

Provider Information at a Glance



Your Provider Network Management Account Executive: _____

Phone: _____

Fax: _____

Email: _____

www.selecthealthofsc.com – Visit us online for the most detailed, up-to-date information regarding prior authorizations, benefits, claims submission, appeals, and ongoing training and plan changes.

Provider Claims Services: 1-800-575-0418

Provider Services: 1-800-741-6605

Hours: 8 a.m. – 5 p.m., Monday through Friday

Fraud and Abuse:

- Corporate Hotline: **1-866-833-9718**
- First Choice Compliance Hotline: **1-800-575-0417**
- South Carolina Division of Program Integrity Fraud and Abuse Hotline: **1-888-364-3224**

Prior authorization:

Consult the Prior Authorization Lookup tool to determine authorization requirements. Available at: www.selecthealthofsc.com/provider/resources/prior-authorization-lookup

For questions, contact:

Population Health (Medical Management)..... 1-888-559-1010

Fax..... 1-866-368-4562

Behavioral Health..... 1-866-341-8765

Fax..... 1-888-796-5521

Prior authorization is required for all services rendered by all nonparticipating physicians or providers with the exception of emergency services.

Nonemergent, advanced outpatient imaging:

Prior authorization is required for the following outpatient imaging procedures:

- CT/CTA
- CCTA
- MRI/MRA
- MPI
- Nuclear cardiology
- PET scan

- Medical necessity reviews are conducted by Evolent Specialty Services (Evolent). Visit www.radmd.com or call **1-800-424-4895**. Failure to do so may result in nonpayment of your claim.
- Emergency room, observation, and inpatient imaging procedures **do not** require authorization.

Appeals: 1-866-615-5186

Peer-to-Peer Review Hotline: 1-866-615-5188

Pharmacy services: 1-866-610-2773

Foster Care Resource Coordinator: 1-843-414-5151

Transportation services

Providers can help members arrange for transportation to provider visits, dialysis, X-rays, lab work, pharmacy visits, or other medical and behavioral health visits.

For nonemergency transportation, contact the Medicaid transportation broker number in the region of the state where the member resides at least three days before their appointment:

- **1-866-910-7688** South Carolina Region 1
- **1-866-445-6860** South Carolina Region 2
- **1-866-445-9954** South Carolina Region 3

Region 1: Call 1-866-910-7688.

Abbeville	Greenville	Oconee
Anderson	Greenwood	Pickens
Cherokee	Laurens	Saluda
Edgefield	McCormick	Spartanburg

Region 2: Call 1-866-445-6860.

Aiken	Clarendon	Newberry
Allendale	Fairfield	Orangeburg
Bamberg	Kershaw	Richland
Barnwell	Lancaster	Sumter
Calhoun	Lee	Union
Chester	Lexington	York

Region 3: Call 1-866-445-9954.

Beaufort	Dillon	Jasper
Berkeley	Dorchester	Marion
Charleston	Florence	Marlboro
Chesterfield	Georgetown	Williamsburg
Colleton	Hampton	
Darlington	Horry	

Language services

Telephonic interpretation, 24 hours a day, seven days a week, in 200 languages, at no cost to First Choice plan members or providers.

- Contact **Member Services: 1-888-276-2020**
- After normal business hours contact **Nurse Call Line: 1-800-304-5436**

For face-to-face interpreters for deaf/hearing impaired members or written translation and sight interpretation, contact Member Services five business days before the scheduled appointment.

NaviNet (provider portal)

<https://navinet.navimedix.com>

Provider portal for key systems and patient information such as member eligibility, member rosters, claim status and updates, online prior authorization, electronic copies of remittance, HEDIS performance, referrals, care gaps, and more.

NaviNet Customer Care:1-888-482-8057

Government resources

South Carolina Health and Human Services (SCDHHS):www.scdhhs.gov

SCDHHS Provider Service Center:.....1-888-289-0709

Provider disputes

A **provider dispute** is an **escalated** expression of dissatisfaction not resolved by previous inquiries submitted to Select Health. Disputes must be submitted within 60 calendar days of the original adverse notification or action. Disputes received after 60 calendar days from the original adverse notification or action are subject to denial due to untimely submission.

Disputes may be submitted:

- Via the NaviNet Provider portal by completing the form under Forms and Dashboards.
- Verbally by calling the Provider Contact Center at 1-800-575-0418 or contacting your Account Executive.
- By mail:
Select Health of South Carolina
Provider Claims Disputes
P.O. Box 7310
London, KY 40742-7310

Note: Written disputes mailed to an incorrect mailing location may cause a delay in resolution time frames.

Referrals

Select Health does not require the use of a referral form. However, PCPs are encouraged to make a verbal referral before a member seeks care from a specialist.

- Refer to the Select Health/First Choice Online Provider Directory for a listing of participating providers.
- For coordination and continuity of care, specialty providers are requested to communicate all findings and needs for follow-up care back to the PCP in a consultation report.
- Members can self-refer for the following services:
 - OB/GYN for annual women's exam and prenatal care.
 - Mental health and substance use assessment services.
 - Urgent care services.
 - Emergency medical services.

Your Provider Network Account Executives

To find out who your Provider Network Account Executive is, please visit the Select Health website Provider Resources page: www.selecthealthofsc.com/provider/resources/index.aspx

Care Management

The Care Management team consists of registered nurses, social workers, and care connectors ready to collaborate with providers to assist members with a wide array of clinical and nonclinical services; answer questions regarding health conditions and medications; help schedule physician appointments; arrange transportation; and help members locate community resources for housing, food, and clothing.

Care Management programs

- Bright Start® for members who are pregnant and their babies: 1-843-569-4657.
- Breathe Easy for members with asthma and respiratory conditions.
- Heart First® for members with heart disease.
- In Control® for members with diabetes.
- Sickle Cell Program for members with sickle cell disease.

To make a referral to Care Management, you may call 1-866-899-5406 or submit the Member Intervention Request Form — see Let Us Know section below.

Let Us Know program

The **Let Us Know** program is a partnership between the provider community and Select Health in the engagement and management of chronically ill members.

Contact our Rapid Response and

Outreach Team (RROT):.....1-866-899-5406
8 a.m. – 5 p.m., Monday through Friday

The RROT addresses the urgent needs of our members and supports providers and their staff. To make a referral, complete and submit the Member Intervention Request Form located on the Select Health website at www.selecthealthofsc.com/pdf/provider/forms/member-intervention-request-form.pdf, or download and fax the form to 1-866-279-6377.

Claims submission and electronic funds transfer

First Choice payer ID:23285

Contact your practice management system vendor or clearinghouse to initiate electronic claims submission or contact Optum/Change Healthcare or Availity directly.

Optum/Change Healthcare: 1-800-527-8133, 7 a.m. to 5:30 p.m. CT Monday through Friday

Availity: 1-800-AVAILITY (282-4548). 8 a.m. to 8 p.m. ET Monday through Friday

For practices who do not have high claim volumes and have the capacity to key claims directly into the system, there are two options for the submission of manual/direct entry claims (at no cost):

Optum/Change Healthcare ConnectCenter™

Access the portal via the Claims Submission link in NaviNet or for new registrations (only) visit: <https://physician.connectcenter.changehealthcare.com/#/site/home?vendor=214629>.

PCH Global

To enroll for claims submission go to: <https://pchhealth.global>

For new registrations, you will be asked how you heard about PCH Global; select **Payer**, then **AmeriHealth**. Go to: Manage User and then My Profile. Complete profile information. Subscription Details screen, select **More options** on the right-hand side of the screen, enter the promo code **Exela-EDI**.

Electronic funds transfer (EFT) through ECHO Health

To sign up to receive EFT from **Select Health** visit <https://enrollments.ECHOhealthinc.com/efteradirect/enroll>. **There is no fee for this service.**

Please note: Payment will appear on your bank statement from PNC Bank and ECHO as “PNC – ECHO.”

Paper claim submission

Select Health of South Carolina
Claims Processing Department
P.O. Box 7120
London, KY 40742

Timely filing limits:

- **Original claims:** 365 days from the date of service.
- **Corrected or claim adjustments:** 365 days from date of service.
- **Secondary claims:** 365 days from date of service or 60 days from date of primary insurer's EOB. (This exception applies when the claim cannot be submitted within 365 days of the date of service due to the involvement of a primary insurer.)

3M Health Information Systems (HIS)

The 3M HIS Dashboard is a tool that supplies the health plan and providers with quick, easy access to HEDIS quality performance measures, which provide actionable information that can be used to:

- Improve quality and outcomes.
- Manage costs.
- Better coordinate care.

To gain access to 3M HIS, visit the Select Health website and complete the 3M HIS User Access Request Form at <https://www.selecthealthofsc.com/pdf/provider/forms/his-form.pdf>.

PerformPlus® True Care Community Partners Program

The PerformPlus True Care Community Partners Program is a unique reimbursement system developed by Select Health for participating Federally Qualified Health Centers. The program provides incentives for high-quality and cost-effective care, member service and convenience, and submission of accurate and complete health data. Quality performance is the most important determinant of the additional compensation available under the program. For more information, contact your Provider Account Executive.

PerformPlus® True Care PCP Program

Select Health of South Carolina's most recent quality program, the PerformPlus True Care PCP Program, is designed to give qualifying, participating primary care groups the opportunity to earn additional compensation based on meeting specific HEDIS measures. The Select Health Quality team is available for HEDIS consultation, report review, HEDIS training, and assistance with data exchange opportunities. Quality questions and concerns can be sent to the Quality mailbox at: value@selecthealthofsc.com.

Member information

Member Services:1-888-276-2020

Hours: 8 a.m. – 6 p.m., Monday through Friday
8 a.m. – 5 p.m., Saturday and Sunday
Open only for members with pharmacy-related calls.

TTY:1-888-765-9586

Nurse Call Line:1-800-304-5436
24 hours, seven days a week

A confidential line for members to ask health-related questions.

Member portal

Members have access to our member portal, where they can:

- See medical and drug benefits.
- View health information.
- Review medical care history and more.

To register, visit <https://memberportal.selecthealthofsc.com/apps/userauth/log-in.aspx>.

Special programs for members

Mission GED, reading assistance, and internship programs offer resources and support to help First Choice members reach their learning goals.

- **Mission GED** — covers the cost of the initial GED test and one retake test if needed.
- **Reading Assistance Services** — connects members to adult literacy or limited English proficiency programs that can help with reading and writing at no cost to the member.
- **Summer college internships** — First Choice offers paid summer internships to college students interested in a career in health care.

For more information, members should visit our website:

www.selecthealthofsc.com/community/ged-reading-internships.aspx

Member technology

- **Mobile app (FCSH Mobile):** provides access to a digital copy of their ID card that members can fax from their phone to their provider; find a health provider or pharmacy near them; use one-touch calling and get directions powered by Google; access the Member Handbook; and more!
- **One-way texting** to get reminders about routine well visits, tests, and screenings, and yearly eligibility review reminders. Members can request **two-way texting** with their Care Manager.
- **Social media**, including Facebook and Instagram.
- **Searchable website** to find no-cost or reduced-cost local services for medical care, food, job training, and more:
www.selecthealthofsc.com/member/getting-care

Services requiring prior authorization (Note: Prior authorization requirements are applicable to secondary claims.)

Services

- Air ambulance.
- All out-of-network services (with exceptions noted under “Does Not Require Authorization”).
- All unlisted miscellaneous and manually priced codes (including but not limited to codes ending in “99”).
- Autism spectrum disorder (ASD) services.
- BabyNet services.
- Behavioral health (psychological and neuropsychological testing, electroconvulsive therapy, environmental intervention, interpretation or explanation of results, unlisted psychiatric services).
- Behavioral health individual outpatient therapy sessions (CPT codes 90832, 90834, and 90837 combined), after 24 visits, per state fiscal year. Limitation: 6 visits per month.
- Chiropractic care authorization required under 18 years of age (six visits per fiscal year, July 1 through June 30).
- Cochlear implantation.
- Contact lenses (including dispensing fees).
- DAODAS services (bundled services and some discrete services).
- Gastric bypass/vertical band gastroplasty.
- Hyperbaric oxygen
- Hysterectomy (Hysterectomy Consent and Surgical Justification form required) — elective abortions.
- Implants (over \$750).
- Rehabilitative behavioral health services (RBHS) — see “Behavioral Health Services under First Choice” in the Select Health Provider Manual for specifics.
- Transplants.

Therapy (speech, occupational, and physical)

No authorization is required for members age 20 and under for the first 72 visits, nor is it required for members age 21 and over for the first 27 visits per year. Prior authorization is required following the 72nd visit for members age 20 and under, and it is required following the 27th visit for members age 21 and over.

Plastic surgery

Surgical services that may be considered cosmetic, including but not limited to:

- Blepharoplasty.
- Mastectomy for gynecomastia.
- Mastopexy.
- Maxillofacial (all codes applicable).
- Panniculectomy.
- Penile prosthesis.
- Plastic surgery/cosmetic dermatology.
- Reduction mammoplasty.
- Septoplasty.

Inpatient

- All inpatient hospital admissions, including medical, surgical, and rehabilitation.
- Acute inpatient psychiatric facility services.
- Behavioral health.
- Psychiatric residential treatment facility (PRTF) services.
- Obstetrical admissions, newborn deliveries exceeding 48 hours after vaginal delivery and 96 hours after cesarean section.
- Medical detoxification.
- Elective transfers for inpatient and/or outpatient services between acute care facilities.
- Long-term care initial placement
- (if still enrolled with the plan).

Home-based services

- Home health care: Speech, physical, and occupational therapy; home health aides; and skilled nursing visits (after 18 combined visits, regardless of modality). Consult the Prior Authorization Lookup tool to determine authorization requirements. Available at: www.selecthealthofsc.com/provider/resources/prior-authorization-lookup
- Home infusion services and injections. Consult the Prior Authorization Lookup tool to determine authorization requirements.
- Private duty nursing (extended nursing services), covered when medically necessary for under age 21.

Pharmacy and medications

Consult the Prior Authorization Lookup tool to determine authorization requirements.

Available at: www.selecthealthofsc.com/provider/resources/prior-authorization-lookup

- Medications not listed on the South Carolina Medicaid Professional Services Fee Schedule are not covered by First Choice.
- For questions contact PerformRxSM: **1-866-610-2773**

Advanced outpatient imaging services

- Nuclear cardiology.
- Computed tomography angiography (CTA).
- Coronary computed tomography angiography (CCTA).
- Computed tomography (CT).
- Magnetic resonance angiography (MRA).
- Magnetic resonance imaging (MRI).
- Myocardial perfusion imaging (MPI).
- Positron emission tomography (PET).

Contact Evolent Specialty Services, Inc. (Evolent): www.radmd.com or call **1-800-424-4895**.

Services requiring notification

- All newborn deliveries.
- Maternity obstetrical services (after first visit) and outpatient care (includes 48-hour observation).
- Behavioral health — crisis intervention: notification required (within 2 business days) post-service. Medical necessity review required after 80 units per state fiscal year (July 1 – June 30).
- Continuation of covered services for a new member transitioning to the plan the first 90 calendar days of enrollment.

Do not require authorization

- Acupuncture.
- Bronchoscopy — rigid or flexible with fluoroscopic guidance (one and two or more lobes).
- Circumcisions.
- Emergency room services (in-network and out-of-network).
- 48-hour observations (except for maternity — notification required).
- Low-level plain films — X-rays, electrocardiograms (EKGs).
- Family planning services.
- Post-stabilization services (in-network and out-of-network).
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.
- Women’s health care by in-network providers (OB-GYN services).
- Routine vision services.
- Outpatient Psychotherapy codes
- 90832, 90834, and 90837 (combined) first 24 visits.
- Behavioral health medication management.
- Opioid treatment program services.
- Enteral nutritional supplements.

Durable Medical Equipment (DME)

Consult the Prior Authorization Lookup tool to determine authorization requirements.

Available at: www.selecthealthofsc.com/provider/resources/prior-auth