

CHANGE CONTROL RECORD

| Date | Section(s) | 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 | 28 30 | <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 637 • 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 | 2 | 25 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | 3 | - 31 | <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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|----------------|--------------------------|--|
| | | | 11-18-11 |
| 11-01-11 | 1 | 24 | Updated TPL contact information |
| 11-01-11 | 3 | 39, 48, 50 | 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 | 2 | 21 22-30 22 - 23 | <ul style="list-style-type: none"> • Added a “Note” to the Waivers section • Deleted all section content and tables that referenced any specific information related to diapers, under pads, incontinence supplies, etc. • Added new content to the following sections: <ul style="list-style-type: none"> ○ Mental Retardation/Related Disabilities (MR/RD) section ○ Head and Spinal Cord (HASI) Waiver ○ Mechanical Ventilator Dependent Waiver (VENT) ○ HIV/AIDS Waiver ○ Community Choices Waiver ○ Medically Complex Children’s Waiver |
| 09-01-11 | 4 | - | Updated header date to 07/11/11 and procedure codes to reflect Medicaid Bulletin dated July 8, 2011 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|-------------------------------|---|
| | | | current billing policies including claim processing, claim submission, and copayments |
| 08-01-11 | Forms | - | Deleted Program Coordinators chart |
| 08-01-11 | Appendix 1 | 8 | Updated edit codes 165 and 166 |
| 08-01-11 | Appendix 3 | 1 | Updated the copayment schedule per the bulletin effective July 11, 2011 |
| 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 information in edit codes 941 and 944 |
| 07-01-11 | Appendix 3 | 1 | Updated the copayment schedule per the bulletin effective July 8, 2011 |
| 06-01-11 | 2 | 10 15-16 17 18 16 | Updated the following sections: <ul style="list-style-type: none"> • Medicaid Certification of Medical Necessary (MCMN) • Proof of Delivery • Manual Pricing and Not Otherwise Classified (NOC) • Frequency Limitations Added the following sections: <ul style="list-style-type: none"> • Auto-Refilling section • National Correct Coding Initiative (NCCI) |
| 06-01-11 | 5 | 5 | Corrected Abbeville County PO Box Zip+4 Code |
| 05-18-11 | 4 | 1 | Updated fee schedule approval information |
| 05-01-11 | 1 | 8, 11 | Added language prohibiting payment to institutions or entities located outside of the United States |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|----------------|--------------|---|
| 05-01-11 | Appendix 1 | 43 | Updated edit code 796 |
| 04-11-11 | 4 | - | Updated fee schedule to reflect Medicaid Bulletin dated April 7, 2011 – Medicaid Rate Reduction |
| 04-01-11 | 3 | 3, 4 | Updated Copayment Policy to reflect bulletin dated 3-16-11 |
| 04-01-11 | 5 | 6 | Updated telephone number for Beaufort County |
| 04-01-11 | Forms | - | Updated Electronic Funds Transfer Form |
| 04-01-11 | Appendix 3 | - | Updated copay amounts to reflect bulletin dated 3-16-11 |
| 03-01-11 | 1 | 7, 9 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 2 | 8 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 3 | 26, 31, 32 | 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 | <ul style="list-style-type: none"> • Updated the South Carolina Medicaid Web-based Claims Submission Tool section |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|----------------|--|---|
| | | 19-20 | <ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits |
| 01-01-11 | 3 | 26, 29, 30, 32 17, 38 29 | <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 | Appendices | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |

CHANGE CONTROL RECORD

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|----------|-------------------------|------------------------------------|---|
| 12-01-10 | Supplements | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |
| 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 | 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 | 5 | 11 | Correct McCormick county office street address |
| 10-01-10 | Managed Care Supplement | - 1 2 3 4 5 | <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 |

CHANGE CONTROL RECORD

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|----------|----------------|---|--|
| | | 6 13 17 | <ul style="list-style-type: none"> • Updated Exempt Services • Updated Overview • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph |
| 09-01-10 | 3 | 27 27 44 | <p>Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest:</p> <ul style="list-style-type: none"> • Companion Guides • South Carolina Medicaid Web-based Claims Submission Tool • Claim-Level Adjustments |
| 09-01-10 | 4 | 2 34 47 76 90 126-127 130 | <ul style="list-style-type: none"> • Deleted code A4232 • Added code E0482 • Updated frequency for E1007 to 3 Yr • Added code L0552 • For code L0623, changed MCMN column to “*” • Updated codes L6694, L6695, L6696, L6697, and L6698 units to 2 and frequency to 1 Yr • Updated frequency for S8999 to 1 Yr |
| 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 |

CHANGE CONTROL RECORD

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|----------|-------------------------|----------------------------|--|
| 08-01-10 | 5 | 5, 8, 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 59 | <ul style="list-style-type: none"> • Deleted edit code 520 • Deleted Provider Enrollment e-mail address from codes 941 and 944 • Changed resolution for edit code 994 |
| 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 | 4 | 4 20 29 & 31 | Deleted Procedure Code A4365 Updated Procedure Code B4104 Updated Procedure Codes E0194 & E0277 |
| 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 |
| 05-01-10 | 5 | 1 | <ul style="list-style-type: none"> • Removed references to sample form at the end of this section • Replaced references to sample form in the Forms section of this manual |
| 04-01-10 | 2 | 4 20 95 | <ul style="list-style-type: none"> • Deleted code A365 • Removed prior authorization requirement for B4101 (MCMN column) • Added code L1005 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-----------------------|--|--|
| 04-01-10 | Forms | - | Corrected spacing on MCMN forms |
| 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 | 2 | 2 10 | <ul style="list-style-type: none"> • Added new sections for in-state and out-of-state providers • Updated the Medicaid Certificate of Medical Necessity (MCMN) section |
| 03-01-10 | 3 | 3,5 | Removed modem as an electronic claims transmission method |
| 02-02-10 | 2 | 1 8-10 | <ul style="list-style-type: none"> • Updated DME Overview section • Updated Medical Certification of Medical Necessary (MCMN) section |
| 02-02-10 | Forms | - | Updated the following forms: DME 001, DME 003, DME 004, DME 005 DME 006, DME 007 DME 008 |
| 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 | 4 | 12, 17, 56, 65, 87, 97, 98, 104, 106-108, 126 | Deleted the following procedure codes: A6200, A6201, A6202, A6542, E2223, E2393, 0210, L1800, L1815, L1901, L2770, L3651, L3652, L3700, L3701, L3909, L3911, and L6639 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|------------------------|---|
| 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 26, 28-32 | <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 | - - 18, 19 20 | <ul style="list-style-type: none"> • Replaced CARC 17 with CARC 16 • Updated CARC A1 • Updated codes 509 and 510 • Added code 533 |
| 11-01-09 | Appendix 2 | All | Updated carrier code list |
| 10-07-09 | Forms | - | Correct revision dates on the Table of Contents |
| 10-01-09 | 1 | 3-4 4-6 8 25 | <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 Claims |
| 10-01-09 | 2 | 16 32 | <ul style="list-style-type: none"> • Updated the reimbursement percentage rates for Manually Priced and Not Otherwise Classified (NOC) codes • Added Qualified Medicare Beneficiary subsection |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|-------------------------------------|--|
| 10-01-09 | 4 | ALL | Update fee schedule |
| 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 | Forms | - | <ul style="list-style-type: none"> • Corrected revision date to form DME 001 • Added revision date on form DME 007 |
| 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 | 2 | 9, 11 34 35 37 | <ul style="list-style-type: none"> • Updated Medicaid Certificate of Medical Necessity subsection • Replaced code E1340 with K0739 effective April 1, 2009 • Deleted last paragraph under Repairs subsection • Updated Diabetic Supplies subsection |
| 09-01-09 | 4 | 48 | Deleted codes E1017 and E1018 |
| 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 | 2 | 12 45-56 | <ul style="list-style-type: none"> • Updated Capped Rental subsection • Updated the effective date and Medicare frequency limitations for codes B4081, B4082, B4083, B4087, and B4088. |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------|---|---|
| 08-01-09 | 4 | 20, 34, 136-137 53 77, 78 | <ul style="list-style-type: none"> • Updated units and frequencies for codes B4087, B4088, B9998, E0470-E0472, E0601, T4521-T4523, X1939, X9202 • Deleted code E1340 • Added codes K0003-K005 (for modifier NU), K0462, K0739 |
| 08-01-09 | 5 | 14 | Updated telephone number for York County office |
| 08-01-09 | Appendix 1 | 3 | Updated edit code 062 |
| 08-01-09 | Appendix 2 | - | Updated carrier code list |
| 07-01-09 | 4 | 8 | Corrected price for procedure code E4495 |
| 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 | 4 | 33 45 | <ul style="list-style-type: none"> • Updated procedure code E0441, E0442, E0443, and E0444, modifier 00 to modifier NU • Updated procedure code E0971, modifier LL to 1 Mo |
| 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 |
| 05-01-09 | 2 | 30-31 | Updated to reflect managed care policies and procedures effective May 1, 2009 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|---|---|
| 05-01-09 | 5 | 14 | 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 | 2 | 3, 4 12 14 17 18 22, 23, 25, 26, 28 29, 30 34 35-36 38-39 45 47 47-48 49, 51, 54 | <ul style="list-style-type: none"> • Updated Operating Procedures subsection • Added procedure code E0601 • Updated documentation requirement in Prior Approval subsection • Updated Frequency Limitations • Added note to Miscellaneous Procedure Codes subsection • Added minimum area for diapers and underpads • Added Medically Complex Children's Waiver subsection • Updated Warranties subsection • Added note to Repairs subsection • Added Diabetic Supplies and External Insulin Infusion Pump subsections • Added codes E0441 and E0442 • Change frequency limits to 12 for codes B4087 and B4088 • Added Hospital Beds and Bariatric Beds subsections • Under Power Wheelchairs subsection: <ul style="list-style-type: none"> o Added physician's prescription to documentation requirements o Added documentation requirement to include serial number for manufacturer information o Removed push-rim manual wheelchair policy • Removed procedure codes form within text • Updated last paragraph • Under Negative Pressure Wound VAC |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|-----------------------------------|--|
| | | 52-57, 56 60 63 | subsection: <ul style="list-style-type: none"> o Replaced code A6551 with A7000 o Updated Continued Wound Vac Coverage subsection o Updated Wound Vac Supplies subsection • Under Non-Covered Items, added Wheelchair Accessories subsection |
| 04-01-09 | 3 | 6-8, 26, 31, 39, 42 | Updated hyperlinks |
| 04-01-09 | 4 | 1 | Added note to Price column statement |
| 04-01-09 | 5 | 11 | Updated telephone number for Lexington County office |
| 03-01-09 | 2 | 4, 16 | Updated hyperlinks |
| 03-01-09 | 4 | 39 | Added units for E0705 NU, LL, UE |
| 03-01-09 | 5 | 3, 4 8 5, 11-13 | <ul style="list-style-type: none"> • Updated hyperlinks • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties |
| 03-01-09 | Forms | - | Added Meghan Loskill to the South Carolina Department of Durable Medical Equipment Program Coordinators |
| 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 | 2 | 39 | Updated last paragraph of Oxygen section |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|--|---|
| 02-01-09 | 4 | 18 33 35 72 131 132 | <ul style="list-style-type: none"> • Updated units for A7003 and A7004 • Added codes E0443 and E0444 • Deleted E0483 – NU and E0483 – UE • Updated units and frequency for K0001, K0003, and K0004 • Added ** to MCMN for S1040 • Updated units and frequency for S9001 |
| 02-01-09 | 5 | 5 | Updated Allendale County office PO Box zip code |
| 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 | 4 | 2 18 72 - 73 | <ul style="list-style-type: none"> • Deleted A4245 • Updated A7003, A7004 • Deleted some information for K002, K003, K004, K005, K006, K007, K009 |
| 01-01-09 | 5 | 11 | Updated Lee County office address |
| 01-01-09 | Forms | - | Updated Program Coordinators contact sheet |
| 12-01-08 | 2 | 16 | Revised 25% to 22% and 90% to 87% |
| 12-01-08 | 4 | - | Updated fees throughout table |
| 12-01-08 | Forms | - | Revised form DME 001 |
| 11-01-08 | 1 | 8 | Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008 |
| 11-01-08 | 2 | 23, 24, 26 | Updated rates and reimbursements |
| 11-01-08 | 2 | 14 | Revised verbiage in Prior Approval section. |
| 11-01-08 | 3 | 29, 31 | Added EFT information to reflect Medicaid Bulletin dated August 26, 2008 |
| 11-01-08 | 4 | - | Updated schedule for the following codes: T4524, T4523, T4522, T4521, T4533, T4528, T4527, |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|----------|---|
| | | | T4526, T4525, T4534, T4535, T4530, T4529, T5999, A4554 |
| 11-01-08 | Forms | - | <ul style="list-style-type: none"> • Added the listing of DME Program Coordinators • Updated CMN forms |
| 10-01-08 | 3 | 33 | Changed ECF field 1 to Prov/Xwalk ID |
| 10-01-08 | 4 | - | Updated section from bulletin dated September 10, 2008 |
| 10-01-08 | 5 | 9, 13 | <ul style="list-style-type: none"> • Updated address for Lake City • Updated phone number for Sumter County office |
| 10-01-08 | Forms | - | <ul style="list-style-type: none"> • Revised ECF example to show update for field 1 • Deleted DME Program Coordinators Form and Map |
| 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 |
| 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 | Appendix 1 | 3 | Updated Edit Code 062 |
| 08-01-08 | 5 | 7 | Deleted PO Box for Chester County |
| 07-01-08 | 2 | 40 40 | <ul style="list-style-type: none"> • Deleted code B4086 • Added codes B4087 and B4088 |
| 07-01-08 | 4 | - | Updated section from bulletin dated May 28, 2008 |
| 07-01-08 | 5 | 11 | Deleted PO Box for Lancaster County |
| 07-01-08 | Forms | - | Updated instructions on reverse side on form DME 001 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|-----------------------|--|
| 07-01-08 | Managed Care Supplement | 27 | Replaced Web site address for BlueChoice |
| 06-01-08 | 3 | 8, 15, 16, 18, 19, 31 | 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 | - | <ul style="list-style-type: none"> • Deleted sample claim form showing NPI and Medicaid Provider ID • Updated DHHS Form 214 to reflect May 23, 2008, deadline requiring NPI only |
| 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 | 4 | 29 | Updated modifier for procedure code E0168 |
| 04-01-08 | 5 | 8 | Updated address and phone number for Dorchester County office |
| 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 | <ul style="list-style-type: none"> • Updated reference to Medicaid card name • Changed references to location of form from Section 5 to Forms section |
| | | 12 | <ul style="list-style-type: none"> • Updated field numbers for occurrence codes on UB-04 |
| | | 29 | <ul style="list-style-type: none"> • Replaced sample ADA form with more |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|------------------------|---|
| | | | 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 | 9-19 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 | 4 | 40 | Removed edit codes E0636 and E0639 |
| 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 | 3 | 11 35, 38 51 | <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 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|---------------------------------|--|
| 12-01-07 | 4 | 164 | Updated procedure code T5999 |
| 12-01-07 | 5 | 8, 10, 12 | <ul style="list-style-type: none"> • Updated addresses for Edgefield, Lancaster and Oconee County offices • Updated zip code for Kershaw County |
| 12-01-07 | Forms | - | Updated chart and map for DME Program Coordinators |
| 11-01-07 | 4 | 141 159, 165 | <ul style="list-style-type: none"> • Corrected Mo/Yr column for procedure code L5685 • Updated reimbursements S5160, X1939, and X9202 in accordance with Medicaid Bulletins dated September 24, 2007 |
| 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 |
| 10-01-07 | 1 | 1-2 3 4 12 15 25 | <ul style="list-style-type: none"> • Removed PEP information • Added information about managed care enrollment broker and Managed Care Supplement • 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 | 2 | 26, 27 | Removed PEP information from Managed Care section |
| 10-01-07 | 3 | 13, 51 | <ul style="list-style-type: none"> • Removed PEP information |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------|-------------------------------|--|
| | | | <ul style="list-style-type: none"> Added 90-day time limit for reversing refunds |
| 10-01-07 | 4 | 39, 44, 141 | <ul style="list-style-type: none"> Updated procedure codes for E0618, E0781, E0784, L5685 |
| 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 | 4 | 25-26, 38, 48-49, 72-73 | Updated procedure codes for E0110, E0112, E0114, E0562, E0960, E2375 |
| 08-01-07 | 4 | 4, 28, 159, 164 | Corrected procedure codes for A4349, E0155, S1040, and T4521-T4533 |
| 07-01-07 | 1 | All | Revised policies and procedures throughout section |
| 07-01-07 | 4 | - | Updated procedure code descriptions, pricing, and requirements in accordance with Medicaid Bulletin dated June 14, 2007. |
| 07-01-07 | Forms | - | Updated DHHS Form 205 |
| 07-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 06-01-07 | Appendix 1 | All | 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 |
| 06-01-07 | 2 | All | Changed references to location of forms from "Section 5" to "Forms section" |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|---|---|
| 06-01-07 | 3 | - | Removed Time Restricted Supplement |
| 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 | 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 Justification for Home Uterine Activity Monitor/Supplies (HUAM) for Subcutaneous Tocolytic Therapy • Updated Certificate of Repair and Labor Cost and assigned it new form number DME 008 |
| 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 |
| 05-01-07 | 4 | 36, 56-57, 64, 78-79, 88-89, 121 | <ul style="list-style-type: none"> • Reinserted procedure code E0445 • Added correct pricing for procedure codes K0738, E1232-E1237, E2601-E2605, and E2291-E2294 • Inserted new procedure code K0733 • Removed procedure codes K0090-K0098 • Updated units for procedure code L2750 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|----------------------------|----------|--|
| 05-01-07 | Appendix 1 | - | Updated list of edit codes |
| 04-01-07 | 2 | 13 & 14 | Changed address for SCDHHS Department of Durable Equipment to 12 th floor |
| 04-01-07 | 4 | 88 & 89 | Corrected modifiers for procedure codes K0108 and K0738 |
| 04-01-07 | 5 | 8 | <ul style="list-style-type: none"> Updated phone number for Darlington county office Corrected instructions on back of MCMN for Orthotics, Prosthetics, and Diabetic Shoes (DME 004) |
| 04-01-07 | Appendix 1 | - | Updated list of edit codes |
| 04-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 04-01-07 | Time Restricted Supplement | - | Updated date for mandatory use of revised CMS-1500 |
| 03-02-07 | 4 | All | Updated procedure codes and reimbursements in accordance with Medicaid Bulletin dated March 2, 2007. |
| 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 carrier codes |
| 02-01-07 | TPL Supplement | 31-32 | Updated ECF Samples to show third payer line |
| 02-01-07 | 5 | Exhibits | Updated three Medicaid Certificate of Medical Necessity forms (DME 005, 006, and 007). |
| 01-22-07 | 2 | 40-50 | Updated Power Wheelchair guidelines in accordance with Medicaid Bulletin dated December 18, 2006 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|--|--|
| 01-22-07 | 4 | - | Updated procedure code descriptions, pricing, and requirements in accordance with Medicaid Bulletins dated December 18, 2006 and January 8, 2007. |
| 01-22-07 | 5 | Forms | Updated MCMNs in accordance with Medicaid Bulletin dated December 18, 2006 |
| 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 |
| 12-01-06 | 4 | 84 | Removed procedure code K0800 |
| 12-01-06 | 4 | 83 | Reinserted procedure code K0108 |
| 12-01-06 | 3 | 32-33 | Added descriptions for fields 13 and 14 of ECF |
| 11-01-06 | 5 | - | Updated county office addresses |
| 10-12-06 | 2, 4, 5 | - | Updated policies, procedure codes, and Medicaid Certificates of Medical Necessity in accordance with Medicaid Bulletin dated October 6, 2006. |
| 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(s) | Page(s) | Change |
|----------|-------------|------------------------------------|--|
| | | 52, 58, 60 61, 62, 63 66, 67 | <ul style="list-style-type: none"> • Deleted edit code 777 |
| 08-01-06 | 4 | 127, 138-139 | Added correct pricing for procedure codes L5856, L5858, L6965, L6970, L6975, and L7180 |
| 08-01-06 | - | - | Added TPL Supplement |
| 08-01-06 | 5 | - | Updated Reasonable Effort Documentation form |
| 07-01-06 | Appendix 1 | 23, 60, 61 | Updated resolutions for edit codes 504, 923, 940 |
| 07-01-06 | Appendix 2 | - | Updated list of carrier codes |
| 07-01-06 | 2 | 14, 16, 17-20 | Updated waiver information |
| 05-08-06 | 4 | 89-92 | Added Modifier column with "00" to codes L09491 through L0640 |
| 05-01-06 | Appendix 1 | 52 | Updated resolution for edit code 852 |
| 03-22-06 | Appendix 1 | 43 | Updated resolution for edit code 735 |
| 03-22-06 | Appendix 2 | - | Updated list of carrier codes |
| 03-22-06 | 2 3 4 | 5, 8, 36-9 20 All | Updated in accordance with Medicaid Bulletin dated March 22, 2006. |
| 03-01-06 | Appendix 1 | 60 | Changed resolution for edit code 925 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|------------|--|
| 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 | 14 | Removed requirement for entering whole numbers for day or units in field 24G |
| 11-01-05 | 3 | 25, 40 | Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool |
| 11-01-05 | 3 | 24 | Changed Web site from www.scdhhshipaa.org to www.scm Medicaid provider.org |
| 11-01-05 | 5 | 5-14 | Updated list of DHHS county offices |
| 10-01-05 | 2 | 1-5, 31-34 | Revised MCMN requirements to reflect Medicaid Bulletin dated September 30, 2005; added information on wheelchair accessories and options |
| 10-01-05 | 4 | All | Revised code descriptions, pricing, modifiers, etc. to reflect Medicaid Bulletin dated September 30, 2005. |
| 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 | Appendix 2 | All | Updated lists of carrier codes |
| 09-01-05 | Appendix 1 | 38 & 64 | Added edit codes 577 and 900 |
| 08-01-05 | Appendix 1 | A1-62 | Added edit code 868 |
| 07-01-05 | 4 | - | Made corrections to procedure codes A4216, A4230, E0242, E0940, E2620, E2621, E8000, E8001, E8002, S9537, and X1922 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|--------------------------|--|
| 07-01-05 | 3 | 2, 10, 11, 25, 36, 37 | <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 | All | Updated lists of carrier codes |
| 03-03-05 | 2, 3, 4 & Appendices | All | Update section(s) of manual to reflect “updated” date 2-14-05 in header and cover of DME manual. New codes were added to Section 4 and new edit codes were added to appendices. |
| 03-01-05 | 5 | - | New versions of forms: Health Insurance Information Referral Form, Confidential Complaint, Reasonable Effort Documentation, and Sample Remittance Advice |
| 03-01-05 | 5 | - | Added DHHS Form 130. |
| 03-01-05 | 5 | - | Changed area codes for Saluda and Union county DHHS offices. |
| 03-01-05 | 3 | - | Added information about claim-level adjustments process and Form 130. |
| 02-11-05 | 5 | 4 | Updated manual ordering information under Web Address header. |
| 01-25-05 | 5 | 5, 8 | Updated addresses for Allendale and Hampton county offices. |
| 01-05-05 | 5 | 17-18 | Replaced DME Form 001 (MCMN for Equipment and Supplies) with new version. |
| 12-16-04 | Appendix 2 | All | Added four pages to list of carrier codes. |
| 12-16-04 | Appendix 1 | 71 | Deleted the phrase “to your program manager” from criterion #1 of the resolution for edit code 977. |
| 12-08-04 | 5 | Exhibits | Replaced Authorization Agreement for Electronic Funds Transfer with 11/04 version. |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|-------------|-------------------|----------------|---|
| 12-08-04 | 1 | All | Changed “Division of Accountability and Collections” to “Division of Third Party Liability.” |
| 12-08-04 | 1 | 21 | Added TPL phone number. |
| 12-03-04 | 1 | 5 | Changed SILVERxCARD Benefit Questions phone number to 1-800-834-2680. |
| 12-03-04 | 5 | Exhibits | Updated all four Medicaid Certificate of Medical Necessity forms (DME 001, 004, 005, and 006) to 12/01/04 versions. |
| 12-03-04 | 5 | 5-11 | Replaced DHHS County Offices contact list. |