

**South Carolina**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Post Office Box 8206**  
**Columbia, South Carolina 29202-8206**  
[www.scdhhs.gov](http://www.scdhhs.gov)

March 4, 2009

Phys  
MCO  
Med Clin

## MEDICAID BULLETIN

**TO: Medicaid Providers Indicated**

**SUBJECT: Modification to Psychiatric and Counseling Services**

The South Carolina Department of Health and Human Services (SCDHHS) will modify the Psychiatric and Counseling services policy effective April 1, 2009. Eligible Medicaid beneficiaries, regardless of age, will now be allowed six (6) mental health visits per fiscal year. For the remaining three (3) months of Fiscal Year 2009, any claim received on or after April 1, 2009, will be counted towards the six (6) limit. Beginning July 1, 2009, through June 30, 2010, a total of six (6) visits will be allowed.

This policy change also applies to Federally Qualified Health Clinics (FQHC) and Rural Health Clinics (RHC). FQHCs and RHCs should continue to bill for psychiatric and counseling services utilizing the "HE" modifier appended to the T1015 procedure code. Our claims processing system will count those transactions toward the six (6) service limit. **This policy change does not affect State Agency authorized behavioral health services, services provided by Community Mental Health Centers, or Licensed Ph.D. Psychologists enrolled in the Children's Behavioral Health Services Program.**

The Current Procedural Terminology (CPT) codes affected by this change are listed below; any combination of these codes will be counted towards the six (6) allowed: 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90826, 90827, 90847, 90853, 90882, and T1015.

The SCDHHS will allow for the review and prior authorization of additional counseling sessions. The beneficiary's physician must request, in writing, prior authorization through SCDHHS to override the six (6) allowable mental health services. The provider will be notified in writing if approval of more visits is deemed medically necessary.

Prior authorization requests must be submitted using the attached form along with a recognized screening tool that assesses mental health functioning. The screening tool should be appropriate to the developmental level of the patient, and the results should support the need for mental health treatment. Specific therapeutic goals and therapeutic techniques to be utilized (such as Cognitive Behavioral Therapy, Dialectic Behavioral Therapy, or Parent Child Interaction Therapy) must be included on the authorization request form.

A prior authorization request must include sufficient clinical information to determine the need for extended coverage. Prior authorizations will be issued in writing within ten days of receipt and will only be indicated for a three-month period. Subsequent authorizations will require updated submissions of data with a synopsis of progress in treatment after each prior authorized period. The signature of the physician making the request must be on the form. All requests should be sent to the following address:

**South Carolina Department of Health and Human Services  
Attention: Physician Services  
Post Office Box 8206  
Columbia, South Carolina 29202**

When events necessitate an urgent encounter that exceeds the allowable limit of six (6) mental health services and for which there is insufficient time to obtain prior approval, the treating physician should prepare the required documentation and submit it for retrospective review. Claims requiring retrospective review must follow timely filing guidelines.

For additional information on this policy update, please refer to the Physicians, Laboratories, and Other Medical Professionals manual located on our website at [www.scdhhs.gov](http://www.scdhhs.gov).

If you have any questions regarding this bulletin, please contact your Program Manager at (803) 898-2660. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/S/

Emma Forkner  
Director

EF/mgws

Attachment

**Note:** To receive Medicaid bulletins by email, please register at <http://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.

