**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 44‑7‑268 SO AS TO REQUIRE CERTAIN DENTAL SERVICES AND ITEMS TO BE COVERED UNDER THE MEDICAID INCURRED MEDICAL EXPENSES PROGRAM FOR NURSING HOME RESIDENTS AND TO SET FORTH THE REIMBURSEMENT PROCESS FOR DENTAL SERVICE PROVIDERS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 3, Chapter 7, Title 44 of the 1976 Code is amended by adding:

“Section 44‑7‑268. (A) The South Carolina Department of Health and Human Services shall require the following services and items to be covered under the Medicaid Incurred Medical Expenses program for nursing home residents in addition to existing covered services and items, if medically necessary and prescribed or ordered by a health care provider who is legally authorized to prescribe or order such services and items:

(1) periodontal scaling and root planing, not to exceed $143.00;

(2) repair or replace broken clasp, not to exceed $133.00;

(3) add clasp to partial denture, not to exceed $133.00;

(4) reline complete maxillary denture, not to exceed $185.00;

(5) reline complete mandibular denture, not to exceed $185.00;

(6) reline maxillary partial denture (chairside), not to exceed $157.00;

(7) reline mandibular partial denture (chairside), not to exceed $157.00

(8) reline complete denture‑max‑lab hard (chairside or lab), not to exceed $242.00;

(9) reline complete denture‑mand‑lab hard (chairside or lab), not to exceed $233.00;

(10) surgical removal of erupted tooth with elevation of mucuperiosteal flap and/or removal of bone, not to exceed $143.40;

(11) surgical removal of residual tooth roots, not to exceed $151.20;

(12) alveoloplasty in conjunction with extractions per quadrant, not to exceed $141.00;

(13) alveoloplasty without extraction, not to exceed $193.00;

(14) removal of torus palatinus, not to exceed $162.00;

(15) removal of torus mandibularis, not to exceed $162.00; and

(16) additional noncovered medical expenses recognized by state law but not covered by Medicaid, not to exceed one hundred dollars per service or item.

(B) Upon submission of a request by the dental services provider to the department for a deduction pursuant to this section, the department shall process the request within thirty days of receipt. The department shall report the approval or disapproval of the deduction directly to the nursing home and dental services provider.

(C) If the nursing home is the representative payee for the resident’s social security income, the dental services provider is not required to bill the responsible party, but may be paid from the resident’s financial resources received by the nursing home. The nursing home shall pay the dental services provider within thirty days of receipt of the funds, to the extent the payment is authorized as a deduction by the department.

(D) If the nursing home is not the representative payee for the resident’s social security income, the dental services provider shall bill the responsible party unless the nursing home agrees to pay the dental services provider from the resident’s financial resources received by the nursing home. The dental services provider has the right to bill the responsible party for the authorized deduction in the event the funds are not forwarded to the nursing home by the responsible party. However, the nursing home is not directly liable to the dental services provider for payment of the dental services.”

SECTION 2. This act takes effect upon approval by the Governor.

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