

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 your doctor or other network provider gets approval from your health plan first. This is called a *prior authorization*. In other cases, your primary care provider must give you approval before you can see other network providers. This is called a *referral*. Chapter 3 of each health 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 your 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. Please see your plan’s summary of benefits or chapter 4 of your member handbook for 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 your daily needs for assistance and help improve the quality of your life. Most of these services are provided in your home or in your 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 you are on.

If you think you need LTSS, you can talk to your care coordinator or care manager about how to access them and whether you can join one of these waivers. Some plans will cover these services even if you are not on a waiver, if they determine the services are medically necessary.

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

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

Call the SC Thrive Customer Service Center at (800) 726-8774, Monday-Friday, 8:30 a.m. – 5:00 p.m. TTY users call 711. This call is free.