Fringe Benefit Group

August 20, 2024

DIVISION OF
OPERATIONS AND SUPPORT

SEP - 4 2024

SOUTH CAROLINA
DEPARTMENT OF EDUCATION

c/o Wanda Pontoo
South Carolina Department of Education
Room A371-2 428 Wholesale Lane
West Columbia, SC 29172

Reference – List of Services Coverage Eligibility Questionnaire

Dear, Ms Pontoo,

Attached is the completed questionnaire.

If you need additional information, please feel free to reach out to me again.

Sincerely,

Patty Moore
Claims Manager.

AUG 19 2024

STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

July 8, 2024

Fringe Benefit Group
PO Box 21854
Eagan, MN 55121

To Whom It May Concern:

The State of South Carolina's Department of Education (SCDE) is requesting information from healthcare insurance companies providing healthcare insurance coverage to students ages 3-21 throughout South Carolina, and your organization has been identified as a primary insurance company currently providing health insurance coverage to students in South Carolina.

The following services are rendered in school-based settings by providers who are licensed, certified, or supervised and work within their scope of practice based on the South Carolina Department of Labor, Licensing and Regulation requirements and guidelines established by the South Carolina Department of Health and Human Services' Medicaid policy:

1. Physical therapy
2. Occupational therapy
3. Audiology services
4. Rehabilitative Behavioral Health Services (RBHS)/Mental health or addiction counseling services (e.g., psychotherapy, crisis management, etc.)
5. Speech services
6. Psychological testing and evaluation
7. COVID-19 Testing
8. COVID- 19 Vaccine Administration

The SCDE would like to know if your company's healthcare plan(s) cover any of the services listed above. Included you will find SCDE's School-Based Service Sheet which identifies the procedure codes, procedure descriptions, and modifiers that will be/are utilized in school-based settings for academic year 2024-2025. If your plan reimburses for any of the procedure codes listed when the service is rendered

ELLEN E. WEAVER · STATE SUPERINTENDENT OF EDUCATION
428 WHOLESALE LANE · WEST COLUMBIA, SC 29172
PHONE: 803-734-8500 · FAX: 803-734-3389 · ED.SC.GOV

in a school-based setting, please communicate this within the School-Based Service Sheet by placing a check mark within the column that says "Yes" or typing the word 'Yes.' Enter the word 'No' or place a check mark in the column that says "No" if your company does not provide reimbursement for the services when rendered in a school- based setting.

Responding to this letter is beneficial to both the school districts throughout South Carolina and your organization. In 2017, Medicaid began to require that school districts submit claims to primary/third-party insurers prior to billing Medicaid when a student receives services in a school-based setting and has health insurance coverage by a primary/third-party insurer.

Currently, school districts in South Carolina must submit a claim to a student's primary insurance company, receive a denial from the primary insurance company, and then bill Medicaid after the denial is received from the primary insurance company (documentation of the denial from the primary/third-party insurer must be attached to the Medicaid claim) for each service rendered by the school district. This is both, time consuming and burdensome for school districts, particularly when the school district knows that they will receive a denial from the third-party due to non-coverage, and the school district does not have the bandwidth or capacity to carry out the task (i.e., rural school districts). To alleviate this burden, the South Carolina Department of Health and Human Services (SCDHHS) will allow districts to bypass the process of submitting the claim to the primary/third-party insurer (just to receive a denial), if there is a letter from the primary/third-party insurer (on the third-party/primary insurer's company letterhead) which states that they do not cover the services identified in the School-Based Service Sheet when provided in a school-based setting. Therefore, the school districts throughout SC need your organization to respond to this letter. Your response is imperative, and districts are relying on you to alleviate the administrative burden of submitting unnecessary claims to your organization if you do not cover the services identified in the School-Based Service Sheet included with this letter.

Responding to this letter also benefits your organization as your organization can avoid receiving and processing claims from up to 74 school districts for up to approximately 200,000 students within the state of South Carolina (Note: it is unknown how many students your organization provides coverage to at this time).

The SCDE's Office of Medicaid Services (OMS) appreciates your response to this letter, as school districts continue to provide medically necessary services to students throughout South Carolina and the OMS continues to assist school districts throughout South Carolina in streamlining the third- party billing process.

Please forward your information/response using your company's letterhead which ensures authenticity to Wanda Pontoo, Administrative Coordinator, South Carolina Department of Education, Room A371-2, 428 Wholesale Lane, West Columbia, SC 29172 via email wpontoo@ed.sc.gov. If you have questions regarding this survey, please contact Wanda Pontoo at (803) 734-8371 or email wpontoo@ed.sc.gov.

Thank you in advance for your time and assistance with this matter.

Sincerely,

Vanesha Perrin
Director, Office of Medicaid Services

Enclosure: School-Based Service Sheet

OFFICE OF MEDICAID SERVICES
2024 – 2025 SCHOOL-BASED SERVICE SHEET
THIRD-PARTY CARRIER SURVEY

Third Party Carrier Name: Fringe Benefit Group

Audiology Services				
Procedure Code	**Procedure Code Description**	**Modifier**	**Yes**	**No**
92552	Pure tone audiometry (threshold); air	-		x
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	-		x
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52		x
92567	Tympanometry (impedance testing)	-		x
92568	Acoustic reflex testing; threshold	-		x
Audiology - Hearing Aid Examination and Selection				
Procedure Code	**Procedure Code Description**	**Modifier**	**Yes**	**No**
92584	Electrocochleography	-		x
92590	Hearing Aid Examination and Selection; Monaural	-		x
92592	Hearing Aid Check; Monaural	-		x
92592	Hearing Aid Re-Check; Monaural	52		x
92626	Evaluation of Auditory Rehabilitation Status, First Hour	-		x
V5011	Fitting/Orientation/ Checking of Hearing Aid	-		x
V5090	Dispensing Fee; Unspecified Hearing Aid	-		x
V5275	Ear Impression, Each- (One-Bill 1 Unit)	-		x
V5275	Ear Impression, Each - (Both-Bill 2 Units)	-		xx

Physical Therapy

Procedure Code	Procedure Code Description	Modifier	Yes	No
97110	Individual physical therapy – Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	GP		x
97150	Group physical therapy. Therapeutic procedure(s) (Group of 2 or more individuals)	GP		x

Speech Evaluation

Procedure Code	Procedure Code Description	Modifier	Yes	No
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)	-		x
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);	-		x
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	-		x
92524	Behavioral and qualitative analysis of voice and resonance	-		x
92610	Evaluation of oral and pharyngeal swallowing function	-		x
S9152	Re-evaluation of speech, language, voice, communications, and/or auditory processing	-		x

Speech Therapy

Procedure Code	Procedure Code Description	Modifier	Yes	No
92507	Individual Speech Therapy-Treatment of speech, language, voice, communication and/or auditory processing disorder.	-		x
92508	Group Speech Therapy - Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two or more individuals	-		x
92526	Treatment of swallowing dysfunction and/or oral function for feeding	-		x

Telehealth

(formerly known as Telemedicine)

Procedure Code	Procedure Code Description	Modifier	Yes	No
Q3014	Telehealth – Originating Site Facility Fee	-		x

99366	Service Plan Development with Client/Family	-		X
99367	Service Plan Development without Client/Family	-		X

Psychotherapy Services

Procedure Code	Procedure Code Description	Modifier	Yes	No
90832	Individual Psychotherapy - Face- to-Face for 30 minutes	AH		
		HO		X
90834	Individual Psychotherapy - Face- to-Face for 45 minutes per session	AH		
		HO		X
90837	Individual Psychotherapy - Face- to-Face – 60 minutes per session	AH		
		HO		X
90853	Group Psychotherapy - Hour session	AH		
		HO		X
90849	Multiple Family Group Psychotherapy - Hour session	AH		
		HO		X
90846	Family Psychotherapy - without Client - Hour session	AH		
		HO		X
90847	Family Psychotherapy - with Client - Hour session	AH		
		HO		X

Crisis Management

Procedure Code	Procedure Code Description	Modifier	Yes	No
H2011	Crisis Management	AH		
		HO		X
		HN		