

School-based Mental Health Services

In accordance with the **South Carolina Department of Health and Human Services (SCDHHS) School-based Mental Health Initiative**, effective July 1, 2022:

Rehabilitative Behavioral Health Services (RBHS) are allowed to be delivered in school settings by Select Health of South Carolina master's level behavioral health providers, who are contracted by the school district.

We have summarized the guidelines here; however, providers are advised to review the recently updated SCDHHS Local Education Agencies (LEA) Services Provider Manual, the LEA School-based Services Alternative Fee Schedule and Frequently Asked Questions (FAQ) document located on the SCDHHS website, (www.scdhhs.gov) for full details.

Eligible Services:

- Diagnostic Assessment- Initial and Follow up:
 - 90791 – Diagnostic evaluation without medical services – 1 per member every 6 months.
 - H0031 – Mental health comprehensive assessment follow-up – 12/year.
- Service Plan Development (H0032) – 15 minutes = 1 unit; 10 units/week.
- Crisis Management (H2011) – 15 minutes = 1 unit; 16 units/day; 80 units/year.
- Individual Psychotherapy:
 - 90832 – 30 minutes = 1 unit; 1/day; 6/ month.
 - 90834 – 45 minutes = 1 unit; 1/day; 6/ month.
 - 90837 – 60 minutes = 1 unit; 1/day; 6/ month.
- Family Psychotherapy:
 - 90846 (without patient) – 50 minutes = 1 unit; 1/day; 4/month.
 - 90847 (with patient) - 50 minutes = 1 unit; 1/day; 4/month.
- Group Psychotherapy (90853) – 60 minutes = 1 unit; 8/month.

Eligible Provider Types:

- Licensed Independent Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor

- Licensed Psycho-Educational Specialist
- Licensed Master Social Worker (supervision required)
- Mental Health Professional (supervision required)
- Qualified Clinical Professional (DMH only)

Provider Enrollment:

- **Existing Licensed Independent Practitioners (LIPs) and RBHS**, school districts and, DMH providers will not need to complete a new application. However, submission of a fully-executed agreement with a SC School District to: state_contracts@scdhhs.gov is required prior to rendering services.
- **Unenrolled RBHS providers** will need to complete the Healthy Connections Medicaid provider application, located on the SCDHHS website and a Select Health credentialing application.
- In addition to all standard enrollment information, a copy of the fully-executed school district agreement(s) indicating the school(s) in which services will be provided must be submitted to: state_contracts@scdhhs.gov.
- To obtain the Select Health credentialing application packet contact: Kathy McLaurin at: KMclaurin@selecthealthofsc.com.

Prior Authorization:

- For Select Health private practice LIPs and RBHS providers', medical necessity review is required for outpatient psychotherapy visits (codes 90832, 90834, 90837) after 24 visit per calendar year. Limitation: 6 visits/month.
- Submit authorization request through the NaviNet/JIVA prior authorization provider portal. Required documentation to be uploaded with the request:
 - The most recent individual plan of care (IPOC)
 - Progress note(s)
 - Three (3) most recent clinical service notes.
 - All of the required documents must be uploaded as **one file** into the NaviNet/JIVA portal. Failure to do so will result in a denial of the request.
- See step-by-step instructions for submitting prior authorization requests available on the Select Health Behavioral Health web-page.

Appeals:

Standard appeal process applies. For full details, see our Health Care Professional and Provider Manual - *Appeal of Utilization Management decisions* section.

- Member Consent for Provider to File an Appeal form may be used, located on the Select Health website at:
- Submit appeals and supporting documentation to:

Select Health of South Carolina
Attn: Member Appeals
P.O. Box 40849
Charleston, SC 29423-0849

Billing for Services:

- Submit claims utilizing the CMS-1500 claim form.
- Billing modifiers must match the credentials of the individual rendering the service. Modifiers for school based mental health services include:
 - **H1- Licensed Clinician** - refers to licensed or certified professionals allowed to practice at the independent level. This includes: LPC, LMFT, LISW, LPES, Certified School Psychologist II, and Certified School Psychologist III.
 - **H2- Unlicensed Clinician** - refers to those professionals who require supervision and co-signature on their Diagnostic Assessment (which is used to confirm medical necessity). This includes: LMSW, MHP, and Certified School Psychologist I.

Assessments:

- The initial assessment (90791) may be rendered once every six months per member and may have been rendered by another provider.
- To avoid a claim denial, providers are advised to contact the Provider Contact Center at **1-800-575-0418** to ask if another provider has billed this code for the member prior to rendering the assessment.

Each school will be assigned a unique ID that must be included on submitted claims. A roster of school IDs will be published on the SCDHHS School-based Mental Health Services web-page.

- **For all claims:** submit school ID in box 19 (Loop 2300, segment NTE) on the CMS-1500 claim form.
- **Approved RBHS providers** (on SCDHHS list and credentialed with Select Health) – submit claims under your facility NPI in box 33, with place of service 03.
- **Approved LIPS providers** (on SCDHHS list and credentialed with Select Health) - submit the rendering provider NPI in box 24J, your group NPI in box 33, and place of service 03.
- **School Districts** – submit claims under your facility NPI in box 33, with place of service 03.

Services may also be rendered via telehealth – submit claims with the H1/H2 modifier in the first position and the GT modifier in the second position with place of service 03.

Claims submission portal:

- Select Health provides a no-cost claims submission portal for our providers, **ConnectCenter™** which can be accessed via NaviNet under **Workflows for this Plan: Claims submission** link, or via a direct link: <https://physician.connectcenter.changehealthcare.com/>.
- ConnectCenter provides guides to assist with set-up and claims submission within the portal. For questions, concerns or to request one-on-one training, feel free to contact your Provider Network Management Account Executive.

Disputes:

Provider disputes are generally administrative in nature, involving post-service denials or reductions, as well as claims issues. For details of the dispute submission process, see our Health Care Professional and Provider Manual - *Health care professional/provider disputes* section.

- To register a dispute in writing, a written explanation of the issue and any supporting documentation should be sent to:

Select Health of South Carolina
Provider Claims Disputes
PO Box 7310
London, KY 40742-7310

Providers may also complete the on-line Provider Claim Dispute form.