

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|----------------------|--|
| 02-07-12 | Cover | - | Manual cover updated January 1, 2012 |
| 02-07-12 | Appendix 1 | 18 24 30 | <ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642 |
| 02-01-12 | 3 | 21 24 | <ul style="list-style-type: none"> • Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction |
| 02-01-12 | 5 | 9 | Updated the Fairfield county office number |
| 02-01-12 | Appendix 1 | 18 30 42 49 | <ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 636, 637, and 642 • Updated edit code 766 • Updated edit code 867 |
| 01-01-12 | 1 | 2-5, 20, 24 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | 3 | - 25 | <ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated EFT information |
| 01-01-12 | 5 | 1 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | Appendix 1 | 62 - | <ul style="list-style-type: none"> • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document |
| 01-01-12 | Managed Care Supplement | 9 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | TPL Supplement | 2 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 11-01-11 | 1 | 24 | Updated TPL contact information |

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| 11-01-11 | 2 | 21, 24, 28 | Added Supervision Requirements |
| 11-01-11 | 3 | 37, 45 | Updated TPL contact information |
| 11-01-11 | TPL Supplement | 6, 15 12 3, 17, 19 | <ul style="list-style-type: none"> • Changed Medicare timely filing requirement to two years and six months • Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code • Deleted sample legacy number from UB-04 TPL Fields table • Updated TPL contact information |
| 10-01-11 | Appendix 1 | 14, 29 47 | <ul style="list-style-type: none"> • Added edit codes 334 and 584 • Updated edit code 845 |
| 09-01-11 | 1 | 19 | Deleted information regarding National Correct Coding Initiative |
| 09-01-11 | 5 | 13 | Updated zip code for Spartanburg County office |
| 09-01-11 | Appendix 1 | 15, 29, 30 | Added edit code 361, 591, 596 and 605 |
| 08-01-11 | 3 | - | Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments |
| 08-01-11 | 4 | - | Updated payment rates to reflect current billing policies |
| 08-01-11 | Appendix 1 | 8 | Updated edit codes 165 and 166 |
| 08-01-11 | Managed Care Supplement | 1, 5 | Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011 |
| 07-01-11 | 5 | 13 | Deleted PO Box address for the Spartanburg County Office |
| 07-01-11 | Appendix 1 | 12 43 56 | <ul style="list-style-type: none"> • Updated resolution for edit code 300 • Added edit codes 840 and 841 • Updated Provider Enrollment Contact |

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| | | | information in edit codes 941 and 944 |
| 06-01-11 | 2 | 12 | Updated first sentence in Release of Information section |
| 06-01-11 | 5 | 5 | Corrected Abbeville County PO Box Zip+4 Code |
| 05-01-11 | 1 | 8, 11 | Added language prohibiting payment to institutions or entities located outside of the United States |
| 05-01-11 | Appendix 1 | 43 | Updated edit code 796 |
| 04-01-11 | 5 | 6 | Updated telephone number for Beaufort County |
| 04-01-11 | Forms | - | Updated Electronic Funds Transfer Form |
| 03-01-11 | 1 | 7, 9 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 3 | 19, 25, 26 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 5 | 4 5 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County |
| 03-01-11 | Appendix 1 | - 67 | Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description |
| 03-01-11 | Appendix 2 | - | Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10 |
| 03-01-11 | TPL Supplement | 17 24, 25 | <ul style="list-style-type: none"> • Changed the name of the Provider Outreach Web site to Provider Enrollment and Education • Updated the descriptions for Form 130s |
| 02-01-11 | Appendix 1 | 3 | Added edit codes 079 and 080 |
| 01-01-11 | 1 | 7 19-20 | <ul style="list-style-type: none"> • Updated the South Carolina Medicaid Web-based Claims Submission Tool section • Updated to reflect Medicaid Bulletin dated |

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| | | | December 8, 2010 – Information on NCCI Edits |
| 01-01-11 | 2 | 47-74 | Corrected formatting |
| 01-01-11 | 3 | 19, 23, 25, 26, 27 17, 31 24 | <ul style="list-style-type: none"> • Updated electronic remittance package information • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package |
| 01-01-11 | 5 | 13 | Added toll-free telephone number for Saluda county |
| 01-01-11 | Forms | - | Added Duplicate Remittance Request Form |
| 01-01-11 | Appendix 1 | 9 | Added edit codes 165 and 166 |
| 01-01-11 | TPL Supplement | 8, 10 8 10 13 15 15 | <ul style="list-style-type: none"> • Removed references to Dental claims • Removed language to contact program areas for missing carrier codes • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list • Updated Retro Medicare section to include the following: <ul style="list-style-type: none"> ○ Changed the timely filing requirement from 90 days of the invoice to 30 days ○ Added SCDHHS TPL recovery language • Updated the Retro Health and Pay & Chase section |
| 12-01-10 | Cover | - | Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)” |
| 12-01-10 | 2 | 14 21 23-24 | <p>Updated the following sections:</p> <ul style="list-style-type: none"> • Documentation section: <ul style="list-style-type: none"> ○ Progress Summary Notes ○ Physical Therapist Assistant ○ Occupational Therapy Assistant |

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| | | 43 43 55 | <ul style="list-style-type: none"> • School-based Psychological Evaluation Testing section: <ul style="list-style-type: none"> ◦ Program Description ◦ Program Staff Qualifications • Added note to Prior authorization – DHHS Form 254 section after last paragraph |
| | 4 | 7 | Added School-Based Psychological Evaluation and Testing chart |
| 12-01-10 | Appendices | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |
| 12-01-10 | Supplements | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |
| 11-01-10 | 2 | 14 21 23 | <ul style="list-style-type: none"> • Updated Progress Summary Notes • Updated Physical Therapist Assistant paragraph • Updated Occupational Therapist Assistant paragraph |
| 11-01-10 | Appendix 1 | 8 16 32 51 52 | <ul style="list-style-type: none"> • Edit code 202: added information to Resolution section • Edit codes 421 and 424 deleted • Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29 • Deleted edit code 959 • Deleted edit codes 962 and 963 |
| 11-01-10 | TPL Supplement | 3, 8, 13- 14, 18-19 6, 15-17 | <ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest • Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle |
| 10-01-10 | Change Control Record | 1-2 | <ul style="list-style-type: none"> • Corrected the following Section 2 entries for date 09-01-10 <ul style="list-style-type: none"> ◦ Replaced pages 45-63 with page 40 ◦ Replace page 64 with page 41 |

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| | | 2 | <ul style="list-style-type: none"> o Replace page 66 with page 43 and added “Under Psychological Testing and Evaluation Services section” to change description • Deleted page 9 from the Section 4 entry, dated 09-01-10 |
| 10-01-10 | 1 | - 1 7 10 | <ul style="list-style-type: none"> • Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Program Description section • Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest • Updated Freedom of Choice section |
| 10-01-10 | 2 | 13 43 43 | <ul style="list-style-type: none"> • Updated Individual Treatment Plan section • Renamed Psychological Evaluation and Testing to School-Based Psychological Evaluation and testing • Added SC State Medicaid Plan referenced in first paragraph of Program Description • Moved the Rehabilitative Behavioral Health Services from the School-based Psychological Evaluation section and updated to reflect the new Behavior Health Services policies and procedures for LEAs |
| 10-01-10 | 3 | 7 7 14 | <ul style="list-style-type: none"> • Added reference to section for modifier • Updated the Place of Service codes • Updated field 24D Unshaded* |
| 10-01-10 | 4 | 8-12 | Updated the Rehabilitative Behavioral Health Services procedure codes section |
| 10-01-10 | 5 | 11 | Correct McCormick county office street address |
| 10-01-10 | Forms | - | <ul style="list-style-type: none"> • Added the following forms: <ul style="list-style-type: none"> o RBHS Provider Enrollment for LEA o Sample Attestation Letter o Medical Necessity Statement for |

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| | | | Rehabilitative Services <ul style="list-style-type: none"> • Deleted the following forms: <ul style="list-style-type: none"> ○ Medical Necessity State for Children’s Behavioral Health Services ○ Medical Necessity Statement for Therapeutic Behavioral Services ○ Assessment for Therapeutic Behavioral Services (two pages) ○ Weekly Progress Summary Notes for Therapeutic Behavioral Services ○ Individual Treatment Plan for Therapeutic Behavioral Services ○ Consumer Satisfaction Survey • Updated DHHS Form 254 |
| 10-01-10 | Managed Care Supplement | - 1 2 3 4 5 6 13 17 | <ul style="list-style-type: none"> • Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph |
| 09-01-10 | 2 | 12 15 17 18 20 21 | <ul style="list-style-type: none"> • Added heading Individual Treatment plan and accompanying paragraphs; added Treatment Plan Review and accompanying review • Updated Program Descriptions • Updated Hearing Aids section and address • Added Tympanometry (impedance testing), Acoustic reflex testing; threshold, and Electrocochleography headings after code numbers • Updated Documentation section • Updated Physical Therapist section and Physical |

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| | | 22 | Therapy Evaluation heading 97001-GP <ul style="list-style-type: none"> • Updated Documentation section |
| | | 23 | <ul style="list-style-type: none"> • Deleted Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections |
| | | 24 | <ul style="list-style-type: none"> • Updated Occupational Therapist section |
| | | 25 | <ul style="list-style-type: none"> • Added heading after 97003-GO in Occupational Therapy Evaluation |
| | | 25 | <ul style="list-style-type: none"> • Updated Documentation section • Deleted Individual Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections |
| | | 30 | <ul style="list-style-type: none"> • Updated Documentation section. Deleted Individual Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections |
| | | 32 | <ul style="list-style-type: none"> • Updated Documentation section • Deleted Individual Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections |
| | | 40 | <ul style="list-style-type: none"> • Deleted ALL sections under Children's Behavioral Services |
| | | 41 | <ul style="list-style-type: none"> • Changed Psychological Services heading to Psychological Testing and Evaluation Services |
| | | 43 | <ul style="list-style-type: none"> • Updated Program Description and Program Staff • Under Psychological Testing and Evaluation Services section, added Rehabilitative Behavioral Health Services section and accompanying information |
| 09-01-10 | 2 | 66-69 | <ul style="list-style-type: none"> • Deleted the following sections: Emergency Safety Interventions (Seclusion and Restraint), Ordering and Initiation, Notification of Rights, Policies, and Procedures at Admission, Documentation, Monitoring/Termination, and Training Requirements |
| 09-01-10 | 3 | 20 | Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest: <ul style="list-style-type: none"> • Companion Guides |
| | | 20 | <ul style="list-style-type: none"> • South Carolina Medicaid Web-based Claims Submission Tool |
| | | 39 | <ul style="list-style-type: none"> • Claim-Level Adjustments |

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| 09-01-10 | 4 | 8 | <ul style="list-style-type: none"> • Deleted Behavioral Health Services table • Added information after Psychological Testing/Evaluation table regarding Rehabilitative Behavioral Health Services |
| 09-01-10 | 5 | 5 8 11 | <ul style="list-style-type: none"> • Removed County Commissioner's Building from the Aiken County address • Deleted Dorchester County physical address telephone number • Removed Highway 28 N from the McCormick County address |
| 09-01-10 | Appendix 1 | 9 - | <ul style="list-style-type: none"> • Added edit code 225 • Removed all references to the ADA Claim in the Resolution column |
| 09-01-10 | TPL Supplement | 12 13 18 | <ul style="list-style-type: none"> • Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information • Updated the Web-Submitted Claims section with the exception to Dental claims • Updated the TPL Resources section to include the DentaQuest contact information for TPL questions |
| 08-01-10 | 2 | 7, 12 12 | <ul style="list-style-type: none"> • Corrected formatting in following sections: <ul style="list-style-type: none"> ◦ Legibility section ◦ Referrals ◦ Release of Information • Updated the following sections: <ul style="list-style-type: none"> ◦ Evaluations section ◦ Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)/Individual Treatment Plan(ITP) |
| 08-01-10 | 5 | 5, 9, 11-13 6 | <ul style="list-style-type: none"> • Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties • Updated the address for Barnwell County • Updated the telephone number for Beaufort County |
| 08-01-10 | Appendix 1 | 20 51, 52 | <ul style="list-style-type: none"> • Deleted edit code 520 • Deleted Provider Enrollment e-mail address from |

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| | | 59 | codes 941 and 944 <ul style="list-style-type: none"> • Changed resolution for edit code 994 |
| 07-01-10 | 2 | 1 11 | Updated the following sections: <ul style="list-style-type: none"> • Individuals with Disabilities Education Act (IDEA) and Medicaid • Clinical Records, Referrals |
| 07-01-10 | 5 | - | Updated telephone numbers and zip codes for multiple county offices |
| 07-01-10 | Appendix 1 | 32 35 | <ul style="list-style-type: none"> • Updated edit code 714 • Updated edit code 738 |
| 07-01-10 | Appendix 2 | 21, 22, 25, 63, 89 | Changed First Health to Magellan Medicaid Administration |
| 06-01-10 | 2 | 6 9 10-11 12 | Updated the following sections: <ul style="list-style-type: none"> • Clinical Records • Records Maintenance • Beneficiary Requirements • Referrals • Individual Education Program (IEP) or Individual Family Service Plan (IFSP)/Individual Treatment Plan (ITP) |
| 06-01-10 | Managed Care Supplement | 1 3 17 20, 23, 25 | <ul style="list-style-type: none"> • Updated Managed Care Overview section • Updated Manage Care Organization (MCO), Core Benefits section • Updated the Managed Care Disenrollment Process, Overview section • Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change |
| 04-01-10 | 2 | 1 4 6 9 13 | <ul style="list-style-type: none"> • Updated General Information section • Updated Covered Services section • Updated General Information, Documentation Requirements section • Updated School-Based Rehabilitative Therapy Services, Documentation section • Deleted School-Based Rehabilitative Therapy |

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| | | | Services, Training Requirements section |
| 03-01-10 | Cover | - | Replaced the manual cover |
| 03-01-10 | Change Control Record | 1 | Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09 |
| 03-01-10 | 3 | 5, 20 | Removed modem as an electronic claims transmission method |
| 02-01-10 | Appendix 1 | 13 36 | <ul style="list-style-type: none"> • Added New Edit Codes 356,357 and 358 • Updated Edit Code 738 |
| 02-01-10 | Appendix 2 | All | Updated Carrier Code List |
| 01-01-10 | 5 | 5 10 12 | <ul style="list-style-type: none"> • Updated Physical Address for Allendale County Office • Replaced Jasper County DSS with Jasper County DHHS • Replaced Orangeburg County DSS with Orangeburg County DHHS |
| 01-01-10 | Appendix 1 | 49 | Updated Edit Code 932 |
| 12-01-09 | 1 | 8 25 | <ul style="list-style-type: none"> • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package • Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009 |
| 12-01-09 | 3 | 1-3 21-31 | <ul style="list-style-type: none"> • Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009 • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package |
| 12-01-09 | 5 | 8 | Updated the Dorchester County office street address |
| 12-01-09 | Appendix 1 | - | <ul style="list-style-type: none"> • Replaced CARC 17 with CARC 16 |

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| | | - 18, 19 20 | <ul style="list-style-type: none"> • Updated CARC A1 • Updated codes 509 and 510 • Added code 533 |
| 11-01-09 | Appendix 2 | All | Updated carrier code list |
| 10-01-09 | 1 | 3-4 4-6 26 | <ul style="list-style-type: none"> • Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) • Updated SC Medicaid Healthy Connections language throughout section • Updated South Carolina Medicaid Bulletins and Newsletters • Changed heading to Medicare Cost Sharing |
| 10-01-09 | 5 | 10 11 12 | <ul style="list-style-type: none"> • Updated physical address for Jasper County office • Updated telephone number for Lexington County office • Updated zip codes for Orangeburg County office |
| 10-01-09 | Appendix 1 | 3 60 | <ul style="list-style-type: none"> • Updated edit code 065 • Updated edit code 852 |
| 09-08-09 | Managed Care Supplement | 20 | Replaced the Absolute Total Care Medicaid beneficiary card sample |
| 09-01-09 | Forms | - | Updated Referral Form/Authorization for Services, Children's Behavioral Health Services Form (Form 254) |
| 09-01-09 | Managed Care Supplement | 21 20, 25 | <ul style="list-style-type: none"> • Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 • Updated Absolute Total Care entries as following: <ul style="list-style-type: none"> ○ Changed the company's name to Absolute Total Care ○ Replaced the beneficiary card samples ○ Corrected contact information |
| 08-01-09 | 5 | 14 | Updated telephone number for York County office |

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| 08-01-09 | Appendix 1 | 3 | Updated edit code 062 |
| 08-01-09 | Appendix 2 | - | Updated carrier code list |
| 07-01-09 | 2 | 2 2, 5, 44-46 7, 8 43, 44, 45 46 87 | <ul style="list-style-type: none"> • Deleted Procedural and Diagnostic Coding verbiage • Updated/added subheadings throughout sections • Updated and moved Evaluation and Re-evaluation subsection • Changed Division of Family Services to Behavioral Health Services • Updated and moved Children Behavior Health Training Requirements subsection • Updated and moved MAPPS subsection |
| 07-01-09 | 4 | 9 7 9 | <p>Moved the following charts:</p> <ul style="list-style-type: none"> • Medicaid Adolescent Pregnancy Prevention Services (MAPPS) • Nursing Services For Children Under 21 • Special Needs Transportation |
| 07-01-09 | 5 | 6, 12 8 9 | <ul style="list-style-type: none"> • Updated address for Bamberg and Orangeburg County offices • Updated office zip code for Darlington County • Updated telephone number for Fairfield County office |
| 06-01-09 | TPL Supplement | 19 | Updated Department of Insurance Web site address |
| 05-01-09 | 1 | 1-6, 11 2 3 5 28-33 | <ul style="list-style-type: none"> • Updated to reflect managed care policies and procedures effective May 1, 2009 • Updated the Eligibility subsection • Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection • Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection • Updated the Medicaid Program Integrity subsection |

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| 05-01-09 | 5 | 13 | Updated telephone number for Union County office |
| 05-01-09 | Appendix 1 | 43 | Deleted edit code 694 |
| 05-01-09 | Appendix 2 | - | Updated list of carrier codes |
| 05-01-09 | Managed Care Supplement | - | Updated supplement to include general policies and procedures effective May 1, 2009 |
| 04-01-09 | 1 | 2, 3, 8 | Updated hyperlinks |
| 04-01-09 | 3 | 6-8, 19, 25, 34, 37 | Updated hyperlinks |
| 04-01-09 | 5 | 11 | Updated telephone number for Lexington County office |
| 03-01-09 | 2 | 85 | Updated hyperlink |
| 03-01-09 | 4 | 1 | Deleted the MAPPS codes chart and added the MAPPS verbiage. |
| 03-01-09 | 5 | 4 8 5, 11-13 | <ul style="list-style-type: none"> • Updated hyperlink • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties |
| 03-01-09 | Appendix 1 | 43 72 | <ul style="list-style-type: none"> • Added new edit codes 693 and 694 • Changed edit code 945 Resolution to input "26" modifier in field 18 |
| 03-01-09 | Managed Care Supplement | 1, 7, 10, 17, 23, 25-30, 35 | Updated hyperlinks |
| 03-01-09 | TPL Supplement | 8, 9, 19 | Updated hyperlinks |
| 02-01-09 | 5 | 5 | Updated Allendale County office PO Box zip code |

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| 02-01-09 | Forms | - | Updated Authorization Agreement for Electronic Funds Transfer (EFT) form |
| 02-01-09 | Appendix 2 | - | Updated list of carrier codes |
| 01-01-09 | 1 | 8 | Updated hyperlink for bulletin.scdhhs.gov |
| 01-01-09 | 5 | 11 | Updated Lee County office address |
| 12-01-08 | 2 | 2 21, 25, 31, 34 | <ul style="list-style-type: none"> • Added “Signature and date of signature on evaluations and re-evaluations are mandated requirements” to the General Information section. • Added the following statement to the Individual Treatment sections: “If the evaluation indicates treatment is needed for the beneficiary, the Medicaid provider of service must write his or her own Treatment Plan upon completion of the evaluation. |
| 11-01-08 | 1 | 8 | Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008 |
| 11-01-08 | 2 | 2 5 8 | <ul style="list-style-type: none"> • Added Re-evaluation section, revised first bullet • Added re-evaluation to first bullet • Updated verbiage for number 3 in CSN |
| 11-01-08 | 3 | 23, 25 | Added EFT information to reflect Medicaid Bulletin dated August 26, 2008 |
| 10-01-08 | 3 | 27 | Changed ECF field 1 to Prov/Xwalk ID |
| 10-01-08 | 5 | 9, 13 | <ul style="list-style-type: none"> • Updated the address for Lake City • Updated the phone number for Sumter County office |
| 10-01-08 | Forms | - | Revised ECF example to show update for field 1 |
| 10-01-08 | Appendix 1 | - | Updated edit codes 007, 059, 112, 219, 308, 339, 386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952 |
| 09-01-08 | 5 | 6 | Updated phone number for Berkeley County office |

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| 09-01-08 | 5 | 10 | Updated phone number for Kershaw County office |
| 09-01-08 | Appendix 1 | 17 | Added Edit Code 318 |
| 08-01-08 | 2 | 15 | Added Acoustic Reflex Testing Information |
| 08-01-08 | 4 | 3 | Added Procedure Code 92568 |
| 08-01-08 | 5 | 7 | Deleted PO Box for Chester County |
| 08-01-08 | Appendix 1 | 3 | Updated Edit Code 062 |
| 07-01-08 | 5 | 11 | Deleted PO Box for Lancaster County |
| 07-01-08 | Managed Care Supplement | 27 | Replaced Web site address for BlueChoice |
| 06-01-08 | 3 | 8, 15, 17, 18, 23 | Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers |
| 06-01-08 | 5 | 12 | Updated telephone number for Orangeburg county office |
| 06-01-08 | Form | - | Deleted sample claim form showing NPI and Medicaid Provider ID |
| 06-01-08 | Appendix 1 | 30, 39, 42 | <ul style="list-style-type: none"> • Added new edit code 529 • Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692 |
| 06-01-08 | TPL Supplement | - | Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4 |
| 05-01-08 | Managed Care Supplement | - | Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section |
| 04-01-08 | 2 | 4-5 | Added information about location of supervising |

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| | | | entities |
| 04-01-08 | 5 | 8 | Updated address and phone number for Dorchester County office change |
| 04-01-08 | Appendix 1 | 4, 13, 20, 33 | Added new edit codes 062, 219, 339, 528 |
| 04-01-08 | TPL Supplement | 2 3, 8, 15 12 29 | Updated reference to Medicaid card name <ul style="list-style-type: none"> • Changed references to location of forms from Section 5 to Forms section • Updated field numbers for occurrence codes on UB-04 • Replaced sample ADA form with more attractive version |
| 03-01-08 | 1 | 3-5 7 | <ul style="list-style-type: none"> • Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information. • Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable |
| 03-01-08 | 3 | 7-20 All | <ul style="list-style-type: none"> • Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number). • Standardized formatting |
| 03-01-08 | Forms | - | Replaced Form 931 with new version dated January 2008 |
| 03-01-08 | Appendix 1 | 59 70 | <ul style="list-style-type: none"> • Added edit code 808 • Revised edit code 943 description and status (from warning to active) |
| 03-01-08 | TPL Supplement | 9 21-22 | <ul style="list-style-type: none"> • Added information on carrier code “CAS” for open casualty cases • Replaced Form 931 samples with new versions |
| 02-01-08 | 2 | 22, 27 | Updated codes and descriptions for WHFO and Speech Re-evaluation in accordance with Medicaid Bulletin dated January 29, 2008. |

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| Date | Section | Page(s) | Change |
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| 02-01-08 | 4 | 7, 8 | Updated codes and descriptions for WHFO and Speech Re-evaluation in accordance with Medicaid Bulletin dated January 29, 2008. |
| 02-01-08 | 3 | 11 29, 31 46 | <ul style="list-style-type: none"> • Corrected instructions for field 10b • Standardized references to six-character legacy provider number • Corrected mailing address for refunds |
| 02-01-08 | 5 | 1 | Removed “including Partners for Health” from first paragraph |
| 02-01-08 | Forms | - | Corrected mailing address for Medicaid Refunds Form 205 |
| 01-01-08 | 5 | 10 | Updated address for Lancaster County office |
| 01-01-08 | Managed Care Supplement | 1 3 | <ul style="list-style-type: none"> • Removed PhyTrust from the list of MHNs • Added Carolina Crescent to the list of MCOs |
| 11-19-07 | 2 4 | 12-28, 80-82 6-8 | Updated policies and procedures in accordance with Medicaid Bulletin dated November 14, 2007. |
| 11-01-07 | 2 | 1 | Deleted “or autism” from first paragraph |
| 11-01-07 | 5 | 9, 10 10 | <ul style="list-style-type: none"> • Updated telephone numbers for Florence and Kershaw counties • Updated Horry County address to 1601 11th Ave., 1st Floor |
| 11-01-07 | Appendix 1 | All | <ul style="list-style-type: none"> • Corrected ECF field numbers throughout edit resolution instructions • Added new edit code 107 |
| 11-01-07 | Appendix 2 | All | Updated list of carrier codes |
| 10-03-07 | 2 4 | 17, 20 6 | Replaced GP modifier with HA modifier for procedure codes 97001 and 97003 |
| 10-01-07 | 1 | 1-2 3 | <ul style="list-style-type: none"> • Removed PEP information • Added information about managed care |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
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| | | 4 12 15 25 | enrollment broker and Managed Care Supplement <ul style="list-style-type: none"> • Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). • Clarified that “days” refers to business days • Clarified which sections of manual may contain PA information • Expanded provider list under Program Integrity |
| 10-01-07 | 3 | 13, 46 | <ul style="list-style-type: none"> • Removed PEP information • Added 90-day time limit for reversing refunds |
| 10-01-07 | Appendix 1 | 26 38-40, 43, 70 | <ul style="list-style-type: none"> • Corrected description for edit code 502 • Added NPI warning edits 578-583, 692, 943 |
| 10-01-07 | - | - | Added Managed Care Supplement |
| 10-01-07 | TPL Supplement | 15-17 | <ul style="list-style-type: none"> • Added 90-day time limit for reversing refunds • Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare |
| 09-01-07 | Change Control Record | 4 | Corrected date of Medicaid Bulletin referenced in 02-16-06 updates to February 2, 2006. |
| 09-01-07 | 2 4 | 17 6, 8 | <ul style="list-style-type: none"> • Removed GP modifier from Individual Physical Therapy • Updated unit of service and frequency for Group Speech Therapy |
| 08-13-07 | 2 and 4 | - | Revised policies and procedures in accordance with Medicaid Bulletin dated August 13, 2007. |
| 07-01-07 | 1 | All | Revised policies and procedures throughout section |
| 07-01-07 | Forms | - | Updated DHHS Form 205 |
| 07-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 06-01-07 | 3 | - | Removed Time Restricted Supplement |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|-----------------------|---|
| 06-01-07 | 3 | All | <ul style="list-style-type: none"> • Updated form completion instructions for new CMS-1500 and Form 130 versions • Updated ECF and RA descriptions • Added information about National Provider Identifier • Replaced Reference to Forms 110 and 120 with Form 115 • Clarified retroactive eligibility policy • Updated ECF correction instructions • Added CPT and HCPCS ordering information • Made minor editorial changes throughout section |
| 06-01-07 | 5 | 3-4 6-8 12 - | <ul style="list-style-type: none"> • Revised “Procurement of Forms” to address new CMS-1500 version and updated vendor information • Added toll-free number for Berkeley, Charleston, and Darlington county offices • Updated phone number for Oconee County • Split forms and exhibits from Section 5 to create separate Forms section |
| 06-01-07 | Forms | - | <ul style="list-style-type: none"> • Updated DHHS forms to add National Provider Identifier field • Updated sample claims to new CMS-1500 version • Updated ECF and remits to new versions • Updated DHHS Form 254 |
| 06-01-07 | Appendix 1 | - | Updated list of edit codes |
| 06-01-07 | TPL Supplement | All | <ul style="list-style-type: none"> • Updated all sample forms and claims with new versions • Updated form completion instructions to match new form versions |
| 05-01-07 | Appendix 1 | - | Updated list of edit codes |
| 04-01-07 | 5 | 8 | Updated phone number for Darlington county office |
| 04-01-07 | Appendix 1 | - | Updated list of edit codes |
| 04-01-07 | Appendix 2 | - | Updated list of carrier codes |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
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| 04-01-07 | Time Restricted Supplement | - | Updated date for mandatory use of revised CMS-1500 |
| 03-01-07 | 5 | 6 | Updated Barnwell county office address |
| 03-01-07 | Time Restricted Supplement | All | Removed all references to NDC quantity and unit |
| 03-01-07 | Appendix 1 | - | Updated list of edit codes |
| 02-01-07 | TPL Supplement | 31-32 | Updated ECF Samples to show third payer line |
| 01-01-07 | 3 | - | Added Time Restricted Supplement |
| 01-01-07 | 5 | - | Added line "03" to sample ECF for the third payer declaration |
| 01-01-07 | Appendix 1 | 9, 14 | Added Edit Codes 202, 203, 204, 301 |
| 01-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 11-01-06 | 5 | - | Updated county office addresses |
| 11-01-06 | 5 | - | Updated Case Plan and Screening form for MAPPS |
| 10-01-06 | 5 | - | Updated county office addresses |
| 10-01-06 | Appendix 2 | - | Updated list of carrier codes |
| 09-01-06 | 5 | - | Updated county office addresses |
| 09-01-06 | Appendix 1 | 10,11,13 15,17,18 22, 23, 24 26, 27 ,28 29, 30, 31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50 | <ul style="list-style-type: none"> • Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949 • Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749 • Updated resolutions for edit codes 761, 764, 765, 768, 769, 771, 772, 773, 774 • Added new edit codes 518, 724 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
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| | | 52, 58, 60 61, 62, 63 66, 67 | <ul style="list-style-type: none"> • Deleted edit code 777 |
| 08-01-06 | 2 | 23 | Corrected to add modifier HA to code V5011 |
| 08-01-06 | - | - | Added TPL Supplement |
| 08-01-06 | 5 | - | Updated Reasonable Effort Documentation form |
| 07-24-06 | 2 4 | 21-23 4-5 | Updated frequency limitations in accordance with Medicaid Bulletin dated July 24, 2006 |
| 07-01-06 | Appendix 1 | 23, 60, 61 | Updated resolution for edit code 504, 923, 940 |
| 07-01-06 | Appendix 2 | - | Updated list of carrier codes |
| 05-01-06 | Appendix 1 | 52 | Updated resolution for edit code 852 |
| 04-01-06 | Appendix 1 | 43 | Updated resolution for edit code 735 |
| 04-01-06 | Appendix 2 | - | Updated list of carrier codes |
| 03-01-06 | 3 | 16 18 23 23 38 | <ul style="list-style-type: none"> • Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to www.dhhs.state.sc.us • Changed the Internet Explorer version required for the Web Tool to 6.0 • Added TPL indicators to the ECF field 4 description • Added Injury Code indicators to the ECF field 5 description • Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts |
| 03-01-06 | Appendix 1 | 62 | Changed resolution for edit code 925 |
| 02-15-06 | 2 | - | Updated in accordance with Medicaid Bulletin dated February 2, 2006 |
| 02-15-06 | 4 | - | Updated in accordance with Medicaid Bulletin dated February 2, 2006 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
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| 02-01-06 | Appendix 1 | 41 | Changed resolution for edit code 721 |
| 01-01-06 | 5 | - | Updated Authorization Agreement for Electronic Funds Transfer |
| 01-01-06 | 1 | 4 & 5 | Removed SILVERxCARD sample and program description |
| 01-01-06 | Appendix 2 | - | Updated list of carrier codes |
| 01-01-06 | Appendix 1 | 67 | Added edit code 935 |
| 12-01-05 | Appendix 1 | 70 | Added edit code 949 |
| 11-01-05 | 1 | 6, 7 | Removed "HIPAA" from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center |
| 11-01-05 | 3 | 6 | Changed verb tense under Procedural Coding and Diagnostic Codes |
| 11-01-05 | 3 | 13 | Removed requirement for entering whole numbers for day or units in field 24G |
| 11-01-05 | 3 | 17, 18, 33 | Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool |
| 11-01-05 | 3 | 16 | Changed Web site from www.scdhhshipaa.org to www.scmedicaidprovider.org |
| 11-01-05 | 5 | 5-14 | Updated list of DHHS county offices |
| 10-01-05 | 5 | 5-14 | Updated list of DHHS county offices |
| 10-01-05 | Appendices | - | Made each appendix a separate file; moved Change Control Record out of appendices to a separate file. |
| 09-01-05 | 2 | 25, 27, & 28 | Corrected name of Department of Labor, Licensing and Regulation; fixed minor proofreading errors |
| 09-01-05 | Appendix 2 | All | Updated lists of carrier codes |

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| Date | Section | Page(s) | Change |
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| 09-01-05 | Appendix 1 | 38 & 64 | Added edit codes 577 and 900 |
| 08-01-05 | 2 | 2 | Added sentence that was accidentally deleted in July update: "Psychological Testing and Evaluation Services may be billed without the requirement of an IEP or IFSP." |
| 08-01-05 | Appendix 1 | A1-62 | Added edit code 868 |
| 07-01-05 | 3 | 2, 9, 11 17, 18, 28 29 | <ul style="list-style-type: none"> • Added description of new Web Tool features • Removed instruction to attach EOB to paper claims • Change MIVS zip code to 29211-9804 (from 29201) |
| 07-01-05 | Appendix 2 | - | Updated lists of carrier codes |
| 07-01-05 | 2, 3, & 5 | - | Updated in accordance with Medicaid Bulletin dated June 16, 2005 |