

Healthy Connections

PROVIDER MANUAL



Community Mental Health Services

Established February 1, 2005
Updated April 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

February 14, 2005

MHRC-MHC 05-02
MHRC-PMHC 05-01

MEDICAID BULLETIN

TO: Community Mental Health Services Providers

SUBJECT: Medicaid Policy Manual for Community Mental Health Services

The enclosed revised Medicaid Community Mental Health Services 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 Community Mental Health Services program area, 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 generally 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 Community Mental Health 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 and other approval codes and modifiers.

Medicaid Bulletin
February 14, 2005

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, CARCs & RARCs, and Resolutions
- Carrier Codes

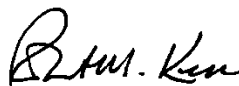
The enclosed compact disc contains a copy of the manual in Portable Document Format (PDF). To access the file, you will need Adobe Acrobat Reader software, which is pre-installed on most computers and also available for free download at www.adobe.com/support.

The most current version of the provider manual is maintained on the DHHS Web site at www.dhhs.state.sc.us. [From the DHHS home page, scroll down and click on the link for Resource Library; next, click on the link for Manuals, and scroll down to the listings located beneath the heading Service Providers.]

Should you wish to order a printed copy of your provider manual, or an additional compact disc, please call South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing.

The policy manual is not subject to copyright regulations and may be reproduced in its entirety.

If you have any questions regarding this provider manual, please contact your program coordinator in the Department of Behavioral Health Services at (803) 898-2565. Thank you for your continued support of the South Carolina Medicaid program.



Robert M. Kerr
Director

RMK/bmmc

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	7
RECORDS / DOCUMENTATION REQUIREMENTS	11
REIMBURSEMENT	19
MEDICAID PROGRAM INTEGRITY	29
MEDICAID ANTI-FRAUD PROVISIONS / PROVIDER EXCLUSIONS / SUSPENSIONS	39
Appeals	47

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW	1
PROGRAM REQUIREMENTS	3
DOCUMENTATION REQUIREMENTS	9
BILLING REQUIREMENTS	23
PROGRAM SERVICES	27

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION	1
CLAIM FILING OPTIONS	5
CLAIM PROCESSING	25

SECTION 4 PROCEDURE CODES

MEDICAID BILLABLE SERVICES	1
REIMBURSABLE MEDICAID CODES FOR INJECTIONS	3

SECTION 5 ADMINISTRATIVE SERVICES

GENERAL INFORMATION	1
PROCUREMENT OF FORMS	3

FORMS

APPENDICES

EDIT CODES, CARCs/RARCs, AND RESOLUTIONS	APPENDIX 1
CARRIER CODES	APPENDIX 2
SCHEDULE OF COPAYMENTS	APPENDIX 3

MANAGED CARE SUPPLEMENT

THIRD-PARTY LIABILITY SUPPLEMENT