

Rehabilitative Behavioral Health Services Clinical Standards – Utilization Review

Division of Behavioral Health
Quality Assurance Team
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Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet criteria for medical necessity for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

Purpose of the Orientation

- To act as a guide for Rehabilitative Behavioral Health Services (RBHS) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering RBHS.
 - While this presentation is designed to enhance understanding of the Medicaid standards regarding the RBHS Policy Manual, all aspects and policy are not covered in this presentation. Please review the RBHS Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

Utilization Review

- Services must be provided within the maximum frequency authorized on the Individualized Plan of Care (IPOC).
- Services must be provided within the maximum frequency authorized by the Quality Improvement Organization (QIO).
- Services must be provided within the maximum frequency on the State Agency Referral Form (if applicable).

Same-Day Service Exclusion

- Only one RBHS Community Support Service (CSS) will be reimbursed on any date of service.
- A private RBHS provider, or multiple private RBHS providers, shall not be reimbursed for services when more than one CSS is provided to a beneficiary and/or family on the same date of service.
- Children in foster care, therapeutic foster care (TFC), and those served by the Continuum of Care (COC) are exempt from the same-day service restriction.

Billing Modifiers

- Billing modifiers must match the credentials of the individual rendering the service.

