

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-12	5	10	Updated the Fairfield county office number
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	7, 64 14 41, 47 52 56 31, 57-59, 61&62	<ul style="list-style-type: none"> • Added spacers for metered dose inhalers to DME billables • Updated Prior Authorization section • Added WAC + 0.8% to Upper Limits of Payment for Certain Multiple Source Products and Payment Methodology Information • Updated South Carolina PDPs section to reflect the new annual enrollment period • Updated FPW to reflect current eligible beneficiaries • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	10 12 14 18	<ul style="list-style-type: none"> • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 • Deleted Medical Home Network under Copayments • Added Risperdal Consta and Invega Sustenna to list of injectable products • Updated hyperlink • Updated EFT information
01-01-12	5	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
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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Date	Section	Page(s)	Change
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
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	5	15	Updated zip code for Spartanburg County office
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
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	2	48	Deleted “Beneficiaries enrolled in Medical Homes Networks (SC Solutions) are exempt from copayments.”
07-01-11	5	15	Deleted PO Box address for the Spartanburg County Office
06-01-11	2	38, 78	Added language to prohibit automatic prescription refills
06-01-11	5	7	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	2	3 48	<ul style="list-style-type: none"> • Updated Scope of Coverage to include prohibiting payments to institution or entities located outside of the United States • Updated Copayment exemption to include Federally Recognized Indian Tribe

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05-01-11	3	12	Updated Copayment exemption to include Federally Recognized Indian Tribe
04-01-11	2	3 48, 57 55 56 57	<ul style="list-style-type: none"> • Corrected the name of the Magellan paper claims unit • Changed outpatient hospital copayment to reflect Medicaid Bulletin dated March 6, 2011 – Copayments • CMS’s Contingency Plan for Dual Eligibles, paragraph 2: Removed reference to GAPS or former SILVERxCARD member • Waiver Programs Operated by Division of Community Long Term Care paragraph 1: Removed language exempting CLTC waivers from collection of copayment on Medicaid-covered prescriptions • Family Planning Waiver (FPW), paragraph 4: Added STIs; paragraph 5: Deleted
04-01-11	3	11-12	Changed outpatient hospital copayment to reflect Medicaid Bulletin dated March 6, 2011 – Copayments
04-01-11	5	8	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	17, 18	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	4 7	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County
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 Form130s
02-01-11	2	33	Changed the prescription limit overrides to three

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Date	Section	Page(s)	Change
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 December 8, 2010 – Information on NCCI Edits
01-01-11	3	17 18	<ul style="list-style-type: none"> • Updated electronic remittance package information • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package
01-01-11	5	15	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
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 Forms	21 -	Added new Proton Pump Inhibitors form
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

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Date	Section	Page(s)	Change
			headers
11-01-10	3	15	<ul style="list-style-type: none"> Updated “Patient Paid Amount Submitted” Field (ID-433-DX) section
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	13	Correct McCormick county office street address
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	5	7	<ul style="list-style-type: none"> Removed County Commissioner’s Building from the Aiken County address

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Date	Section	Page(s)	Change
		11 13	<ul style="list-style-type: none"> • Deleted Dorchester County physical address telephone number • Removed Highway 28 N from the McCormick County address
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	Change Control Record	1	Removed July 1 entries for Appendix 1 and Appendix 2
08-01-10	2	23 52	<ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated July 19, 2010 — Prescription Limit • Removed Gap Assistance Pharmacy Program for Seniors (GAPS) section
08-01-10	3	3	Corrected header
08-01-10	5	7, 11, 13-15 8	<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
07-01-10	2	3 3, 4, 5, 9, 11, 14, 17-19, 22-24, 31, 32, 35-38, 45, 47, 54, 59, 60, 63, 64, 71, 75	<ul style="list-style-type: none"> • Changed First Health Services Corporation to Magellan Medicaid Administration, Inc. • Changed First Health to Magellan Medicaid Administration • Updated Monthly Prescription Limit Override

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Date	Section	Page(s)	Change
		33	Criteria for Adult Beneficiaries section
07-01-10	3	1, 3, 6-11, 13-15 7	<ul style="list-style-type: none"> • Replaced all references to First Health Services with Magellan Medicaid Administration • Added the 340B Providers section under the Special Billing Issues/Instructions section
07-01-10	4	1	Replaced reference to First Health Services with Magellan Medicaid Administration
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Forms	-	<p>Updated the following forms to changed First health to Magellan Medicaid Administration:</p> <ul style="list-style-type: none"> • MedWatch • Prior Authorization Request • Growth Hormone – Adult Treatment • Growth Hormone – Pediatric Treatment • Prior Authorization Request – Adult Treatment • Prior Authorization Request – Antipsychotics • Prior Authorization Request – Hepatitis B • Prior Authorization Request – Hepatitis C
06-01-10	2	33 53 54 58 44	<ul style="list-style-type: none"> • Updated language in Monthly Prescription Limit Override Criteria for Adult Beneficiaries • Updated verbiage under Medicare Part B Drugs • Deleted duplicate paragraph at bottom of page • Added medications Risperdal Consta and Invega Sustenna for Claims Submissions for Certain Physician-Injectable Products • Added Prescription Origin Code
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	3	<ul style="list-style-type: none"> • Removed reference to sample form at the end of

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Date	Section	Page(s)	Change
			this section <ul style="list-style-type: none"> • Replaced reference to sample form in the Forms section of this manual
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 entry dated December 1, 2009
03-01-10	2	41 & 69 53-54 54 71 20 21-22	<ul style="list-style-type: none"> • Added effective date of February 17, 2010 pharmacists must use DAW code of 1 (changed from 6) • Added policy and language pertaining to Contract X0001 done through LINET under section CMS'S Contingency Plan for Dual Eligibles • Deleted section Additional Contingency Plan for Dual Eligibles • Replaced MedWatch form • Replaced Prior Authorization Request Form • Replaced South Carolina Growth Hormone Prior Authorization Request Form
03-01-10	3	3 6 6-7 7	<ul style="list-style-type: none"> • Updated Physical Address for FIRST HEALTH Services Corporation • Added effective date of December 9, 2009 for requirement for providers to include prescribers NPI number when submitting claims • Deleted language pertaining to FIRST HEALTH website information under the Prescriber Identification Numbers Section • Changed DAW value from 6 to 1
03-01-10	Forms	-	<ul style="list-style-type: none"> • Replaced MedWatch Form • Replaced Prior Authorization Request Form • Replaced South Carolina Medicaid Growth Hormone Prior Authorization Request Form • Added South Carolina Prior Authorization Request Form - Antipsychotics • Added South Carolina Prior Authorization Request Form – Hepatitis B • Added South Carolina Prior Authorization

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Date	Section	Page(s)	Change
			Request Form – Hepatitis C <ul style="list-style-type: none"> • Updated hyperlinks
02-01-10	2	51 48	<ul style="list-style-type: none"> • Under CMS’s Contingency Plan for Dual Eligibles heading, GAPS members are not included • Updated the Gap Assistance Pharmacy Program for Seniors (GAPS) section
02-01-10	3	9	Under Beneficiary ID Number heading, changed the card name to South Carolina Healthy Connections
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	8 13 14	<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
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	2	5-6 9, 11, 13 45 50 60 70 55 57	<ul style="list-style-type: none"> • Updated the following sections: <ul style="list-style-type: none"> ○ General Exclusions ○ Prior Authorization ○ Copayment ○ Medicaid and Certain PDP-Excluded Drug Categories ○ Medicaid Coverage of OTC Pharmaceuticals ○ Quantity of Medication • Deleted Medically Fragile Children’s Program section • Updated Reimbursement Guidelines for Influenza, Rabies, and Pneumococcal to reflect

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Date	Section	Page(s)	Change
			Medicaid Bulletin dated August 14, 2009
12-01-09	3	19-20	Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09	5	11	Updated the Dorchester County office street address
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	13 14 15	<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	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	31	Under Quantity of Medication Limits/DOS Optimization Program, changed the maximum one-month supply from 34-day supply to 31-day supply

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Date	Section	Page(s)	Change
08-01-09	5	16	Updated telephone number for York County office
07-01-09	5	10, 14 10 11	<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	2	16-19	Corrected formatting
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	27 28, 45	<ul style="list-style-type: none"> • Replaced reference to Partners for Health Medicaid card with new Healthy Connections card • Updated to reflect managed care policies and procedures effective May 1, 2009
05-01-09	5	16	Updated telephone number for Union County office
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	11, 15, 19	Updated hyperlinks
04-01-09	5	13	Updated telephone number for Lexington County office

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Date	Section	Page(s)	Change
03-01-09	2	3, 8, 12, 31-35, 49- 53, 61 6 52	<ul style="list-style-type: none"> • Updated hyperlinks • Added general exclusion 13 (cough/cold medications) • Deleted cough and cold products from the Medicaid and Certain PDP-Excluded Drug Categories
03-01-09	3	5	Changed 34-days' supply to 31-days'
03-01-09	5	1 3, 5 11 11, 14-15	<ul style="list-style-type: none"> • Changed Partners for Health to Healthy Connections • Update hyperlinks • Corrected Dorchester County's Orangeburg Rd telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
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	50-51	Updated GAPS information and deleted the PDPs participating in GAPS Chart
02-01-09	5	8	Updated Allendale County office PO Box zip code
02-01-09	Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09	5	13	Updated Lee County office address
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	3	21	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008

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Date	Section	Page(s)	Change
10-01-08	5	11, 15	<ul style="list-style-type: none"> • Updated address for Lake City • Updated address for Sumter County office
09-01-08	5	9	Updated phone number for Berkeley County office
09-01-08	5	13	Updated phone number for Kershaw County office
08-01-08	2	56	Updated Family Planning Wavier information
08-01-08	3	6 16	<ul style="list-style-type: none"> • Updated Prescriber Identification Number with NPI info • Added paragraph for Claims Submission for FPW Beneficiaries
08-01-08	5	9	Deleted PO Box for Chester County
08-01-08	Appendix 1	3	Updated Edit Code 062
07-01-08	5	15	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	5	12	Updated telephone number for Orangeburg county office
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
04-01-08	TPL Supplement	2 3, 8, 15 12 29	<ul style="list-style-type: none"> • Updated reference to Medicaid card name • Changed references to location of forms from Section 5 to Forms section • Updated field numbers for occurrence codes on UB-04 • Replaced sample ADA forms 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

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			entities – requirements will be included in Section 2 where applicable
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
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	19 49-51 50-51	<ul style="list-style-type: none"> • Updated policy on Medicaid Coverage of Tobacco Cessation Products • Removed references to SILVERxCARD • Updated GAPS information for 2008
02-01-08	3	9	Updated NPI policy
01-01-08	5	13	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
11-01-07	5	11, 12 12	<ul style="list-style-type: none"> • Updated telephone numbers for Florence and Kershaw counties • Updated Horry County address to 1601 11th Ave., 1st Floor
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	38-39, 71 68	<ul style="list-style-type: none"> • Added information about tamper-resistant prescription pads to reflect Medicaid Bulletin dated August 30, 2007. • Updated record retention information

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Date	Section	Page(s)	Change
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
07-01-07	1	All	Revised policies and procedures throughout section
06-01-07	4	2 - 4	Updated NCPDP error code definitions
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 & 3	-	<ul style="list-style-type: none"> • Updated policies governing provider numbers to include National Provider Identifier • Changed references to location of forms from “Section 5” to “Forms section”
06-01-07	Forms	-	Updated DHHS forms to add National Provider Identifier field.
06-01-07	5	9, 11 14 -	<ul style="list-style-type: none"> • 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
04-01-07	5	10	Updated phone number for Darlington county office
03-01-07	5	8	Updated Barnwell county office address
02-01-07	TPL Supplement	31-32	Updated ECF Samples to show third payer line
10-01-06	5	-	Updated county office addresses
09-01-06	2 & 3	All	Updated policies to reflect Medicaid Bulletins dated November 21, 2005; November 29, 2005; December 15, 2005; March 16, 2006; and June 21, 2006.
09-01-06	4	7	Deleted SILVERxCARD edit

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09-01-06	5	-	<ul style="list-style-type: none"> • Updated Web addresses • Updated county office addresses
09-01-06	Appendix 1	All	Deleted Alternate Reimbursement Methodology (ARM) Program Appendix
08-01-06	-	-	Added TPL Supplement
01-01-06	1	4 & 5	Removed SILVERxCARD sample and program description
11-01-05	1	6, 7	Removed “HIPAA” from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
10-10-05	2 & 3	3-70 (Sec. 2); 5-7 (Sec. 3)	Updated policies to reflect bulletins dated April 15, June 3, July 11, and July 20, 2005, and ongoing implementation of PDL. Revised policy topics include multi-ingredient compounds, partial fill prescriptions, voluntary PDL for mental health drugs, H2RAs, OxyContin, NSAIDs, ED drugs, and proper billing procedures. Also added new PA request form for growth hormone.
10-10-05	5	20 3-5 7-15	<ul style="list-style-type: none"> • Added new PA request form for growth hormone. • Updated links • Updated list of DHHS county offices
10-01-05	5	7-15	Updated list of DHHS county offices
10-01-05	Appendix	-	Removed the Change Control Record from the appendix to a separate file