

# ProviderAlert

**To:** Select Health of South Carolina Providers  
**From:** Select Health Provider Network Management  
**Date:** May 7, 2024  
**Subject:** Quarter 1 2024 Medicaid Coverage Updates

**Summary:** To help ensure our provider network is up to date on Medicaid coverage changes, Select Health would like to remind you of the following Medicaid coverage updates which became effective during the first quarter of 2024.

Links are provided to the South Carolina Department of Health and Human Services (SCDHHS) Medicaid Bulletins and updates will be included in the [Select Health Provider Manual](#) for guidance. Providers may also search for Medicaid Bulletins on the SCDHHS website at <https://www.scdhhs.gov/providers>.

**Effective Date:** January 1, 2024

❖ **Hospital Based Crisis Stabilization**

Healthy Connections Medicaid members are covered for hospital-based crisis stabilization services. These services are available for reimbursement to hospitals that have constructed behavioral health emergency units for crisis stabilization separate from the hospital's general emergency department. For more information and guidance, [see MB 23-062, Addition of Hospital-based Crisis Stabilization Services](#).

❖ **Multisystemic Therapy (MST) for Intensive In-home Service**

Coverage of Multisystemic Therapy (MST) has been added to the Medicaid State Plan. MST is an intensive, evidence-based family and community-based treatment that addresses the externalizing behaviors of youth who have significant clinical impairment in disruptive behavior, mood/or substance use. This program focuses on youth ages 11-18 years old who are at high risk of out-of-home placement or may be returning home from a higher level of care. MST services will be reimbursed with a bundled per diem rate. In lieu of prior authorization, each service is structured to have a standard number of encounters and length of time to utilize those encounters. For more information and guidance, see [MB 23-070, Addition of Multisystemic Therapy \(MST\) for Intensive In-home Service](#).

### ❖ **Nutrition Counseling Services**

Updates to the Nutritional Counseling benefit for full-benefit Healthy Connections Medicaid members include:

- Increasing the service limit on medical nutrition therapy to 12 hours per state fiscal year.
- Covering medical nutrition therapy when used to treat eating disorders.
- Consolidating covered procedure codes across provider types and age groups (procedure codes previously varied both by rendering provider and the age of the Medicaid member who was receiving services); and
- Reimbursing for medical nutrition therapy when delivered via telehealth.

Medicaid managed care organizations (MCOs) are responsible for the coverage and reimbursement related to the services described for Healthy Connections Medicaid members who are enrolled in an MCO. For more information and guidance, see [MB 23-060, Nutritional Counseling Services Benefits Update](#).

### ❖ **Cochlear Implants and Related Services**

Coverage for cochlear implants and related services has been extended to full-benefit Healthy Connections Medicaid members aged 21 years and older. Cochlear implants and related services are already a covered benefit for full-benefit Healthy Connections Medicaid members under 21 years of age. Members aged 21 years and older with unilateral or bilateral severe to profound sensorineural hearing loss will be covered to receive placement, replacement and maintenance of cochlear implants that have prior authorization and are delivered in accordance with the clinical standards of medical and audiological practices. Providers are to submit prior authorization request to Select Health Population Health via the NaviNet provider portal (preferred method), by completing the prior authorization request form located on the Select Health website, and by faxing it to 1-866-368-4562, or by calling 1-888-559-1010. For more information and guidance, see [MB 23-064 Cochlear Implants and Related Services](#).

**Effective Date: February 1, 2024**

❖ **Organ Transplants**

SCDHHS has shifted reimbursement responsibility for pre-transplant periods and transplant events to Medicaid Managed Care Organizations (MCOs). MCOs will be responsible for reimbursing providers for all services associated with medically necessary organ transplants and transplant-related services (pre, during and post) for Medicaid members enrolled in their MCO. This announcement does not change services covered for Healthy Connections Medicaid members. For more information and guidance, see [MB 24-004, Updates to Reimbursement Process for Organ Transplants and Managed Care Organizations \(MCOs\)](#).

❖ **Reimbursement for Developmental Evaluation Center (DEC) Services**

SCDHHS has shifted reimbursement responsibility for services rendered through Developmental Evaluation Centers (DECs) to Medicaid Managed Care Organizations (MCOs) for Medicaid members who are enrolled in an MCO. No authorization is required for Select Health members. For more information and guidance, see [MB 24-003, Updates to Reimbursement Process for Developmental Evaluation Center \(DEC\) Services and Managed Care Organizations \(MCOs\)](#).

Visit the Provider section of the Select Health website for more information, news, and resources for providers. If you need assistance regarding this communication, or other issues, please contact your Account Executive or Select Health's Provider Network Management leadership.