

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
June 5, 2009

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MEDICAID BULLETIN

TO: Medicaid Providers

**SUBJECT: I. Modification to Psychiatric and Counseling Services
II. Modification to Chiropractic Services
III. Syvek Patch Update
IV. Labor and Delivery Reimbursement Update**

South Carolina Department of Health and Human Services (SCDHHS) will make the following changes effective with dates of service on or after *July 1, 2009*:

I. Modification to Psychiatric and Counseling Services

SCDHHS will update and modify the Psychiatric and Counseling services policy. Eligible Medicaid beneficiaries, regardless of age, will now be allowed **twelve** (12) mental health psychiatric and counseling visits per state fiscal year (SFY). The SFY begins July 1 and goes through June 30. Inpatient services will be excluded from the limit count. Please remember Current Procedural Terminology (CPT) codes 90801 (Psychiatric Diagnostic Interview), 90862 (Pharmacological Management) and 90882 (Environmental Intervention) are not included in the twelve mental health visit limit.

The Mental Health Form, which allows for the review and potential authorization of additional counseling sessions, has been modified. The new form is attached and available on our website at www.scdhhs.gov.

II. Modification to Chiropractic Services

SCDHHS has modified the Medicaid policy regarding Chiropractic Services. Eligible Medicaid beneficiaries, regardless of age, are allowed **eight** (8) chiropractic visits SFY.

III. Syvek Patch Update

SCDHHS will restore coverage of the Syvek Patch. ESRD Clinic providers will be reimbursed at the current fee schedule rate for Syvek Patches (CPT A4913) administered to eligible patients.

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SCDHHS will make the following change effective with dates of service on or after August 1, 2009:

IV. Labor and Delivery Reimbursement Update

SCDHHS will update the Medicaid fee schedule for reimbursement of Labor and Delivery. These procedures, which include Current Procedure Terminology (CPT) codes, 59409, 59514, 59612 and 59620, will be restored to \$1,200.00 as directed by the SFY 2010 Appropriations Act. This rate will not be retroactive; it is effective for claims with a date of service on or after August 1, 2009.

For additional information on these policy updates, please refer to the Physicians, Laboratories, and Other Medical Professionals Manual, and the Hospital Services Provider Manual. The most current versions of the provider manuals are maintained on the SCDHHS website at www.scdhhs.gov. If you have any questions regarding this bulletin or any other Medicaid billing or policy questions, please contact your Program Representative in the Division of Physician Services at (803) 898-2660, or the Division of Hospital Services at (803) 898-2665. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/S/
Emma Forkner
Director

EF/mgws

Note: To receive Medicaid bulletins by email, please register at bulletin.scdhhs.gov/. To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions.

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Department of Health and Human Services
 Physician Services
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FILL OUT COMPLETELY TO AVOID DELAYS

Patient's Name:		Service Location Address:	
Medicaid ID #:		City, State & Zip Code	
Date of Birth:		Group NPI:	
Individual NPI:			

DSM-IV TR Diagnosis

Axis I _____ / _____ / _____ Axis II _____ / _____ Axis III _____ / _____

Date first seen: _____ **Date of last service:** _____ **Frequency of Counseling Visits:** _____

Current Clinical Information: (Circle each. Scale 0=None, 1=Mild, 2=Moderate, 3=Severe, 4=Extreme)

Aggression	0 1 2 3 4	Depression	0 1 2 3 4	Relationship Problems	0 1 2 3 4
Abuse/PTSD	0 1 2 3 4	Hallucinations	0 1 2 3 4	Sleep Disturbance	0 1 2 3 4
Anxiety/Panic	0 1 2 3 4	Impulsivity	0 1 2 3 4	Substance Abuse	0 1 2 3 4
Appetite Disturbance	0 1 2 3 4	Job/School Problems	0 1 2 3 4	Other	0 1 2 3 4
Attention/Concentration	0 1 2 3 4	Mania	0 1 2 3 4	Current Stressors	0 1 2 3 4
Deficit in ADLs	0 1 2 3 4	Medical Illness	0 1 2 3 4		
Delusions	0 1 2 3 4	Memory	0 1 2 3 4		

If "other" or "current stressor" listed as 3 or 4, please describe:

Psychiatric Hospitalization(s)? Yes or No, if yes date of last hospitalization:

Treatment Plan/Discharge Planning Goals:

1. _____ 2. _____ 3. _____

Types of Treatments

- | | | |
|---|--|---|
| <input type="checkbox"/> Behavior Modification | <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Client Centered | <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cognitive-Behavioral Therapy | <input type="checkbox"/> Medication Management | <input type="checkbox"/> Supportive _____ |

Current Medications	Name	Dose	Frequency	Side Effects
<input type="checkbox"/> New	1. _____	_____	_____	_____
<input type="checkbox"/> New	2. _____	_____	_____	_____
<input type="checkbox"/> New	3. _____	_____	_____	_____
<input type="checkbox"/> New	4. _____	_____	_____	_____

Provider Name: _____ Phone: () _____ Fax () _____

Provider's Signature _____ Date _____

Disclaimer: Authorization indicates that SCDHHS determined that medical necessity has been met for the requested service(s) but does not guarantee payment. Payment is contingent upon the beneficiary's eligibility benefit limitations, and provider compliance with all Medicaid requirements at the time services are rendered.