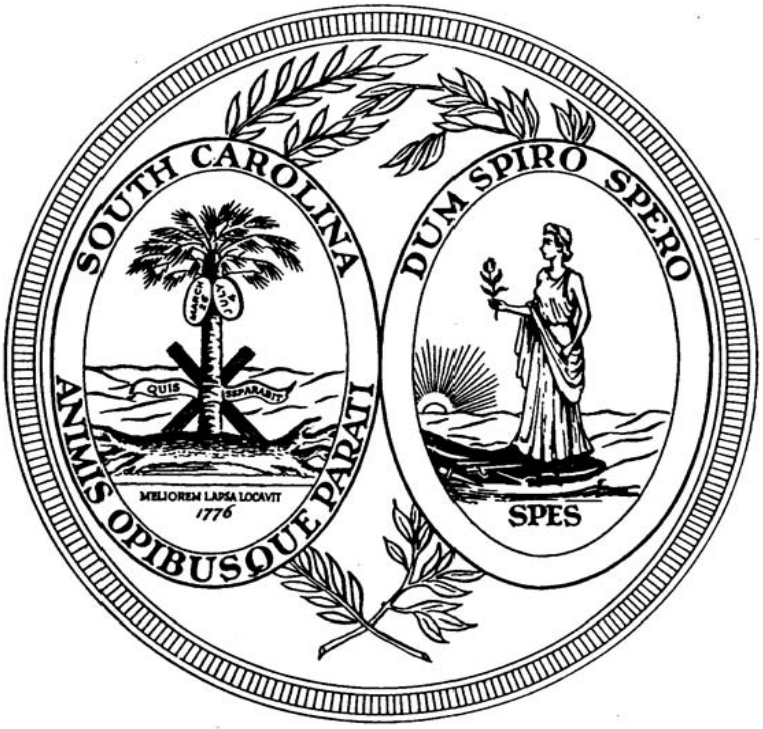
South Carolina
Health & Human Services



SOUTH CAROLINA HEALTHY CONNECTIONS (MEDICAID) PROVIDER MANUAL

PRTF ALTERNATIVE CHANCE WAIVER

April 1, 2013
Updated July 1, 2013

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
March 1, 2013
MB# 13-013

MEDICAID BULLETIN

MHRC

TO: **PRTF Alternative CHANCE Waiver Providers**

SUBJECT: **Medicaid Policy Manual for PRTF Alternative CHANCE Waiver**

The South Carolina Department of Health and Human Services (SCDHHS) is pleased to announce the PRTF Alternative CHANCE Waiver Provider Manual. This manual is effective April 1, 2013, and is to be used for program information and requirements, billing procedures, and provider services guidelines. **Providers should carefully review this manual in order to be compliant with policy guidelines.**

The 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 provider enrollment, 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 PRTF Alternative CHANCE Waiver 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, other approval codes and modifiers.

Section 5, **Administrative Services,** contains contact information for SCDHHS state and county offices and contacts for claim form suppliers and vendors.

The Forms section includes forms and form samples referenced throughout the manual, as well as, some generic forms.

The **Appendices** include the following:

- Appendix 1: Edit Codes, CARCs & RARCs, and Resolutions
- Appendix 2: Carrier Codes
- Appendix 3: Schedule of Copayments

The **Third-Party Liability Supplement**, explains third-party liability requirements and recommended practices. It includes sample forms and resources.

The **Managed Care Supplement**, contains information on the managed care program, including pictures of the cards issued by the various managed care plans.

The most current version of the provider manual is maintained on the SCDHHS Web site at **www.scdhhs.gov** . [On the SCDHHS home page, click on the Provider Manuals link listed under the heading "For Providers."] The Web site is updated on the first of every month to reflect any minor non-policy changes to provider manuals (for example, corrections to addresses, etc.).

Note: SCDHHS policy changes continue to be conveyed to providers as they occur via Medicaid bulletin; manuals are revised to reflect those changes as they occur. Providers should check the SCDHHS Web site monthly to access information about any updates made to the provider manuals.

Should you wish to order a printed copy of your provider manual please contact the South Carolina Medicaid Provider Service Center at 1-888-289-0709. 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 the South Carolina Medicaid Provider Service Center. Thank you for your continued support of the South Carolina Medicaid program.

Anthony E. Keck
Director

Enclosure

NOTE: To receive electronic Medicaid bulletins, please send an email to bulletin@scdhhs.gov with your email address and contact information. To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp

GENERAL TABLE OF CONTENTS

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

South Carolina Medicaid Program 1
Provider Enrollment 7
Records / Documentation Requirements 11
Reimbursement 17
Surveillance and Utilization Review / Division of Program Integrity 27
Medicaid Anti-Fraud Provisions / Payment Suspension/ Provider Exclusions/ Terminations 33
Appeals 41

SECTION 2 POLICIES AND PROCEDURES

Overview 1
Provider Requirements 7
Participant Requirements 17
Service Plan Development Process 21
Waiver Services 33
Discharge 69

SECTION 3 BILLING PROCEDURES

General Information 1
Claim Filing Options 5
Claim Processing 23

SECTION 4 PROCEDURE CODES

Waiver Service Rates 1

SECTION 5 ADMINISTRATIVE SERVICES

General Information 1
Procurement of Forms 3
Department of Health and Human Services County Offices 5

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