

SOUTH CAROLINA
DEPARTMENT OF HEALTH AND
HUMAN SERVICES



MEDICAID PROVIDER MANUAL

CLINIC SERVICES

**End Stage Renal Disease Program, Outpatient Pediatric AIDS Clinics,
Ambulatory Surgical Centers, and Infusion Centers**

November 1, 2005

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
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MEDICAID BULLETIN

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<i>HOS-IP-IMD</i>	<i>05-07</i>
<i>HOS-IP-RTF</i>	<i>05-07</i>
<i>HOS-OP</i>	<i>05-18</i>
<i>MC-ASC</i>	<i>05-07</i>
<i>MC-DRC</i>	<i>05-11</i>
<i>MC-ESRD</i>	<i>05-04</i>

TO: Medical Clinics

SUBJECT: Medicaid Policy Manual for Clinic Services

The enclosed revised Medicaid Clinic Services Provider Manual is effective November 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 End Stage Renal Disease, Ambulatory Surgical Center, Outpatient Pediatric AIDS Clinic, and Infusion Center program areas, 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 End Stage Renal Disease, Ambulatory Surgical Center, Outpatient Pediatric AIDS Clinic, and Infusion Center programs.

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, injection codes, and other approval codes and modifiers.

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:

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

The enclosed compact disk 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. [On the DHHS 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: DHHS policy changes continue to be conveyed to providers as they occur via Medicaid bulletins; manuals are revised to reflect those changes as they occur. Providers with access to the Internet should check the DHHS 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, or an additional compact disk, 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 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 Hospitals at (803) 898-2665. Thank you for your continued support of the South Carolina Medicaid program.



Robert M. Kerr
Director

RMK/bgav

Enclosure

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/dhhsnew/QLbulletins.asp>

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