

Healthy Connections

PROVIDER MANUAL



Physicians, Laboratories, and Other Medical Professionals

Established February 1, 2005
Updated May 1, 2019

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
MEDICAID



South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.dhhs.state.sc.us

January 27, 2005

MEDICAID BULLETIN

<i>CHIR</i>	<i>05-01</i>	<i>PHY-MSP-HBP</i>	<i>05-01</i>
<i>LAB-IND</i>	<i>05-01</i>	<i>PHY-OPHT</i>	<i>05-01</i>
<i>MC-ASC</i>	<i>05-01</i>	<i>PHY-PATH</i>	<i>05-01</i>
<i>MC-FFHC</i>	<i>05-01</i>	<i>PHY-PC-FP/GP</i>	<i>05-01</i>
<i>MC-FQHC</i>	<i>05-01</i>	<i>PHY-PC-GER</i>	<i>05-01</i>
<i>MC-RHC</i>	<i>05-01</i>	<i>PHY-PC-INT</i>	<i>05-01</i>
<i>OMP-CRNA</i>	<i>05-01</i>	<i>PHY-PC-NEO</i>	<i>05-01</i>
<i>OMP-NM</i>	<i>05-01</i>	<i>PHY-PC-OG</i>	<i>05-01</i>
<i>OMP-NP</i>	<i>05-01</i>	<i>PHY-PC-PED</i>	<i>05-01</i>
<i>OMP-NPS</i>	<i>05-01</i>	<i>PHY-PC-PED-SUB</i>	<i>05-01</i>
<i>OMP-PSY</i>	<i>05-01</i>	<i>PHY-PS</i>	<i>05-01</i>
<i>PHY-ALG</i>	<i>05-01</i>	<i>PHY-RAD</i>	<i>05-01</i>
<i>PHY-ANES</i>	<i>05-01</i>	<i>PHY-S</i>	<i>05-01</i>
<i>PHY-CARD</i>	<i>05-01</i>	<i>PH-SPEC</i>	<i>05-01</i>
<i>PHY-DERM</i>	<i>05-01</i>	<i>PHY-SURG</i>	<i>05-01</i>
<i>PHY-ENT</i>	<i>05-01</i>	<i>POD</i>	<i>05-01</i>
<i>PHY-ER</i>	<i>05-01</i>	<i>VIS</i>	<i>05-01</i>
<i>PHY-MSP-CBP</i>	<i>05-01</i>	<i>XRAY-IND</i>	<i>05-01</i>

TO: Physicians, Laboratories and Other Medical Professional Providers

SUBJECT: Medicaid Policy Manual for Physicians, Laboratories and Other Medical Professionals

The enclosed revised Division of Physician Services Medicaid Provider Manual is effective February 1, 2005 and includes all previous HIPAA changes and Medicaid policy bulletins.

This manual is to be used for program information and requirements, billing procedures, and provider services guidelines. **Due to several substantial changes in policy, providers are urged to carefully review this revision.**

In addition to inclusion of policy changes specific to the Physician Services program, the new provider manuals for all Medicaid programs have been reformatted to give them a more consistent, standardized layout and to improve navigation and readability. Headings for each subsection appear on the left side of the page, with the corresponding information on the right. "Chapters" are now called "sections," and the numbering system has been simplified.

The revised manual is organized as follows, with each section having its own table of contents:

Section 1, **General Information and Administration**, contains an overview of the South Carolina Medicaid program, as well as information about record retention, documentation requirements, utilization review, program integrity, and other general Medicaid policies.

Section 2, **Policies and Procedures**, describes policies and procedures specific to the Physician Services program.

Section 3, **Billing Procedures**, contains billing information that is common to all South Carolina Medicaid programs, as well as program-specific guidelines for claim filing and processing.

Section 4, **Procedure Codes**, contains procedure codes, fee schedules, and other approval codes and modifiers.

Section 5, **Administrative Services**, contains contact information for DHHS state and county offices, examples of all forms referenced throughout the manual (as well as some generic forms), and contacts for claim form suppliers/vendors.

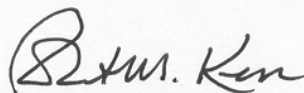
The **appendices** include the following:

- Edit Codes, Claim Adjustment Reason Codes (CARCs) & Remittance Advice Remark Codes (RARCs), and Resolutions
- Carrier Codes
- Schedule of Copayments

The enclosed compact disc contains a copy of the manual in Portable Document Format (pdf). To access the file, you will need Adobe Acrobat Reader software, which is pre-installed on most computers and also available for free download at www.adobe.com/support. The manual is also available on the DHHS Web site.

The policy manual and fee schedule are not subject to copyright regulations and may be reproduced in their entirety.

If you have any questions regarding this provider manual and fee schedule, please contact your program coordinator in the Division of Physician Services at (803) 898-2660. Thank you for your continued support of the South Carolina Medicaid program.



Robert M. Kerr
Director

RMK/bgaw

Enclosures

NOTE: To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.dhhs.state.sc.us/ResourceLibrary/E-Bulletins.htm>

GENERAL TABLE OF CONTENTS

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM..... 1

PROVIDER ENROLLMENT..... 9

RECORDS / DOCUMENTATION REQUIREMENTS..... 13

REIMBURSEMENT..... 21

MEDICAID PROGRAM INTEGRITY..... 31

MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION/ PROVIDER EXCLUSIONS/
TERMINATIONS..... 41

APPEALS..... 49

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW..... 1

PROGRAM REQUIREMENTS..... 3

PROGRAM SERVICES..... 11

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION..... 1

CLAIM FILING OPTIONS..... 7

CLAIM PROCESSING..... 30

SECTION 4 PROCEDURE CODES

ASSISTANT SURGEON CODES..... 1

PAYMENT CATEGORY..... 1

PROCEDURE CODES REQUIRING SUPPORTING DOCUMENTATION..... 3

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY ICORE..... 23

PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION BY KEPRO..... 25

PROCEDURE CODES FOR CHECKUP AND FAMILY PLANNING..... 31

PROCEDURE CODES FOR ANESTHESIA..... 53

PROCEDURE CODES FOR VISION..... 57

PROCEDURE CODES FOR ABORTIONS..... 61

NUTRITIONAL COUNSELING CODES..... 67

WRAP PAYMENT METHODOLOGY..... 73

SECTION 5 ADMINISTRATIVE SERVICES

GENERAL INFORMATION..... 1

PROCUREMENT OF FORMS..... 3

GENERAL TABLE OF CONTENTS

SECTION 6 BIO OUTCOMES INITIATIVE

BIRTH OUTCOMES INITIATIVE (BOI).....	1
COVERAGE FOR CENTERING PREGNANCY GROUP PRENATAL CARE.....	3
AGOG DELIVERY GUIDELINES.....	5
FLOW OF MEDICAID MODIFIER ASSIGNMENT FOR DELIVERIES.....	7
BOI APPROVED DELIVERY GUIDELINES.....	9
SOUTH CAROLINA PERINATAL REGIONS.....	155
ACOG PATIENT SAFETY CHECKLIST FOR SCHEDULING INDUCTION OF LABOR.....	159
ACOG PATIENT SAFETY CHECKLIST FOR PLANNED CESAREAN DELIVERY.....	161

FORMS

APPENDICES

EDIT CODES, CARCS/RARCS, AND RESOLUTIONS.....	APPENDIX 1
CARRIER CODES.....	APPENDIX 2
SCHEDULE OF COPAYMENTS.....	APPENDIX 3

SUPPLEMENTS

MANAGED CARE
THIRD-PARTY LIABILITY