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 MB# 23-065

MEDICAID BULLETIN

TO: Registered Dietitians
SUBJECT: Dietitian Services Rate Increases

Effective for dates of service on or after Jan. 1, 2024, the South Carolina Department of Health and Human Services (SCDHHS) is updating the payment methodology and reimbursement rates for dietitian services. Dietitian providers are advised SCDHHS also announced significant updates to the nutritional counseling benefit for full-benefit Healthy Connections Medicaid members will be made in the [Physician Services provider manual](#). Those changes are described in [Medicaid bulletin MB# 23-060](#) and are also effective for dates of service on or after Jan. 1, 2024.

The reimbursement rates for registered dietitians will be set at 75% of the 2022 Medicare physician fee schedule and are shown in the table below. Please note an additional procedure code has been added for group nutrition therapy as described in [Medicaid bulletin MB# 23-060](#).

Procedure Code	Description	Jan. 1, 2024 Rate
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$26.50
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$23.05
97804	Medical nutrition therapy; group (2 or more individual(s), each 30 minutes	\$12.29

The reimbursement rates will be updated in the Other Professional Dietitian [fee schedule located on SCDHHS' website](#) by Jan. 1, 2024.

Providers should direct questions related to this bulletin to the Provider Service Center (PSC). PSC representatives can be reached at (888) 289-0709 from 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday. Providers can also submit an online inquiry at: <http://www.scdhhs.gov/contact-us>.

South Carolina's Medicaid managed care organizations (MCOs) are responsible for the coverage and reimbursement related to the services described in this bulletin for Healthy Connections Medicaid members who are enrolled in an MCO.

Resources Providers Can Use to Help with Medicaid Member Annual Reviews

As SCDHHS continues its federally required review of Medicaid member eligibility, a process frequently referred to as “unwinding,” it is reminding providers of resources available to them that can help with this process. SCDHHS has produced several member-facing communications and marketing items and is encouraging providers to post its “submit your review, when it’s time to renew” flyer in patient-facing areas. The flyer is available for download from SCDHHS’ website in [English](#) and in [Spanish](#) along with other [provider resources](#) on [SCDHHS’ annual reviews website](#).

The Centers for Medicare and Medicaid Services have also produced outreach and educational resources about this process that are [available on their website](#).

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

/s/

Robert M. Kerr