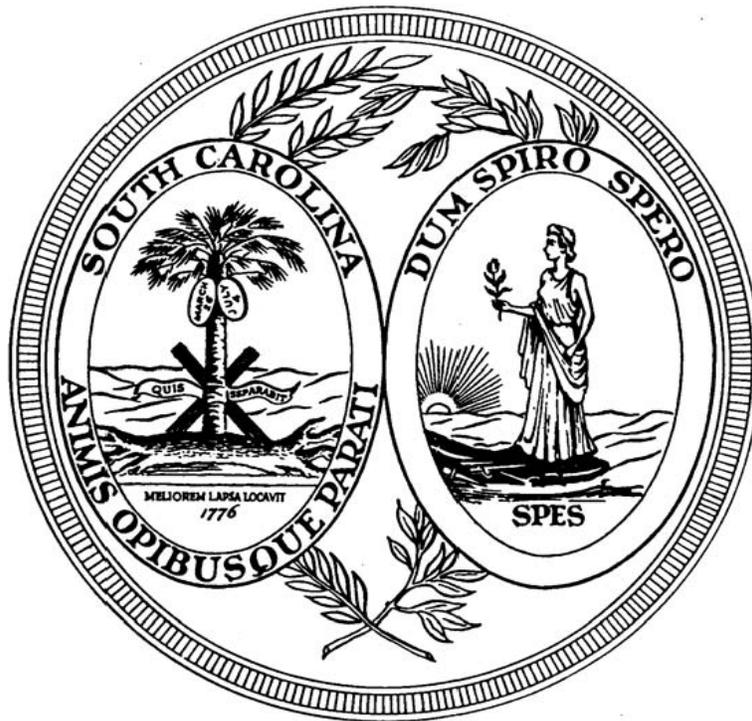




South Carolina  
Health & Human Services



**SOUTH CAROLINA HEALTHY CONNECTIONS  
(MEDICAID) PROVIDER MANUAL**

**REHABILITATIVE BEHAVIORAL HEALTH SERVICES**

July 1, 2010  
Updated March 1, 2013

**South Carolina**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Post Office Box 8206**  
**Columbia, South Carolina 29202-8206**  
[www.scdhhs.gov](http://www.scdhhs.gov)  
June 8, 2010

MHRC

## MEDICAID BULLETIN

**TO: Medicaid Rehabilitative Behavioral Health Services Providers**

**SUBJECT: Medicaid Policy Manual for Rehabilitative Behavioral Health Services**

The South Carolina Department of Health and Human Services is pleased to announce the new Medicaid Rehabilitative Behavioral Health Services Provider Manual. This manual is effective July 1, 2010, and is to be used for program information and requirements, billing procedures, and provider services guidelines. **Providers are urged to carefully review this manual.**

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 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 Rehabilitative Behavioral Health Services.

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 contains procedure codes, fee schedules, and other approval codes and modifiers.

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

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 "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 with access to the Internet 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 the provider manual, please call South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing.

To order a compact disk (CD) of the provider manual, please call the Provider Outreach number listed above. There is no charge for a provider manual CD. To access the files on the CD, 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 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 Family Services at 898-2564. Thank you for your continued support of the South Carolina Medicaid program.

/S/  
Emma Forkner  
Director

EF/mwcj

Enclosure

**NOTE:** To receive Medicaid bulletins by e-mail, please register at [http://bulletin@scdhhs.gov/](mailto:bulletin@scdhhs.gov)  
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hippa/index.asp> and select "Electronic Funds Transfer (EFT) for instructions.

# GENERAL TABLE OF CONTENTS

**SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**

---

SOUTH CAROLINA MEDICAID PROGRAM ..... 1

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**

---

REHABILITATIVE SERVICES OVERVIEW ..... 1

PROVIDER QUALIFICATIONS ..... 3

ELIGIBILITY FOR REHABILITATIVE SERVICES..... 9

DOCUMENTATION REQUIREMENTS..... 25

CORE REHABILITATIVE SERVICES STANDARDS ..... 39

CORE TREATMENT — THERAPY AND COUNSELING SERVICES ..... 51

COMMUNITY SUPPORT SERVICES ..... 65

**SECTION 3 BILLING PROCEDURES**

---

GENERAL INFORMATION..... 1

CLAIM FILING OPTIONS..... 5

CLAIM PROCESSING ..... 23

**SECTION 4 PROCEDURE CODES**

---

PROCEDURE CODES..... 1

**SECTION 5 ADMINISTRATIVE SERVICES**

---

GENERAL INFORMATION..... 1

PROCUREMENT OF FORMS..... 3

DHHS 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**

---