

Covered Services



The list below shows the services and items Healthy Connections Prime covers.

<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Acupuncture for chronic low back pain • Alcohol misuse screening and counseling • Ambulance services • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiac (heart) rehabilitation services • Cardiovascular (heart) disease risk reduction visit (therapy for heart disease) • Cardiovascular (heart) disease testing • Cervical and vaginal cancer screening • Chiropractic services • Colorectal cancer screening • Counseling to stop smoking or tobacco use • Dental services • Depression screening • Diabetes screening • Diabetic self-management training, services and supplies • Durable medical equipment and related supplies • Emergency care • Family planning services • Health and wellness education programs • Hearing services • Help with certain chronic conditions • HIV screening • Home health agency care • Home infusion therapy • Hospice care • Immunizations • Incontinence supplies • Infusion therapy • Inpatient hospital care • Inpatient mental health care • Inpatient services covered during a non-covered inpatient stay 	<ul style="list-style-type: none"> • Kidney disease services (for example, dialysis), supplies and training • Lung cancer screening • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Medicare Part B prescription drugs • Non-emergency medical transportation • Nursing home care • Nursing home transition services • Obesity screening and therapy • Opioid treatment services • Outpatient diagnostic tests and therapeutic services and supplies (for example, lab tests, X-rays, imaging) • Outpatient hospital services • Outpatient mental health care • Outpatient rehabilitation services (physical, occupational and speech therapy) • Outpatient substance abuse services • Outpatient surgery • Palliative care • Partial hospitalization services • Physician/provider services, including doctor's office visits and specialist services • Podiatry services • Prostate cancer screening exams • Prosthetic devices and related supplies • Pulmonary rehabilitation services • Sexually transmitted infections (STIs) screening and counseling • Skilled nursing facility care • Supervised exercise therapy (SET) • Targeted case management (TCM) • Telemedicine • Urgently needed care • Vision care • "Welcome to Medicare" preventive visit
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Some of the services listed are covered only if the member receives a prior authorization from the plan first. In other cases, the member must receive a referral from their primary care provider first. Chapter 3 of each plan’s member handbook has more information about getting a prior authorization and referral. Chapter 4 of each plan’s member handbook has more information about which services and items need a prior authorization and/or referral.

Depending on the plan, there may be a small copayment or some restriction (such as a maximum amount per year) for a few services or items covered by Medicaid but not by Medicare. Each plan’s summary of benefits and member handbook will contain information about which service or item requires a copayment.

Waiver Services Operated by Community and Long Term Care (CLTC)

Long-term services and supports (LTSS) help meet members’ daily needs for assistance and help improve the quality of their lives. Most of these services are provided in their home or in their community, but they could also be provided in a nursing home or hospital.

LTSS are available to members who are on certain waiver programs operated by the Community and Long Term Care (CLTC) division of Healthy Connections Medicaid. These waivers are the Community Choices Waiver, the HIV/AIDS Waiver and the Mechanical Ventilator Dependent Waiver. The type and amount of LTSS depends on the waiver the member is on.

If you think a member needs LTSS, you can talk to their care coordinator or care manager about how to access them. Some plans will cover these services even if the member is not on a waiver, if the plan determines the services are medically necessary.

Below are examples of long-term services and supports (LTSS):

<ul style="list-style-type: none"> • Adult day health care and nursing • Case management and coordination of these waiver services • Companion services • Home delivered meals • Minor home adaptations • Personal and attendant care 	<ul style="list-style-type: none"> • Personal emergency response system • Private duty nursing • Some nutritional supplements • Specialized medical equipment and supplies • Temporary relief for the caregiver (institutional and in-home respite)
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For More Information

Visit our Provider FAQs page on our website ([click here](#)) to learn more details about the program and how you can participate. Additionally, you can email PrimeProviders@scdhhs.gov for help with a specific question or concern.