

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
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www.scdhhs.gov

May 23, 2007

MEDICAID BULLETIN

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TO: Medicaid Providers

SUBJECT: Revised SCDHHS Claim Adjustment Form 130

Effective May 23, 2007, the South Carolina Department of Health and Human Services will implement the revised Form 130 (revision date 03-13-2007), which replaces the 11-15-2004 version. The revised form includes a field for the 10-digit National Provider Identifier (NPI), which is located directly to the right of the Provider ID field. Providers are encouraged to use both their six-character legacy Provider ID and their NPI on the Form 130. **Although the revised Form 130 will be effective May 23, 2007, use of both forms will be accepted through June 2007. Therefore, beginning July 2, 2007 only the 03-13-2007 version will be accepted.**

Attached is the revised form, which you may photocopy. You may also download this form from the SCDHHS Web site at www.scdhhs.gov; click on "Electronic Data Interchange" under Program and Services, then select "Forms."

Thank you for your continued support and participation in the South Carolina Medicaid Program. If you have questions concerning this bulletin, please contact your Program Manager.

/s/

Susan B. Bowling
Acting Director

SBB/rsm

Attachment

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>