors (LACs) as Licensed Practitioners of the Healing Arts (LPHAs)

Effective July 1, 2021, LACs (master's degree and above) will be added to the [Rehabilitative Behavioral Health Services \(RBHS\) Manual](#) under the list of LPHAs. This change is being made to align with the South Carolina Department of Labor, Licensing and Regulation's (LLR) recognition of LACs.

Please direct any questions or concerns regarding this change to the SCDHHS Division of Behavioral Health at (803) 898-2565.

Current Dental Terminology (CDT) Code Usage for Healthy Connections Dental Providers

Effective for dates of service on and after July 1, 2021, SCDHHS is transitioning from Current Procedural Technology (CPT) codes to CDT procedure codes for dental services. As a result of this transition, all dental providers, including oral surgeons, must use CDT procedure codes for reporting services rendered to Healthy Connections Medicaid members. All dental services must be filed on an American Dental Association (ADA) claim form and all dental claims must be filed to DentaQuest, the SCDHHS dental administrative services organization. Dental providers must continue to follow the policies and procedures as defined in the Dental Services Provider Manual.

The transition from CPT procedure codes to CDT procedure codes resulted in several necessary policy updates, which are also effective July 1, 2021. These changes include updates to the benefit limitations and criteria for diagnostic and oral surgery procedure categories and the description of services for the emergency and exceptional medical conditions. The benefit limitations for diagnostic services supersedes those issued for COVID-19 temporary dental policies. These policy updates are detailed in Appendix B of the Dental Services Provider Manual. The Change Control Record identifies all policy revisions effective July 1, 2021.

Updated policy language will be available in the [Dental Services Provider Manual](#) by July 1, 2021.

For questions regarding this change, please contact the DentaQuest Provider Call Center at (888) 307-6553.

Increase to Annual Maximum for Adult Dental Preventative Benefit

Effective for dates of service on and after July 1, 2021, SCDHHS is increasing the adult dental preventative benefit annual maximum to \$1,000 per state fiscal year. Dental services that are subject to the annual maximum limitation include preventative, restorative and dental extractions.

A [public notice](#) regarding this benefit update was published May 7, 2021. Updated policy language will be available in the [Dental Services Provider Manual](#) by July 1, 2021.

For questions regarding this change, please contact the DentaQuest Provider Call Center at (888) 307-6553.

Conflict Free Case Management

Effective July 1, 2021, SCDHHS will require that providers of waiver case management services not provide any other waiver services to the same individual. This change is being made in coordination with the transition framework approved by the Centers for Medicare and Medicaid Services (CMS) to comply with federal regulations designed to limit any potential conflict between an individual's choices of service providers, the assessment and coordination of services and the delivery of services. Specifically, the regulations prevent providers of home and community-based services (HCBS) from providing case management or developing a waiver participant's person-centered service plan if they have an interest in or are employed by a provider of HCBS for the individual receiving waiver program services.

The CMS-approved transition framework allows for a phased plan to de-conflict waiver participants served by the South Carolina Department of Disabilities and Special Needs network over a three-year period (Jan. 1, 2021 – Dec. 31, 2023).

Updated policy language will be available in the [Community Long-Term Care Provider Manual](#) by July 1, 2021.

Coverage for Newborn Circumcisions

SCDHHS will provide coverage for routine newborn circumcisions without the necessity for prior approval effective for dates of service on or after July 1, 2021. This policy change affects male newborns whose birth is covered by fee-for-service Healthy Connections Medicaid. Routine male circumcision is already a covered benefit for Healthy Connections Medicaid members who are enrolled in a managed care organization (MCO). This policy change does not affect coverage for newborns who are covered by an MCO but is being made to ensure comprehensive care and promote consistency across the array of covered benefits.

Coverage will include services rendered under CPT codes 54150 and 54160 for those 28 days old and younger. Male Healthy Connections Medicaid members requiring medically necessary circumcision who exceed this age limit will require prior authorization as outlined in the Physicians Services Provider Manual. The most current version of the provider manual is available on the [SCDHHS website](#).

Please refer any questions or concerns regarding this policy update to the SCDHHS Provider Service Center at (888) 289-0709. The Provider Service Center's hours of operations are 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid Program.

/s/
Robert M. Kerr