SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

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MEDICAID BULLETIN

TO: **Physicians**

SUBJECT: **Physician Services Provider Manual Updates**

The South Carolina Department of Health and Human Services (SCDHHS) is announcing updates to its Physicians Services Provider Manual. The policy changes described in this bulletin are effective for dates of service on or after Oct. 1, 2026.

Enhanced Liver Fibrosis (ELF) Testing
SCDHHS will add coverage for ELF testing, which is a blood test used to diagnose the risk of disease progression in patients with advanced metabolic dysfunction-associated steatohepatitis (MASH). It provides a prognostic score for advanced fibrosis in patients who already have MASH, helping doctors monitor disease progression without invasive biopsies. The coverage criteria and prior authorization requirement for the ELF test billed with the Current Procedural Terminology code 81517 is as follows:

Procedure Code	Code Description	Frequency and Clinical Criteria	Prior Authorization
81517	Test for liver disease	Allowed one test per six months for members aged 12 years and older with at least one of the following diagnoses: • Type II diabetes mellitus • Chronic hepatitis B (HBV) or chronic hepatitis C (HCV) viral infection • Metabolic dysfunction-associated steatotic liver disease (MASLD), including suspicion of advanced metabolic dysfunction-associated steatohepatitis • Alcoholic hepatitis • Elevated liver stiffness measurement to rule out compensated advanced chronic liver disease	Yes

Prostate Cancer Screening
SCDHHS will update its prostate cancer screening policy to align with updates to standard of care recommendations. Prostate cancer screening will be covered for full-benefit Healthy Connections Medicaid members age 50 years and older.

These policy updates will be published in the Physician Services Provider Manual by Oct. 1, 2026. The reimbursement rate will be updated in the respective physician fee schedules available on SCDHHS' website by Oct. 1, 2026.

Anti-Kickback Policy
SCDHHS is reminding providers of its anti-kickback policy published in the Provider Administrative and Billing Manual to ensure compliance with state and federal laws.

The South Carolina Medicaid Program strictly prohibits all forms of provider kickbacks and self-referrals as outlined in S.C. Code § 44-113-60 and 42 USC § 1320a-7b(b). Violations of either statute may result in administrative, civil and/or criminal penalties, up to and including program termination and referral to law enforcement authorities.

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

Providers should direct any 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 https://www.scdhhs.gov/providers/contact-provider-representative.

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

/s/
Eunice Medina