



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

PSYCHIATRIC HOSPITAL SERVICES

July 1, 2008
Updated February 7, 2012

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

June 17, 2008

MEDICAID BULLETIN

HOS-IP-IMD
HOS-IP-RTF

08-11
08-11

TO: Inpatient Psychiatric Hospital Services Providers

SUBJECT: Medicaid Policy Manual for Psychiatric Hospital Services

The enclosed revised Psychiatric Hospital Services Medicaid Provider Manual is effective July 1, 2008 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 Inpatient Psychiatric Hospital Services program area, 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 Inpatient Psychiatric Hospital 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, **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

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 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 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 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 Family Services at (803) 898-2565. Thank you for your continued support of the South Carolina Medicaid program.

/s/

Emma Forkner
Director

EF/fwmj

Enclosure

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating 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 OVERVIEW 1

SERVICE GUIDELINES 45

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION..... 1

CLAIM FILING OPTIONS 3

CLAIM PROCESSING 15

SECTION 4 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 RESOLUTIONSAPPENDIX 1

CARRIER CODES.....APPENDIX 2

SCHEDULE OF COPAYMENTS.....APPENDIX 3

MANAGED CARE SUPPLEMENT

THIRD-PARTY LIABILITY SUPPLEMENT
