SOUTH CAROLINA
Healthy Connections
MEDICAID

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# Rehabilitative Behavioral Health Services (RBHS) Referral Form

This form shall be completed only by state agencies and submitted to private RBHS providers in accordance with HIPAA regulations as it contains Protected Health Information (PHI) of Medicaid beneficiaries.

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|---|---|---|
| **Referring State Agency** | ☐ Department of Social Services<br>Region:<br>☐ Department of Mental Health<br>CMHC:<br>☐ Continuum of Care<br>Region:<br>☐ Department of Alcohol and Other Drug Abuse Services<br>Commission: | ☐ Department of Disabilities and Special Needs<br>Region:<br>☐ Department of Juvenile Justice<br>Region:<br>☐ Department of Education<br>District: |

| | | | | | |
|---|---|---|---|---|---|
| **Provider (Referred to)** | | | | **NPI** | |
| **Address** | | | | | |
| **City** | | **State** | | **Zip** | |
| **Phone Number** | | **Fax Number** | | | |

| | | | | | |
|---|---|---|---|---|---|
| **Beneficiary Name** | | | | | |
| **Legally Responsible Person(s)** | | | | | |
| **Address** | | | | | |
| **City** | | **State** | | **Zip** | |
| **Date of Birth** | | **Gender** | ☐ Female | ☐ Male | |
| **Social Security Number (last 4 digits)** | | **Medicaid Number** | | | |

| **Medical Necessity** | |
|---|---|
| **Diagnosis – Code / Description** | / |
| **Diagnosis – Code / Description** | / |
| **Diagnosis – Code / Description** | / |
| **Clinical Rationale for Rehabilitative Behavioral Health Services Recommendations** | |
| | |

I recommend that the above-named Medicaid beneficiary receive Rehabilitative Behavioral Health Services. This beneficiary meets the Medical Necessity criteria for services as evidenced by a mental health and/or substance use disorder from the current edition of the DSM or the ICD.

Name of LPHA: ψψψ

| Recommendations for Rehabilitative Behavioral Health Services | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Service Description** | **Procedure Code** | **Unit** | **Total Units Authorized** | **Start Date** | **End Date** | **Specific Frequency (# of units per day, # of days per week)** |
| **SCREENING AND ASSESSMENT SERVICES** | | | | | | | |
| ☐ | Behavioral Health Screening | H0002 | 15 minutes | | | | |
| ☐ | Psychiatric Diagnostic Assessment without Medical Services - Initial | 90791 | Encounter | | | | |
| ☐ | Psychiatric Diagnostic Assessment with Medical Services – Initial | 90792 | Encounter | | | | |
| ☐ | Mental Health Comprehensive Diagnostic Assessment – Follow–up | H0031 | Encounter | | | | |
| ☐ | Psychological Testing / Evaluation | 96101 | 60 minutes | | | | |
| ☐ | Comprehensive Evaluation – Initial | H2000 | Encounter (average of 3 hours) | | | | |
| ☐ | Comprehensive Evaluation – Follow up | H0031 | Encounter | | | | |
| **SERVICE PLAN DEVELOPMENT** | | | | | | | |
| ☐ | Mental Health Service Plan Development (Non-physician) | H0032 | 15 minutes | | | | |
| ☐ | Service Plan Development (Team Conference w/ Client/Family) | 99366 | Encounter (minimum 30 minutes) | | | | |
| ☐ | Service Plan Development (Team Conference w/o Client/Family) | 99367 | Encounter (minimum 30 minutes) | | | | |
| **CORE TREATMENT – PSYCHOTHERAPY AND COUNSELING SERVICES** | | | | | | | |
| ☐ | Individual Psychotherapy | 90832 | 30 minutes | | | | |
| ☐ | Individual Psychotherapy | 90834 | 45 minutes | | | | |

| Recommendations for Rehabilitative Behavioral Health Services | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Service Description** | **Procedure Code** | **Unit** | **Total Units Authorized** | **Start Date** | **End Date** | **Specific Frequency (# of units per day, # of days per week)** |
| ☐ | Individual Psychotherapy | 90837 | 60+ minutes | | | | |
| ☐ | Group Psychotherapy | 90853 | 60+ minutes | | | | |
| ☐ | Family Psychotherapy w/o Client | 90846 | 60+ minutes | | | | |
| ☐ | Family Psychotherapy w/ Client | 90847 | 60+ minutes | | | | |
| ☐ | Multiple Family Group Psychotherapy | 90849 | 60+ minutes | | | | |
| ☐ | Crisis Management | H2011 | 15 minutes | | | | |
| ☐ | Medication Management | H0034 | 15 minutes | | | | |
| **COMMUNITY SUPPORT SERVICES** | | | | | | | |
| ☐ | Psychosocial Rehabilitation Service (PRS) | H2017 | 15 minutes | | | | |
| ☐ | Behavior Modification (B-Mod) | H2014 | 15 minutes | | | | |
| ☐ | Family Support (FS) | S9482 | 15 minutes | | | | |
| ☐ | Therapeutic Child Care | H2037 | 15 minutes | | | | |
| ☐ | Community Integration Services | H2030 | 15 minutes | | | | |

Note: Prior authorized periods of time for Community Support Services are as follows:

- Beneficiaries ages 0 to 21: Up to 90 days
- Beneficiaries age 22 and older: Up to 180 days

**State Agency Representative Authorization (optional, per internal state agency processes)**

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