

# Rehabilitative Behavioral Health Providers Frequently Asked Questions

## **Q. What has changed regarding rehabilitative behavioral health services?**

A. Effective July 1, 2016, South Carolina Department of Health and Human Services (SCDHHS) rehabilitative behavioral health services provided by the Department of Mental Health (DMH), private rehabilitative behavioral health providers (RBHS), and school districts became part of the managed care organization's (MCO) covered responsibilities.

## **Q. Will some services still be covered by Medicaid fee-for-service?**

A. Yes. Medicaid fee-for-service will still cover the services listed below. Medicaid fee-for-service will cover these services even if the member is participating with an MCO.

- Developmental evaluation centers (DEC).
- Adolescent treatment facilities (ATF).
- Waiver programs.

## **Q. Which providers will be affected by this change?**

- County mental health centers (DMH).
- Private RBHS providers.
- School districts.

## **Q. What are the covered benefits and authorization requirements?**

A. Select Health adheres to the coverage and coding guidelines as outlined in the SCDHHS Rehabilitative Behavioral Health Services Provider manual, located on the SCDHHS website: [www.scdhhs.gov/provider-manual-list](http://www.scdhhs.gov/provider-manual-list). Consult section 4 to find a listing of procedure codes.

For questions about authorization requirements and requests, please contact the Select Health Behavioral Health Utilization Management department at **1-866-341-8765**.

Providers may also review the prior authorization information grid located on the Select Health website at: [www.selecthealthofsc.com/provider/resources/prior-auth.aspx](http://www.selecthealthofsc.com/provider/resources/prior-auth.aspx)

## **Q. What is the turnaround time for authorizations?**

A. For routine non-urgent levels of care: Please allow 14 calendar days for authorization decisions. For acute (emergent or urgent) levels of care (behavioral health inpatient [BH IP], substance use disorder [SUD] residential, and SUD detox only): We will make a determination within 24 hours of receiving all clinical information.

**Q. What do I need to submit when obtaining authorization to begin services or for additional services or extension of services?**

**A. Department of Alcohol and Other Drug Abuse Services (DAODAS) providers:** The process for authorization requests (initial and continued stay) remains the same; there are no changes to the forms or the process.

**DMH providers:** Please use the DMH RBHS Prior Authorization Request Form for both initial and additional services and extension of services requests.

**Private RBHS providers:** Please use the Private RBHS Prior Authorization Request Form for both initial and additional services and extension of services requests.

**School districts:** Please use the RBHS Prior Authorization Request Form for both initial and additional services and extension of services requests.

**For additional services and extension of services:** In addition to the request forms specified above, providers should submit the diagnostic assessment (DA), individual plan of care (IPOC), and any testing results (e.g., psychological testing or age-appropriate assessment tools). It is a good practice to submit as much clinical information as possible.

**For all out-of-network providers:** Prior authorization is required for any and all services. Contact Select Health Utilization Management at **1-866-341-8765** for information on authorization requirements.

**Q. Do copays apply to these services?**

**A.** No, there are no copays or deductibles for persons receiving behavioral health care.  
Exception: **Office visit co-pay** applies to behavioral health assessment codes 90791, 90792 rendered by MDs or NPs) for members 19 years and older.

**Q. Where are claims submitted?**

**A.** Submit claims to:  
Select Health of South Carolina  
Claims Processing Department  
P.O. Box 7120  
London, KY 40742

**Q. Can a provisionally licensed clinician provide services and bill under a full independently licensed clinician?**

A. Yes. A provisionally licensed clinician can provide the services, but the full independently licensed clinician will be responsible for signing off on all notes and submitting claims.

**Q. What is the policy for certification of medical necessity by completing the DA?**

A. An independently licensed local public health agency (LPHA) must complete the DA for private RBHS providers or, if the DA is completed by a licensed master social worker (LMSW; the only non-independently licensed LPHA), an independently licensed LPHA must cosign.

**Q. Are there any special requirements for submitting claims?**

A. Yes. RBHS providers are assigned specific taxonomy codes by SCDHHS and must include the taxonomy code on the claim. RBHS providers are also considered facilities in the Select Health system and must bill using the facility national provider identifier (NPI) number in box 24J on the Centers for Medicare & Medicaid Services (CMS) 1500 claim form. The facility and the appropriate taxonomy code are also required in box 33a and 33b.

**Q. Whom do I contact if I would like to request training?**

A. If you are interested in requesting targeted training for your office or facility, contact Kathy McLaurin at [kmclaurin@selecthealthofsc.com](mailto:kmclaurin@selecthealthofsc.com).

**Q. Do I have to inform Select Health if my provider demographics change or if additional providers are added to my facility? If yes, what do I need to do?**

A. Yes. If your provider demographics change (e.g., address, phone number, or name of facility) or if additional providers are added to your facility, you must notify Select Health in writing on your practice letterhead. Please include a W-9. Submit this information to your Provider Network Management Account Representative or to Provider Network Operations via fax at **1-855-316-0093** or email at [networkopsprovider@selecthealthofsc.com](mailto:networkopsprovider@selecthealthofsc.com).

**Q. Who is my Provider Network Management account representative?**

A. Your representative is Kathy McLaurin. She may be reached by:

- Email: [kmclaurin@selecthealthofsc.com](mailto:kmclaurin@selecthealthofsc.com).
- Phone: **1-843-806-6708**.