



## SOUTH CAROLINA HEALTHY CONNECTIONS (MEDICAID) PROVIDER MANUAL

RURAL HEALTH CLINIC (RHC)  
BEHAVIORAL HEALTH SERVICES

April 1, 2012

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

May 17, 2012

MED CLIN

## MEDICAID BULLETIN

**TO: Rural Health Clinics (RHC) Providers**

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

The South Carolina Department of Health and Human Services (SCDHHS) is pleased to announce the new RHC Behavioral Health Services Provider Manual. This manual is effective April 1, 2012 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 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 RHC Behavioral Health Services 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](http://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 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 your provider manual, or an additional compact disk, please call South Carolina Medicaid Provider Education at (803) 264-9609. 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 your program manager in the RHC Behavioral Health Services program area at (803) 898-2565. Thank you for your continued support of the South Carolina Medicaid program.

/s/  
Anthony E. Keck  
Director

TK/whcc

Enclosure

**NOTE: To receive electronic Medicaid bulletins, please send an email to [bulletin@scdhhs.gov](mailto: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
RECORDS / DOCUMENTATION REQUIREMENTS .....	11
REIMBURSEMENT.....	17
MEDICAID PROGRAM INTEGRITY .....	27
MEDICAID ANTI-FRAUD PROVISIONS / PROVIDER EXCLUSIONS / SUSPENSIONS .....	31

## **SECTION 2 POLICIES AND PROCEDURES**

PROGRAM REQUIREMENTS .....	1
SERVICES GUIDELINES.....	23

## **SECTION 3 BILLING PROCEDURES**

GENERAL INFORMATION .....	1
CLAIM FILING OPTIONS.....	7
CLAIM PROCESSING... ..	27

## **SECTION 4 CODES**

ENCOUNTER CODES .....	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**