

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Change Control Record	1, 2 2	<ul style="list-style-type: none"> • Updated Forms section change descriptions for dates 01-01-18 and 03-01-18 • Updated Webpage change description for date 03-01-18
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	2	31	Updated Psychiatric Residential Treatment Facilities
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	3	25 25	<ul style="list-style-type: none"> • Updated Retro Health Insurance • Updated Retro Medicare
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> • Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952 • Updated CARC for 786 • Updated Resolution for 906 and 907
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> • Updated Retro Health and Pay & Chase • Updated TPL Resources
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes

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Date	Section	Page(s)	Change
03-01-18	2	19	Updated Orders for the Use of Restraint and Seclusion
03-01-18	Forms	-	<ul style="list-style-type: none"> Updated SCDHHS letterhead on Serious Occurrence Report Fax Form Updated Quarterly Reports of Seclusion or Restraint
03-01-18	Webpage	-	Updated SCDHHS letterhead on Serious Occurrence Reporting Fax Form
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	4	1	Updated Correspondence and Inquiries
01-01-18	Forms	-	Updated SCDHHS letterhead on Serious Occurrence Report Fax Form
01-01-18	Webpage	-	Updated SCDHHS letterhead on Serious Occurrence Reporting Fax Form
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	2	6 8 16 19 24	Updated the following sections: <ul style="list-style-type: none"> Program Modifications Employment Background Checks Notification of Facility Policy Consultation with Treatment Team and Physician Quarterly Reports of Seclusion or Restraint
10-01-17	Forms	-	<ul style="list-style-type: none"> Updated Quarterly Reports of Seclusion or Restraint
10-01-17	Webpage	-	<ul style="list-style-type: none"> Updated Quarterly Reports of Seclusion or Restraint
10-01-17	Appendix 1	3	Added new edit code 063

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Date	Section	Page(s)	Change
09-01-17	2	23 32 43 53	<ul style="list-style-type: none"> • Updated Quarterly Reports of Seclusion or Restraint • Updated Urgent Admission Procedures • Therapeutic Home Time — PRTF • Updated Thirty-Day Review
09-01-17	Forms	-	<ul style="list-style-type: none"> • Updated forms: <ul style="list-style-type: none"> o Claims Reconsideration o Duplicate Remittance Advice Request o Electronic Funds Transfer (EFT) Authorization Agreement forms o Quarterly Seclusion and/or Restraint Reporting form
08-11-17	2	43	Updated Therapeutic Home Time — PRTF
08-11-17	Change Control Record	5	Added language to Forms section for revision date 07-01-14
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	2	All	Updated entire section
07-01-17	3	11	Updated UB-04 Completion Instructions
07-01-17	Forms	-	Added Quarterly Seclusion and/or Restraint Reporting form and Serious Occurrence Report Fax Form
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
12-01-16	3	6 7	<ul style="list-style-type: none"> • Updated Procedural Coding • Updated Diagnostic Codes
12-01-16	Forms	-	Updated Claim Reconsideration Form

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Date	Section	Page(s)	Change
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5-6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	Appendix 1	67	Updated edit code 979
09-01-16	Appendix 2	-	Updated carrier codes
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	4	- 1 3	<ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated Administration section • Updated Procurement of Forms section
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	2	10	Updated Beneficiary Certification of Need (CON) for Services
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: <ul style="list-style-type: none"> • South Carolina Medicaid Program <ul style="list-style-type: none"> o Program Description o SC Healthy Connections Medicaid Card(s)

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> • Records/Documentation Requirements <ul style="list-style-type: none"> ◦ General Information ◦ Signature Policy • Medicaid Program Integrity <ul style="list-style-type: none"> ◦ Program Integrity • Appeals
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-04-15	3	39	Updated Remittance Advice Items to add Y claim type to field D
11-01-15	Appendix 1	19, 44-47	<ul style="list-style-type: none"> • Revised edit code 507, 821, 837, 838, 839
10-01-15	1	7 10	<ul style="list-style-type: none"> • Updated to add SCDHHS alerts • Updated Provider Participation
10-01-15	3	6 13	<ul style="list-style-type: none"> • Updated Procedural Coding • Updated UB-04 Completion Instructions, field 67 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System
10-01-15	4	1	Updated Correspondence and Inquiries to replace “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)”
10-01-15	Appendix 1	1 1 All 4, 20, 23, 27, 43	<ul style="list-style-type: none"> • Updated general instructions • Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> ◦ Added note to general instructions ◦ Replaced ICD-9 with ICD-CM throughout section • Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792
09-01-15	3		<ul style="list-style-type: none"> • Updated the following sections to reflect

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Date	Section	Page(s)	Change
		7 15	Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System: <ul style="list-style-type: none"> o Diagnosis Codes • Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool
09-01-15	Appendix 1	5, 14	<ul style="list-style-type: none"> • Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
06-01-15	3	7	Update Diagnostic Codes
03-13-15	3	15	Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-01-15	Appendix 2		Updated carrier codes
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	2-4 19-20	Added the following policies: <ul style="list-style-type: none"> • Copayment • Claim Reconsideration
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	Appendix 1	70	Updated edit code 989

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Date	Section	Page(s)	Change
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	<ul style="list-style-type: none"> • Updated edit code 079, 637, 719, 820, 821, 908, 909 • Added new edit code 790
09-01-14	4	1	Remove language related to the county office listing
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	Appendix 1	51, 69 24, 48-51, 58	<ul style="list-style-type: none"> • Deleted edit codes 845 and 969 • Updated edit codes 537, 837-839, 843, 844, and 892
07-01-14	2	1-45 47-60	<ul style="list-style-type: none"> • Update the following sections: <ul style="list-style-type: none"> o Program Overview o Service Guidelines
07-01-14	Forms	-	<ul style="list-style-type: none"> • Removed Request for Emergency Admission Concurrence (REAC) form • Updated Certificate of Need form • Removed DHHS Form 254, DHHS Form 257, and Residential Treatment Facility Admission / Discharge Notification for HCK Beneficiaries form
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-01-14	Forms	-	Updated Certificate of Need form
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	4	1 5	<ul style="list-style-type: none"> • Replaced reference to county office listing with the Where To Go for Help web address • Removed DHHS county office listing

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Date	Section	Page(s)	Change
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	Change Control Record	2-3	Deleted CMS-1500 changes from January 1, 2014 for sections 3 and Forms
04-01-14	1	6, 23, 25 29-31 32 33 37 39 41-44	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated the following sections: <ul style="list-style-type: none"> ○ Program Integrity ○ Recovery Audit Contractor ○ Beneficiary Oversight ○ Fraud ○ Referrals to the Medicaid Fraud Control Unit ○ Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)
04-01-14	3	1-20 11 13-14	<ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated Trading Partner Agreement • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
04-01-14	4	10	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> • Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms • Removed Sample Edit Correction Form • Updated Sample Remittance Advice
04-01-14	Appendix 1	35 -	<ul style="list-style-type: none"> • Added edit code 527 • Entire section: <ul style="list-style-type: none"> ○ Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form ○ Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12)

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Date	Section	Page(s)	Change
			version
04-01-14	TPL Supplement	5 6-8 9-10 10-11 13-14 15-16 22-23 30-31	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form: <ul style="list-style-type: none"> ○ Timely Filing Requirements ○ Reasonable Effort ○ Nursing Facility Claims ○ Professional, Institutional, and Dental Claims ○ Rejected Claims ○ Recovery ○ Sample Forms – Reasonable Effort ○ Sample Forms – ECF (deleted)
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	4	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25 1-2 4 6 26 29-30 32 32	<p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> • Managed Care Organizational Changes dated November 15, 2013 • Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 <p>Updated the following sections:</p> <ul style="list-style-type: none"> • Eligibility Determination • South Carolina Health Connections Medicaid card • South Carolina Web-based Claims Submissions Tool • Retroactive Eligibility • Program Integrity • Recovery Audit Contractor • Beneficiary Explanation of Medical Benefits Program
01-01-14	2	4 4 6 8	<ul style="list-style-type: none"> • Updated the following sections: <ul style="list-style-type: none"> ○ QIO Prior Authorization (KePRO) ○ Continued Stay Facilities ○ Contracts and Enrollment ○ Attestation Requirements
01-01-14	3	-	Updated entire section to reflect the following bulletins:

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Managed Care Organizational Changes dated November 15, 2013
01-01-14	4	1 3-4	Updated the following sections <ul style="list-style-type: none"> • Correspondence and Inquiries • Procurement of Forms
01-01-14	Forms		<ul style="list-style-type: none"> • Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms • Replaced logo on X form (Add for program-specific forms)
01-01-14	Appendix 1		Updated to reflect the following bulletins: <ul style="list-style-type: none"> • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		<ul style="list-style-type: none"> • Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014
12-01-13	4	12	Updated Orangeburg mailing address zip codes
11-01-13	4	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	4	12 13	<ul style="list-style-type: none"> • Updated Orangeburg office and mailing address • Updated York County office address
10-01-13	Appendix 1	- 5, 39	<ul style="list-style-type: none"> • Updated CARCs/RARCs throughout section • Added edit codes 110 and 725

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Date	Section	Page(s)	Change
		69 37, 42, 44	<ul style="list-style-type: none"> • Deleted edit code 961 • Revised edit codes 720, 749, 750, 758, and 759
10-01-13	MC Supplement	20	<ul style="list-style-type: none"> • Added WellCare MCO Medicaid card and contact information
09-01-13	4	8 10 13	<ul style="list-style-type: none"> • Updated Darlington County zip code • Updated Laurens County phone number • Updated York County office address
09-01-13	Forms	-	<ul style="list-style-type: none"> • Updated DHHS Certification of Need Psychiatric Hospital Services for Children Under 21 • Updated DHHS Form 257
08-01-13	4	13	<ul style="list-style-type: none"> • Updated York County physical address
08-01-13	Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> • Updated resolution for edit code 007 • Updated RARC and resolution for edit codes 820 and 821 • Deleted edit codes 954, 955, and 956
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	4	8 11	<ul style="list-style-type: none"> • Updated Colleton County office telephone number • Deleted Newberry County PO Box address
06-01-13	4	12	<ul style="list-style-type: none"> • Updated Richland county office telephone number
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> • Updated resolutions for edit codes 107, 219, 339, 673, 720 • Deleted edit code 577
04-01-13	1	6	Corrected the URL for MedicaideLearning.com
04-01-13	Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	<ul style="list-style-type: none"> • Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 • Updated CARCs for edit codes 460, 544, 569 • Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 • Added edit codes 820, 821 • Updated edit code 935, 938, 939

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Date	Section	Page(s)	Change
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	4	10	Deleted Jasper County PO Box address
03-01-13	Appendix 1	i 2, 38, 70 38, 54, 70	Deleted Change Log Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953 Updated resolutions for edit codes 714, 851, and 953
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
01-01-13	2	4-5 1 2 4 5 6 36	<ul style="list-style-type: none"> • Added QIO Prior Authorization (KePRO) section • Updated the following sections: <ul style="list-style-type: none"> ○ Program Description ○ Program Modifications ○ Inpatient Psychiatric Residential Services Referral Form – DHHS Form 257 ○ Short-Term Psychiatric Hospital ○ Psychiatric Residential Treatment Facilities ○ Referral/Authorization
01-01-13	4	7 9	<ul style="list-style-type: none"> • Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	<ul style="list-style-type: none"> • Updated web addresses for provider information and provider training • Revised heading and language to reflect new provider enrollment requirements • Updated Program Integrity language (entire section) • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	5	<ul style="list-style-type: none"> • Updated National Provider Identifier and

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Date	Section	Page(s)	Change
		12, 23 19-20	Medicaid Provider Number <ul style="list-style-type: none"> • Updated provider information web addresses • Updated Electronic Funds Transfer (EFT)
12-01-12	4	4 11	<ul style="list-style-type: none"> • Updated URL for provider information • Updated McCormick county office telephone number
12-01-12	Appendix 1	24, 26, 27, 32, 33 19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	<ul style="list-style-type: none"> • Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 • Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926
12-01-12	TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 16, 23 5, 11, 19	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks
08-01-12	4	1 5	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed fax request information for SCDHHS forms

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Date	Section	Page(s)	Change
		7	<ul style="list-style-type: none"> • Added SCDHHS forms online order information • Updated telephone number for Greenville county office
08-01-12	Forms	-	<ul style="list-style-type: none"> • Deleted forms 140 and 142 • Updated Duplicate Remittance Advice Request Form
08-01-12	Appendix 1	- 1, 24, 60, 65, 66- 67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 • Added edit codes 349, 590, 978, 990, 991-995 • Deleted edit codes 166, 205, 573, 574, 593, 596 • Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12	Managed Care Supplement	1-2 7 11 17 19	<ul style="list-style-type: none"> • Changed Division of Care Management to Bureau of Managed Care • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to “Medicaid” to BlueChoice HealthPlan
08-01-12	TPL Supplement	5, 6, 10,17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 1	16, 48 45	<ul style="list-style-type: none"> • Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839
07-01-12	Appendix 2	-	Updated carrier codes
04-01-12	4	11 12	<ul style="list-style-type: none"> • Updated address for Marion County • Updated phone number for Newberry County
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18	<ul style="list-style-type: none"> • Updated edit code 402

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Date	Section	Page(s)	Change
		24 30	<ul style="list-style-type: none"> • Updated edit code 544 • Updated edit code 636, 637, and 642
02-01-12	3	14	Added a note regarding The Web Tool
02-01-12	4	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	- 19	<ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated EFT information
01-01-12	4	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
11-01-11	3	23, 25	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12	<ul style="list-style-type: none"> • Changed Medicare timely filing requirement to two years and six months • Deleted policy to use Medicaid legacy provider

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Date	Section	Page(s)	Change
		3, 17, 19	number on the same line as the Medicaid carrier code <ul style="list-style-type: none"> • 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	4	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	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	4	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	4	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

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Date	Section	Page(s)	Change
05-01-11	2	6 32 36 38	Updated the following sections: <ul style="list-style-type: none"> • Out-of-State Facilities • Employment Background Checks • Documentation Requirements • Admission Criteria
05-01-11	Appendix 1	43	Updated edit code 796
04-01-11	4	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	3	12, 16, 19	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	4	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 Form130s
02-01-11	2	2-3 31	<ul style="list-style-type: none"> • Added Program Modifications section • Added two paragraph under Employment Background Checks section
02-01-11	3	-	General formatting changes
02-01-11	Appendix 1	3	Added edit codes 079 and 080

CHANGE CONTROL RECORD

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	12, 15, 17, 20 16	<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	4	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
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-10	Forms	-	Updated DHHS Form 257, Inpatient Psychiatric Residential Services Authorization Form
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	4	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	- 1 2 3 4 5 6	<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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		13 17	<ul style="list-style-type: none"> • Updated Overview • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10	2	41	Deleted blank page
09-01-10	4	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	4	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	Forms	-	Updated the Notice of Non-Coverage for Inpatient Psychiatric Hospital Care
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	2	49-50	Updated the following sections: <ul style="list-style-type: none"> • Utilization Review section

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> Psychiatric Quality of Care Criteria Appeals Process
07-01-10	4	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Forms	-	<ul style="list-style-type: none"> Deleted DHHS Form 254 - Referral/ Authorization for Services – Children’s Behavioral Health Services Added DHHS Form 257, Inpatient Psychiatric Residential Services Authorization Form
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 the TPL Name for First Health to Magellan Medicaid Administration
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	4	1	<ul style="list-style-type: none"> Removed reference to sample form at the end of this section 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 and section 3 entries dated 12-01-09
03-01-10	3	3, 13	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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	2	24	Updated the Facility Reporting Deaths section to include the Death Reporting Worksheet for PRTFs
01-01-10	4	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	Forms	-	<ul style="list-style-type: none"> • Added new Death Reporting Worksheet - PRTFs • Added new Healthy Connections Residential Treatment Facility Admission/Discharge Notification for HCK Beneficiaries
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	1-2 12, 14-20	<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	4	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	Forms	-	Updated CALOCUS form

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	2	12-22 28 28 1 29 29 32-38, 42-47	<ul style="list-style-type: none"> • Added the following new subsections: <ul style="list-style-type: none"> ○ Restraint and Seclusion ○ Medication Management ○ Employment Background Checks ○ Staff Development • Updated the following subsections: <ul style="list-style-type: none"> ○ Program Description ○ Staffing Requirements ○ Certification of Need – Urgent Need • Add CALOCUS policy to reflect Medicaid Bulletin dated
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"> • Updated Referral Form/Authorization for Services, Children’s Behavioral Health Services Form (Form 254) • Added new CALOCUS Score Sheet
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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			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"> o Changed the company's name to Absolute Total Care o Replaced the beneficiary card samples o Corrected contact information
08-01-09	4	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	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
05-01-09	4	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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	5, 12, 19, 23	Updated hyperlinks
04-01-09	4	11	Updated telephone number for Lexington County office
03-01-09	2	2 9, 35, 37 11 12 23-24 34 38	<ul style="list-style-type: none"> • Updated requirements for DHHS Form 254 • Updated section to include admission descriptions • Updated Interdisciplinary Teams and Individual Plan of Care requirements • Updated Thirty-Day Review subsection as follows: <ul style="list-style-type: none"> ◦ Changed beneficiary to client throughout subsection ◦ Added SCDHHS PRTF contact information • Updated the following requirements in the Program Content subsection - Therapy Services, Medical Services, and Engagement Services and Activities • Updated Transition to a Community Setting requirements • Updated Child and Adolescent Level of Care Utilization System (CALOCUS) subsection to require the use of CALOCUS for PRTF admissions
03-01-09	Forms	-	Replaced Request for Emergency Admission Concurrence (REAC) form
03-01-09	4	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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	4	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	11	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	15, 18	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	4	9, 13	<ul style="list-style-type: none"> • Updated address for Lake City • Updated phone number for Sumter County office
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	2	5 22	<ul style="list-style-type: none"> • Updated verbiage for first bullet in the Conditions of Participation section • Updated verbiage for first bullet in the Psychiatric Evaluation section
09-01-08	4	6	Updated phone number for Berkeley County office
09-01-08	4	10	Updated phone number for Kershaw County office

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-08	Forms	-	Updated DHHS Certification of Need Psychiatric Hospital Services for Children Under 21 form
09-01-08	Appendix 1	17	Added Edit Code 318
08-01-08	Appendix 1	3	Updated Edit Code 062
08-01-08	4	7	Deleted PO Box for Chester County