

Healthy Connections

PROVIDER MANUAL



Psychiatric Hospital Services

Established July 1, 2008
Updated April 1, 2019

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
MEDICAID



South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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MEDICAID BULLETIN

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08-11
08-11

TO: Inpatient Psychiatric Hospital Services Providers

SUBJECT: Medicaid Policy Manual for Psychiatric Hospital Services

The enclosed revised Psychiatric Hospital Services Medicaid Provider Manual is effective July 1, 2008 and includes all previous HIPAA changes and Medicaid policy bulletins.

This manual is to be used for program information and requirements, billing procedures, and provider services guidelines. **Due to several substantial changes in policy, providers are urged to carefully review this revision.**

In addition to inclusion of policy changes specific to the Inpatient Psychiatric Hospital Services program area, the new provider manuals for all Medicaid programs have been reformatted to give them a more consistent, standardized layout and to improve navigation and readability. Headings for each subsection appear on the left side of the page, with the corresponding information on the right. "Chapters" are now called "sections," and the numbering system has been simplified.

The revised manual is organized generally as follows, with each section having its own table of contents:

Section 1, **General Information and Administration**, contains an overview of the South Carolina Medicaid program, as well as information about record retention, documentation requirements, utilization review, program integrity, and other general Medicaid policies.

Section 2, **Policies and Procedures**, describes policies and procedures specific to the Inpatient Psychiatric Hospital Services program.

Section 3, **Billing Procedures**, contains billing information that is common to all South Carolina Medicaid programs, as well as program-specific guidelines for claim filing and processing.

Section 4, **Administrative Services**, contains contact information for SCDHHS state and county offices, contacts for claim form suppliers and vendors, and information about obtaining forms and manuals.

The **Forms** section includes forms and form samples referenced throughout the manual, as well as some generic forms.

The **appendices** include the following:

- Appendix 1: Edit Codes, CARCs & RARCs, and Resolutions
- Appendix 2: Carrier Codes

The **Third-Party Liability Supplement** explains third-party liability requirements and recommended practices. It includes sample forms and resources.

The **Managed Care Supplement** contains information on the managed care program, including pictures of the cards issued by the various managed care plans.

The enclosed compact disk contains a copy of the manual in Portable Document Format (PDF). To access the file, you will need Adobe Acrobat Reader software, which is pre-installed on most computers and also available for free download at www.adobe.com/support.

The most current version of the provider manual is maintained on the SCDHHS Web site at www.scdhhs.gov. [On the SCDHHS home page, click on the Provider Manuals link listed under the heading "Providers."] The Web site is updated on the first of every month to reflect any minor non-policy changes to provider manuals (for example, corrections to addresses, etc.). Note: SCDHHS policy changes continue to be conveyed to providers as they occur via Medicaid bulletin; manuals are revised to reflect those changes as they occur. Providers with access to the Internet should check the SCDHHS Web site monthly to access information about any updates made to the provider manuals.

Should you wish to order a printed copy of your provider manual, or an additional compact disk, please call South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing.

The policy manual and fee schedule are not subject to copyright regulations and may be reproduced in their entirety.

If you have any questions regarding this provider manual and fee schedule, please contact your program coordinator in the Division of Family Services at (803) 898-2565. Thank you for your continued support of the South Carolina Medicaid program.

/s/

Emma Forkner
Director

EF/fwmj

Enclosure

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>

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MANAGED CARE SUPPLEMENT

THIRD-PARTY LIABILITY SUPPLEMENT

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|--|
| 04-01-19 | 1 | 35 | Updated Prepayment Reviews |
| 04-01-19 | Appendix 1 | 56 | Updated edit codes 906 and 907 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|--------------------------|---|
| 05-01-18 | Forms | - | Updated Claim Reconsideration Form |
| 05-01-18 | Appendix 2 | - | Updated carrier codes |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-----------------------|----------------------|---|
| | | | Restraint |
| 10-01-17 | Appendix 1 | 3 | Added new edit code 063 |
| 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"> Claims Reconsideration Duplicate Remittance Advice Request Electronic Funds Transfer (EFT) Authorization Agreement forms 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|----------------------------|---|
| 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 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|-------------------|---|
| | | | 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"> ◦ Program Description ◦ SC Healthy Connections Medicaid Card(s) • 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 | <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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|-------------------|--|
| | | 4, 20, 23, 27, 43 | <ul style="list-style-type: none"> Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792 |
| 09-01-15 | 3 | 7 15 | <ul style="list-style-type: none"> Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System: <ul style="list-style-type: none"> 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
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| 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 |
| 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"> Program Overview 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 | 1 | Removed DHHS county office listing |

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| Date | Section | Page(s) | Change |
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| | Contents | | |
| 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 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|---|--|
| | | - | <ul style="list-style-type: none"> 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) 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 | Updated to reflect the following bulletins: <ul style="list-style-type: none"> Managed Care Organizational Changes dated November 15, 2013 Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 Updated the following sections: <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 | | <ul style="list-style-type: none"> Updated the following sections: |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
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| | | 4 4 6 8 | <ul style="list-style-type: none"> o QIO Prior Authorization (KePRO) o Continued Stay Facilities o Contracts and Enrollment o Attestation Requirements |
| 01-01-14 | 3 | - | Updated entire section to reflect the following bulletins: <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 | 18 | Replaced BlueChoice MCO Medicaid card |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------------|--------------------------------|---|
| | Supplement | | |
| 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 69 37, 42, 44 | <ul style="list-style-type: none"> Updated CARCs/RARCs throughout section Added edit codes 110 and 725 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 | <ul style="list-style-type: none"> Changed edit code description reference DMR |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|--|---|
| | | 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69 | <ul style="list-style-type: none"> 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 |
| 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 | <ul style="list-style-type: none"> Updated web addresses for provider information and provider training Revised heading and language to reflect new |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|---|---|
| | | 27-32 33-41 | <ul style="list-style-type: none"> 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 12, 23 19-20 | <ul style="list-style-type: none"> Updated National Provider Identifier and Medicaid Provider Number 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 |

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| Date | Section | Page(s) | Change |
|----------|-------------------------|---|--|
| 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 7 | <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 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|----------------------|--|
| 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 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 | 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|--------------------------|--|
| 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 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 | 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|---------------------|---|
| 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 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|--|---|
| 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 |
| 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)” |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|------------------------------------|---|
| 12-01-10 | Appendices | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |
| 12-01-10 | Supplements | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |
| 11-01-10 | 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 | - | <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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|--|---|
| | | 1 2 3 4 5 6 13 17 | (HCK) Program <ul style="list-style-type: none"> Updated Managed Care Overview Updated Managed Care Organizations and Core Benefits paragraphs Updated MCO Program ID card paragraph Updated MHN Program ID card paragraph Updated Core Benefits Updated Exempt Services Updated Overview Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph |
| 09-01-10 | 2 | 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|------------------------------------|---|
| 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 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 Managed 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 | 1 | Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|------------------|---|
| | Record | | 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 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|---|---|
| 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 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|---|
| 09-08-09 | Managed Care Supplement | 20 | Replaced the Absolute Total Care Medicaid beneficiary card sample |
| 09-01-09 | Forms | - | Updated Referral Form/Authorization for Services, Children's Behavioral Health Services Form (Form 254) |
| 09-01-09 | Managed Care Supplement | 21 20, 25 | <ul style="list-style-type: none"> Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 Updated Absolute Total Care entries as following: <ul style="list-style-type: none"> Changed the company's name to Absolute Total Care Replaced the beneficiary card samples Corrected contact information |
| 08-01-09 | 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|--|
| 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 |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|-----------------------------------|--|
| 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 |
| 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 | <ul style="list-style-type: none"> Updated verbiage for first bullet in the Conditions of Participation section |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|-------------|----------------|----------------|---|
| | | 22 | <ul style="list-style-type: none">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 |
| 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 |

SECTION 1

GENERAL INFORMATION AND ADMINISTRATION

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SECTION 1

GENERAL INFORMATION AND ADMINISTRATION

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SECTION 1

GENERAL INFORMATION AND ADMINISTRATION

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

PROGRAM DESCRIPTION

The Medicaid program, as established by Title XIX of the Social Security Act, as amended, provides quality health care to low income, disabled, and elderly individuals by utilizing state and federal funds to reimburse providers for approved medical services. This care includes the diagnosis, treatment, and management of illnesses and disabilities.

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency designated to administer the South Carolina Medicaid program in compliance with state and federal laws and regulations and the South Carolina State Plan.

SCDHHS offers a fully capitated Managed Care Program through Managed Care Organizations. A Primary Care Case Management/Medical Home Network model is only available for participants that qualify for the Medically Complex Children's Waiver. For more information regarding this care model, please see the Managed Care Supplement included with this manual.

The Medicaid Managed Care Organization (MCO) program consists of contracted MCOs that, through a developed network of providers, provide, at a minimum, all services outlined in the core benefit package described in the MCO contract and MCO Policies and Procedure guide, for certain eligibility categories. SCDHHS pays MCOs a per member per month capitated rate, primarily according to age, gender, and category of eligibility. Payments for core services provided to MCO members are the responsibility of MCOs, not the Fee-for-Service Medicaid program.

MCOs may elect to provide their members enhanced services beyond what is offered under traditional fee-for-service Medicaid.

ELIGIBILITY DETERMINATION

Applications for Medicaid eligibility may be submitted online at apply.scdhhs.gov. The application is also

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****ELIGIBILITY
DETERMINATION
(CONT'D.)**

available for download on the SCDHHS website at <http://www.scdhhs.gov> and can be returned by mail, fax, or in person. Individuals can continue to apply for Medicaid at out-stationed locations such as county health departments, some federally qualified health centers, most hospitals, and SCDHHS county eligibility offices.

Individuals who apply for SSI through the Social Security Administration and are determined eligible are automatically eligible for Medicaid.

For certain programs, Medicaid eligibility may be retroactive for a maximum of three months prior to the month of application when the applicant received medical services of the type covered by Medicaid and the applicant would have met all eligibility criteria had the application been filed at the time. A child born to a woman eligible for Medicaid due to pregnancy is automatically entitled to Medicaid benefits for one year provided that the child continues to reside in South Carolina.

Not all Medicaid beneficiaries receive full coverage. Some beneficiaries may qualify under the categories of limited benefits or emergency services only. Questions regarding coverage for these categories should be directed to the SCDHHS Provider Service Center (PSC) at 1-888-289-0709. Providers can also submit an online inquiry at <http://scdhhs.gov/contact-us>. A provider service representative will then respond to you directly with additional information about these categories.

Providers may verify a beneficiary's eligibility for Medicaid benefits by utilizing the South Carolina Medicaid Web-based Claims Submission Tool or an eligibility verification vendor. Additional information on these options is detailed later in this section.

Certain services will require prior approval and/or coordination through the managed care provider. For questions regarding the Managed Care program, please visit the SCDHHS website at <http://scdhhs.gov> to view the MCO Policy and Procedure Guide.

More information about managed care can also be found in the Managed Care Supplement included with all provider manuals.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****ENROLLMENT
COUNSELING SERVICES**

SCDHHS provides enrollment counseling services to Medicaid beneficiaries through a contract with a private vendor. Services are provided under the program name “South Carolina Healthy Connections Choices.” The function of the enrollment counselor is to assist Medicaid-eligible members in the selection of the best Medicaid health plan to suit individual/family needs. For additional information, visit <http://www.SCchoices.com> or contact South Carolina Healthy Connections Choices at (877) 552-4642.

**MEDICARE / MEDICAID
ELIGIBILITY**

Medicaid beneficiaries who are also eligible for Medicare benefits are commonly referred to as “dually eligible.” Providers may bill SC Medicaid for Medicare cost sharing for Medicaid-covered services for dually eligible beneficiaries. Some dual eligibles are also Qualified Medicare Beneficiaries (QMB). If the dually eligible beneficiary is also a QMB, providers may bill SC Medicaid for Medicare cost sharing, for services that are covered by Medicare without regard to whether the service is covered by SC Medicaid. Reimbursement for these services will be consistent with the SC State Medicaid Plan.

Please refer to Section 3 of this manual for instructions regarding billing procedures for dually eligible beneficiaries. For instructions on how to access beneficiary information, including QMB status, refer to the Medicaid Web-Based Claims Submission Tool (the Web Tool), explained later in this section.

In the Web Tool, the Eligibility or Beneficiary Information section will indicate “Yes” if the beneficiary is a Qualified Medicare Beneficiary.

Note: Pharmacy providers should refer to Section 2 of the Pharmacy Services Provider Manual for more information on coverage for dually eligible beneficiaries.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

SOUTH CAROLINA HEALTHY CONNECTIONS MEDICAID CARD

Medicaid beneficiaries are issued a plastic South Carolina Healthy Connections Medicaid card. Only one person's name appears on each card. If more than one family member is eligible for Medicaid, the family receives a card for each eligible member. In addition to the member's name, the front of the card includes the member's date of birth and Medicaid Member Number. Possession of the plastic card does not guarantee Medicaid coverage. Failure to verify eligibility prior to providing a service leaves the provider at risk of providing services to an ineligible individual.

As of August 1, 2016, SCDHHS announced the release of a new South Carolina Healthy Connections Medicaid card. The new card will no longer contain a magnetic data strip. The new cards will be issued to newly enrolled beneficiaries and current beneficiaries who request replacement cards. All active beneficiaries prior to August 1, 2016, will continue to use their current Medicaid card until further notice.

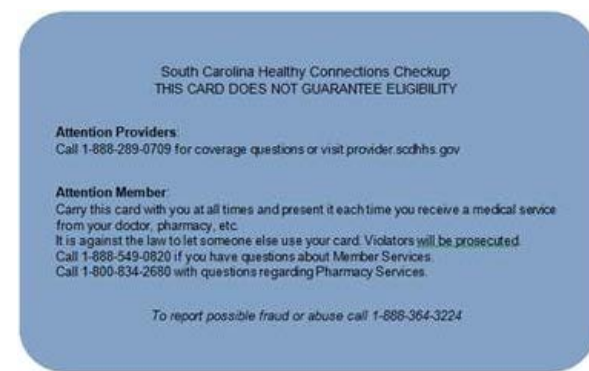
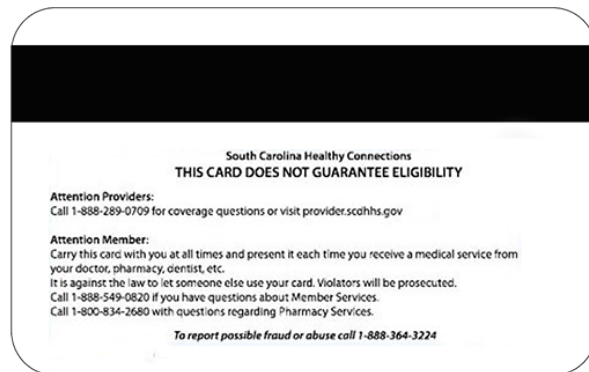
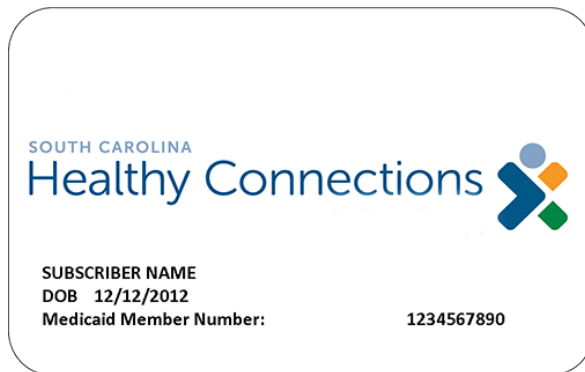
Providers shall accept all versions of the existing cards: cards with a magnetic data strip and the blue Healthy Connections Checkup card. All providers are encouraged to use the Web Tool to check eligibility. For additional information about the Web Tool, please refer to South Carolina Medicaid Web-Based Claims Submissions Tool (Web Tool) later in this section.

The following are examples of valid South Carolina Healthy Connections Medicaid cards:



SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM



The back of the Healthy Connections Medicaid card includes:

- A toll-free number for providers to contact the PSC for assistance
- A toll-free number for the beneficiary if he or she has questions about enrollment or Medicaid-covered services

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****SOUTH CAROLINA
HEALTHY CONNECTIONS
MEDICAID CARD (CONT'D.)**

- A toll-free number for the beneficiary if he or she has questions regarding pharmacy services

Providers are urged to report inappropriate use of a Medicaid card by a beneficiary (such as abuse, card-sharing, etc.) to the Division of Program Integrity's toll-free Fraud and Abuse Hotline at 1-888-364-3224.

Beneficiaries who are enrolled with a MCO will also be issued an identification card by the MCO. This MCO-issued card contains phone numbers for member services and provider billing issues specific to the managed care plan. Please see the Managed Care Supplement for samples of cards from the various managed care plans.

**SOUTH CAROLINA
MEDICAID WEB-BASED
CLAIMS SUBMISSION
TOOL (WEB TOOL)**

SCDHHS provides a free tool, accessible through an Internet browser, which allows providers to submit claims (UB and CMS-1500), attach supporting documentation, query Medicaid eligibility, check claim status, offers providers electronic access to their remittance advice, and the ability to change their own passwords.

Providers interested in using this tool must complete a SC Medicaid Trading Partner Agreement (TPA) with SCDHHS and return the signed SC Medicaid TPA Enrollment Form. Once received, the provider will be contacted with the website address and Web Tool User ID(s). If a provider utilizes a billing agent and elects to have the billing agent access their electronic remittance advice, both the provider and the billing agent must have a TPA on file. The provider's TPA must name their billing agent. The billing agent's TPA must include the provider's name and Medicaid number. For more information regarding the TPA, refer to Section 3 of this manual.

To learn more about this tool and how to access it, visit the SC Medicaid Provider Education website at: <http://medicaidelearning.com/> or contact the SC Medicaid EDI Support Center via the SCDHHS PSC at 1-888-289-0709. A listing of training opportunities is also located on the website.

Note: Dental claims cannot be submitted on the Web Tool. Please contact the dental services vendor at 1-888-307-6553 for billing instructions.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

SOUTH CAROLINA MEDICAID ALERTS, BULLETINS AND NEWSLETTERS

SCDHHS Medicaid alerts, bulletins and newsletters are distributed electronically through e-mail and are available online at the SCDHHS website.

To ensure that you receive important SC Medicaid information, visit the website at <http://www.scdhhs.gov/> and subscribe to alerts, bulletins and newsletters.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

PROVIDER ENROLLMENT

PROVIDER PARTICIPATION

The Medicaid program administered by the South Carolina Department of Health and Human Services (SCDHHS) is considered to be a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

Provider participation in the Medicaid program is voluntary. To participate in the Medicaid program, a provider must meet the following requirements:

- Complete an online provider enrollment application and agreement and submit any necessary supporting documentation. Certain provider types, depending on the type of service provided, are required to sign a contractual agreement in addition to the provider enrollment agreement.
- Accept the terms and conditions of the online application by electronic signature, indicating the provider's agreement to the contents of the participation agreement, the Electronic Funds Transfer Agreement, W-9 and Trading Partner Agreement.
- Be licensed by the appropriate licensing body, certified by the standard-setting agency, and/or other pre-contractual approval processes established by SCDHHS.
- If eligible, obtain a National Provider Identifier (NPI) and share it with SCDHHS. Refer to <https://nppes.cms.hhs.gov> for additional information about obtaining an NPI.
- Be enrolled in the South Carolina Medicaid program and receive official notification of enrollment. This also applies to providers wanting to contract with one or all of the South Carolina Medicaid MCO.
- Continuously meet South Carolina licensure and/or certification requirements of their respective professions or boards in order to maintain Medicaid enrollment.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**PROVIDER ENROLLMENT****PROVIDER PARTICIPATION
(CONT'D.)**

- Comply with all federal and state laws and regulations currently in effect as well as all policies, procedures, and standards required by the Medicaid program.
- Medicaid will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside the United States.

All rendering providers must be enrolled in the Medicaid program. Enrolled providers are prohibited from allowing non-enrolled providers use of their Medicaid ID number/NPI number in order for non-participating providers to be reimbursed for services. Claims for Medicaid reimbursement submitted under a Medicaid ID number or NPI number other than that of the ordering, referring or rendering provider will be considered invalid and may result in a program integrity investigation and/or recoupment of the Medicaid payment. As required by 42 CFR 455.440, all claims submitted for payment for items and services that were ordered or referred must contain the NPI of the physician or other professional who ordered or referred such items or services.

A provider must immediately report any change in enrollment or contractual information (*e.g.*, mailing or payment address, physical location, telephone number, specialty information, change in group affiliation, ownership, etc.) to SCDHHS PSC within 30 days of the change. Failure to report this change of information promptly could result in delay of payment and/or termination of enrollment. Provider Enrollment inquiries to South Carolina Medicaid should be directed as follows:

Mail: Medicaid Provider Enrollment
PO Box 8809
Columbia, SC 29202-8809
Phone: 1-888-289-0709, Option 4
Fax: 803-870-9022

**Extent of Provider
Participation**

Providers have the right to limit the number of Medicaid patients they are willing to treat within their practice; however, providers may not discriminate in selecting the Medicaid beneficiaries they will treat or services they will render. A provider may not refuse to furnish services

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**PROVIDER ENROLLMENT****Extent of Provider
Participation (Cont'd.)**

covered under Medicaid to an eligible individual because of a third party's potential liability for the service(s). A provider who is not a part of a MCO's network may refuse service to a Medicaid MCO member.

A provider and a beneficiary (or the beneficiary's guardian or representative) should determine before treatment is rendered whether the provider is willing to accept the beneficiary as a Medicaid patient. In an emergency, or if a provider cannot determine that a patient is Medicaid-eligible at the time service is rendered, the provider should meet with the beneficiary (or the beneficiary's legal guardian or representative) at the earliest possible date to determine whether the provider is willing to accept the beneficiary as a Medicaid patient for the previously rendered service. To avoid disputes or misunderstandings, providers are encouraged to document the details of their provider-patient agreement in the patient's record.

In furnishing care to beneficiaries who are participating in a Medicaid managed care option, all providers are required to comply with the benefit requirements specified by the applicable managed care program with respect to issues such as the extent of approvals for referrals, etc. Specific questions may be addressed directly with the MCO.

Once a provider has accepted a beneficiary as a Medicaid patient, it is the responsibility of the provider to deliver all Medicaid-covered services throughout the course of treatment. The policy section of this manual may include clarification of specific program policies.

Non-Discrimination

All Medicaid providers are required to comply with the following laws and regulations:

- Title VI of the Civil Rights Act of 1964 that prohibits any discrimination due to race, color, or national origin (45 CFR Part 80)
- Title V, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794 that prohibits discrimination on the basis of handicap (45 CFR Part 84)
- The Americans with Disabilities Act of 1990 that prohibits discrimination on the basis of disability (28 CFR Parts 35 & 36)

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**PROVIDER ENROLLMENT****Non-Discrimination
(Cont'd.)**

- The Age Discrimination Act of 1975 that prohibits discrimination on the basis of age (45 CFR Parts 90 and 91)

Service Delivery***Freedom of Choice***

Except as otherwise specified in this manual, a Medicaid beneficiary has the right to choose any provider who is both a participant in the Medicaid program and willing to accept the beneficiary as a patient.

However, once a beneficiary exercises his or her freedom of choice by enrolling in a Medicaid MCO, the beneficiary is required to follow that MCO's requirements (*e.g.*, use of designated primary and specialist providers, precertification of services, etc.) for the time period during which the beneficiary is enrolled in the MCO.

Medical Necessity

Medicaid will pay for a service when the service is covered under the South Carolina State Plan and is medically necessary. "Medically necessary" means that the service (the provision of which may be limited by specific manual provisions, bulletins, and other directives) is directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability. A provider's medical records or other appropriate documentation for each beneficiary must substantiate the need for services, must include all findings and information supporting medical necessity and justification for services, and must detail all treatment provided. Medicaid will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

RECORDS/ DOCUMENTATION REQUIREMENTS

GENERAL INFORMATION

As a condition of participation in the Medicaid program, providers are required to maintain and provide immediate access to original and electronic medical records, including associated audit trails. Record means any document or electronically stored information including writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations, stored in any medium from which information can be obtained either directly or, if necessary, after translation by the provider into a reasonably usable form that allows the ability to review the record.

SCDHHS does not have requirements for the media formats for medical records. Providers must have and maintain a medical record system that insures that the record may be accessed and retrieved immediately. That, for the purposes of reviewing, copying, and reproducing documents, access shall be allowed to all records concerning services and payment to SCDHHS, the State Auditor's Office (SAO), the South Carolina Attorney General's Office (SCAG), the United States Department of Health and Human Services (HHS), Government Accountability Office (GAO), and/or their designee during normal business hours.

SCDHHS will accept electronic records and clinical notes in accordance with the Uniform Electronic Transactions Act (S.C. Code Ann. §§ 26-6-10 et seq.) and the Health Insurance Portability and Accountability Act (HIPAA) electronic health record requirements. Furthermore, providers must comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

A provider is defined as an individual, firm, corporation, association or institution which is providing, or has been approved to provide, medical assistance to a beneficiary pursuant to the State Medical Assistance Plan and in accord with Title XIX of the Social Security Act of 1932, as amended.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS****GENERAL INFORMATION
(CONT'D.)**

Records are considered to be maintained when:

- They fully disclose the medical necessity for treatment and the extent of services provided to Medicaid beneficiaries
- All required documentation is present in beneficiaries' records before the provider files claims for reimbursement, unless program policy otherwise states
- Beneficiary medical, fiscal and other required records and supporting documentation must be legible

A provider record or any part thereof will be considered illegible if at least three (3) medical or other professionals in any combination, who regularly perform post payment reviews, are unable to read the record or determine the extent of services provided. An illegible record will be subject to recoupment.

Medicaid providers must make records immediately accessible and available for review during a provider's normal business hours or as otherwise directed, with or without advance notice by authorized entities and staff as described in this section. An authorized entity may either copy, accept a copy, or may request original records. Any requested record(s) is deemed inaccessible if not immediately available when requested by an authorized entity. Unless otherwise indicated, the medical record shall be accessible at the provider's service address as documented by the SCDHHS provider enrollment record. If the requested records are not available, they must be made available within two (2) hours of the authorized entity's request, or are otherwise deemed inaccessible. It is the responsibility of the provider to transport/send records to the place of service location as documented by the SCDHHS provider enrollment record.

The following requirements apply to retention of records for Medicaid purposes only; other state or federal rules may require longer retention periods. That for Medicaid purposes all fiscal and medical records shall be retained for a minimum period of five (5) years after last payment was made for services rendered, except that hospitals and nursing homes are required to retain such records for six (6) years after last payment was made for services

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS****General Information
(Cont'd.)**

rendered. If any litigation, claim, audit, or other action involving the records has been initiated prior to the expiration of the appropriate retention period the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the appropriate retention period, whichever is later.

Providers may contact the PSC or submit an online inquiry at <http://scdhhs.gov/contact-us> for specific information regarding documentation requirements for services provided.

Signature Policy

For medical review purposes, Medicaid requires that services provided/ordered be authenticated by the author. Medical documentation must be signed by the author of the documentation except when otherwise specified within this policy. The signature may be handwritten, electronic, or digital. Stamped signatures are unacceptable.

Handwritten Signature

A handwritten signature is a mark or sign by an individual on a document signifying knowledge, approval, acceptance or obligation.

- If the signature is illegible, SCDHHS shall consider evidence in a signature log to determine the identity of the author of a medical record entry.
- An order must have a signature which meets the signature requirements outlined in this section. Failure to satisfy these signature requirements will result in denial of related claims.
- A stamped signature is unacceptable.

Signature Log

Providers may include a signature log in the documentation they submit. This log lists the typed or printed name of the author associated with the illegible initials or signature.

Electronic Signatures

Providers using electronic signatures need to realize that there is a potential for misuse with alternative signature methods. The system needs to have software products that are protected against modification and that apply adequate administrative procedures that correspond to recognized standards and laws. The individual whose name is on the alternate signature method and the provider are responsible for the authenticity of the information for which an attestation has been provided.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS***Electronic Signatures
(Cont'd.)*

Acceptable Electronic Signature Examples:

- Chart 'Accepted By' with provider's name
- 'Electronically signed by' with provider's name
- 'Verified by' with provider's name
- 'Reviewed by' with provider's name
- 'Released by' with provider's name
- 'Signed by' with provider's name
- 'Signed before import by' with provider's name
- 'Signed: John Smith, M.D.' with provider's name
- Digitized signature: Handwritten and scanned into the computer
- 'This is an electronically verified report by John Smith, M.D.'
- 'Authenticated by John Smith, M.D'
- 'Authorized by: John Smith, M.D'
- 'Digital Signature: John Smith, M.D'
- 'Confirmed by' with provider's name
- 'Closed by' with provider's name
- 'Finalized by' with provider's name
- 'Electronically approved by' with provider's name
- 'Signature Derived from Controlled Access Password'

Date

The signature should be dated. However, for review purposes, if there is sufficient documentation for SCDHHS to determine the date on which the service was performed/ordered then SCDHHS may accept the signature without a date.

The only time it is acceptable for an entry to not be signed at the time of the entry is in the case of medical transcription.

Exceptions

There are some circumstances for which an order does not need to be signed. For example, orders for clinical diagnostic tests are not required to be signed. The rules in 42 CFR 410 and Pub. 100-02, chapter 15, section 80.6.1,

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS***Exceptions (Cont'd.)*

state that if the order for the clinical diagnostic test is unsigned, there must be medical documentation by the treating physician (*e.g.*, a progress note) that he/she intended the clinical diagnostic test be performed. This documentation showing the intent that the test be performed must be authenticated by the author via a handwritten or electronic signature.

**DISCLOSURE OF
INFORMATION BY
PROVIDER**

As of April 14, 2003, for most covered entities, health care providers are required to comply with privacy standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, which includes providing all patients and/or clients with a Notice of Privacy Practices. The Notice should include sufficient information to disclose to each Medicaid patient/client the provider's intent to release any medical information necessary for processing claims, including Medicaid claims. Providers who have not issued their patients/clients a Notice of Privacy Practices should obtain authorization to release such information to SCDHHS. The authorization must be signed and dated by the beneficiary and must be maintained in the patient's/client's record.

Once a Notice of Privacy Practices is acknowledged by the Medicaid beneficiary, or the beneficiary's authorization to release information is obtained, a provider who uses hard-copy claim forms that require the patient's signature is no longer required to have each claim form signed by the beneficiary. Providers who file claims electronically are required under their Trading Partner Agreement (TPA) to ensure ready association of electronic claims with an acknowledged Notice of Privacy Practices or a signed statement from the beneficiary consenting to the release of information necessary to process claims.

Certain medical services may be subject to more stringent rules or regulations governing the disclosure of information than others. However, if a provider is unable to release information necessary for Medicaid claims processing due to the lack of proper Notice or authorization from the beneficiary, payment may be denied and/or previous payments may be recouped. Consequently, providers who are concerned about releasing patient information to SCDHHS are advised to obtain specific written authorization from the Medicaid patient/client.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS****SAFEGUARDING
BENEFICIARY
INFORMATION**

Federal regulations at 42 CFR Part 431, Subpart F, and South Carolina Regulations at Chapter 126, Article 1, Subarticle 4, require that certain information concerning Medicaid applicants and beneficiaries be protected. As a condition of participation in the Medicaid program, all providers must agree to comply with the federal laws and regulations regarding this protection, by execution of either a contract or a provider enrollment agreement. Questions regarding access to protected information should be referred to the PSC. Provider can also submit an online inquiry at <http://scdhhs.gov/contact-us> to request additional information.

Beneficiary information that must be protected includes but is not limited to the following:

- Name and address
- Medical services provided
- Social and economic circumstances
- Medical data, including diagnosis and past history of disease or disability
- Any information involving the identification of legally liable third-party resources
- Any information verifying income eligibility and the amount of medical assistance payments

This information may generally be used or disclosed only for the following purposes:

- Establishing eligibility
- Determining the amount of medical assistance
- Providing services for beneficiaries
- Assisting in a Medicaid-related investigation, prosecution, or civil or criminal proceeding

Regarding the release of beneficiary information to billing/collection agencies, the Centers for Medicare and Medicaid Services (CMS) has instructed the states that the requirements for the release of beneficiary information should parallel the limitations on payments. Agents to whom payments could be made are allowed to obtain relevant beneficiary information, since the sharing of that information is for a purpose directly connected with Medicaid administration. However, if no payment could be

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS****SAFEGUARDING
BENEFICIARY
INFORMATION (CONT'D.)**

made to the agent because the agent's compensation is tied to the amount billed or collected, or is dependent upon the collection of the payment, then Medicaid is not allowed to release beneficiary information to that agent.

Note: The manner in which the Medicaid program deals with the agent is determined primarily by the terms of the agent's compensation, not by the designation attributed to the agent by the provider. Agents or providers who furnish inaccurate, incomplete, or misleading information to SCDHHS regarding agent compensation issues may face sanctions.

**Confidentiality of Alcohol
and Drug Abuse Case
Records**

Federal law requires providers to observe more stringent rules when disclosing medical information from the records of alcohol and drug abuse patients than when disclosing information concerning other Medicaid beneficiaries. Federal regulations govern the information that must be protected in such cases and the circumstances under which this information may be disclosed. These regulations may be found at 42 CFR Part 2.

**SPECIAL / PRIOR
AUTHORIZATION**

Certain medical services must be authorized by SCDHHS (or its designee) prior to delivery in order to be reimbursable by Medicaid. Some of the services that are specifically subject to prior authorization and approval are as follows:

- Services provided outside of the South Carolina Medicaid Service Area (SCMSA). The SCMSA is South Carolina and adjacent areas within 25 miles of its borders. Providers should contact the PSC or submit an online inquiry for prior authorization guidelines.
- Services not routinely covered by Medicaid, or other services that require prior approval before payment or before service delivery as a matter of policy. Please refer to the appropriate section of this manual, contact the PSC, or submit an online inquiry for prior authorization guidelines.
- Services for which prepayment review is required.

Refer to program-specific sections of this manual for other services that must be authorized prior to delivery.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

RECORDS / DOCUMENTATION REQUIREMENTS

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

CHARGE LIMITS

Except as described below for free care, providers may not charge Medicaid more for services to a beneficiary than they would customarily charge the general public. Providers should bill their usual and customary charges and not the Medicaid reimbursement rate. Retroactive adjustments can only be made up to the billed amount. Medicaid will generally pay the lower of the established Medicaid reimbursement rate or the provider's billed amount. Medicaid reimbursement is available for covered services under the State Medicaid Plan that are provided to Medicaid beneficiaries, regardless of whether there is any charge for the service to the beneficiary or the community at large.

BROKEN, MISSED, OR CANCELLED APPOINTMENTS

CMS prohibits billing Medicaid beneficiaries for broken, missed, or cancelled appointments. Medicaid programs are state-designed and administered with federal policy established by CMS. Federal requirements mandate that providers participating in the Medicaid program must accept the agency's payment as payment in full. Providers cannot bill for scheduling appointments or holding appointment blocks. According to CMS Program Issuance Transmittal Notice MCD-43-94, broken or missed appointments are considered part of the overall cost of doing business.

NATIONAL CORRECT CODING INITIATIVE (NCCI)

The South Carolina Medicaid program utilizes National Correct Coding Initiative (NCCI) edits and its related coding policy to control improper coding.

The CMS developed the NCCI to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. The purpose of the NCCI edits are to prevent improper payment when incorrect code combinations or units of service are reported exceeding what is normally considered to be medically necessary. NCCI edits identify procedures/services performed by the same provider for the same beneficiary on the same date of service.

NCCI consist of two types of edits:

- 1) NCCI Procedure to Procedure (PTP) edits: These edits define pairs of HCPCS/CPT codes that

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

NATIONAL CORRECT CODING INITIATIVE (NCCI) (CONT'D.)

should not be reported together for a variety of reasons. These edits consist of a column one code and a column two code. If both codes are reported, the column one code is eligible for payment and the column two code is denied. In some instances an appropriate modifier may be added to one or both codes of an edit pair to make the code combination eligible for payment.

- 2) Medically Unlikely Edits (MUE): These edits define for each HCPCS/CPT code the number of units of service that is unlikely to be correct. The units of service that exceed what is considered medically necessary will be denied.

It is important to understand, however, that the NCCI does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination.

Services denied based on NCCI code pair edits or MUEs may not be billed to patients.

The CMS web page <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html> provides overview information to providers on Medicaid's NCCI edits and links for additional information.

MEDICAID AS PAYMENT IN FULL

Once a provider has accepted a beneficiary as a Medicaid patient, the provider must accept the amount established and paid by the Medicaid program (or paid by a third party, if equal or greater) as payment in full. Neither the beneficiary, beneficiary's family, guardian, or legal representative may be billed for any difference between the Medicaid allowable amount for a covered service and the provider's actual charge, or for any coinsurance or deductible not paid by a third party. In addition to not charging the patient for any coinsurance or deductible amounts, providers may not charge the patient for the primary insurance carrier's copayment. Only applicable Medicaid copayments and services not covered by Medicaid may be billed to the beneficiary.

For beneficiaries enrolled in a Medicaid managed care option, the managed care entity must accept SCDHHS' capitated payment as payment in full for all services

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

MEDICAID AS PAYMENT IN FULL (CONT'D.)

covered by the capitation arrangement. Managed care network providers must accept their reimbursement from the managed care entity as payment in full. Only services not included in the specified benefits package or not otherwise covered by Medicaid may be billed to a beneficiary enrolled in a managed care option.

PAYMENTS LIMITATION

Medicaid payments may be made only to a provider, to a provider's employer, or to an authorized billing entity. **There is no option for reimbursement to a beneficiary.** Likewise, seeking or receiving payment from a beneficiary pending receipt of payment from the Medicaid program is not allowed, except where a copayment is applicable. By virtue of submitting a claim to Medicaid, a provider is agreeing to accept Medicaid as the payer.

REASSIGNMENT OF CLAIMS

In general, Medicaid payments are to be made only to the enrolled practitioner. However, in certain circumstances payment may be made to the following:

1. The employer of the practitioner, if the practitioner is required as a condition of employment to turn over fees to the employer
2. The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim
3. A foundation, plan, or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim
4. A business agent. Regulations found at 42 CFR Part 447, Subpart A, allow Medicaid to make payment for services to a provider's "business agent" such as a billing service or an accounting firm, only if the agent's compensation is:
 - a) Related to the cost of processing the billing
 - b) Not related on a percentage or other basis to the amount that is billed or collected
 - c) Not dependent upon the collection of the payment

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****REASSIGNMENT OF
CLAIMS (CONT'D.)**

If the agent's compensation is tied to the amount billed or collected or is dependent upon the collection of the payment, Medicaid is not allowed to make payment to the agent. Furthermore, providers are urged to seek advice regarding the HIPAA (Public Law 104-191) provisions when entering into such an agreement.

THIRD-PARTY LIABILITY

As a condition of eligibility for Medicaid, federal regulations at 42 CFR Part 433, Subpart D, require individuals to assign any rights to medical support or other third-party payment to the Medicaid agency (SCDHHS) and cooperate with the agency in obtaining such payments. The South Carolina Code §43-7-420 makes this assignment effective automatically upon application for Medicaid.

Medicaid providers may obtain information regarding third-party resources that are known to SCDHHS by utilizing the South Carolina Medicaid Web-based Claims Submission Tool. Third-party resources include but are not limited to health benefits under commercial health insurance plans, indemnity contracts, school insurance, Workers' Compensation, and other casualty plans that may provide health insurance benefits under automobile or homeowner's coverages.

For Medicaid purposes, third-party resources are divided into two general categories: Health Insurance and Casualty Insurance.

Health Insurance

In general, health insurance may include any individual accident and health policy or group policy that provides payment for health care costs. Unless otherwise permitted, a provider who accepts a Medicaid beneficiary as a patient is required to request payment from all available third-party resources prior to billing Medicaid. All third-party claims filed must be assigned to the provider.

Should the third-party carrier deny payment or reduce payment to less than the Medicaid approved amount, the provider may then submit the claim to Medicaid. The claim filed to Medicaid must be properly completed with all applicable third-party information entered in the appropriate fields (see Section 3 or other appropriate

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****Health Insurance (Cont'd.)**

materials for billing instructions). Under the federally mandated Cost Avoidance program, 42 CFR §433.139, claims for certain services to beneficiaries who have health insurance coverage may automatically reject if the third-party carrier has not been billed first.

If a claim is rejected for failure to bill third-party coverage, the provider must submit a new claim with the correctly coded information that documents payment or denial of payment by the third-party carrier.

While most claims are subject to coordination of benefits to ensure Medicaid is the payer of last resort, federal regulations exempt claims submitted for physicians' services under the Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) program, Maternal Health, Title IV – Child Support Enforcement, and certain Department of Health and Environmental Control (DHEC) services under Title V. While providers are encouraged to file with any liable third party for these claim types, if they choose not to do so, SCDHHS will pay the claims and bill liable third parties directly through the Benefit Recovery program.

Premium Payment Project

Through the Premium Payment Project, SCDHHS is able to pay private health insurance premiums for Medicaid beneficiaries who are subject to losing coverage due to non-payment. SCDHHS will pay these premiums when said payment is determined to be cost effective.

Premium payment is usually cost effective for Medicaid beneficiaries with chronic medical conditions requiring long-term treatment such as cancer, end stage renal disease, chronic heart problems, congenital birth defects, and AIDS. Depending on the amount of the premium, the program may also be appropriate for beneficiaries with short-term costly health needs, such as pregnancy.

Providers of services to participating beneficiaries should consider Medicaid the payer of last resort and bill any liable third-party insurance plan prior to billing Medicaid.

Questions regarding the Premium Payment Project or referrals for beneficiary participation in this project should be directed to the Third-Party Liability– Medicaid Insurance Verification Services (MIVS) department by calling 1-888-289-0709 option 5, then option 4.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

Casualty Insurance

Casualty insurance includes policies that provide payment for treatment related to an accident or injury. This type of coverage is most commonly related to incidents such as auto accidents, and in these cases the injured party is frequently represented by an attorney.

Unlike health insurance claims, claims involving casualty insurance are not subject to review under the Cost Avoidance program. The accident questionnaire is the primary referral source and is generated by the Medicaid claims processing system. At times, it is the provider who identifies a potentially liable third party. If there is casualty insurance coverage, the provider may pursue the claim directly with either the beneficiary's attorney or the casualty insurance carrier, or file a claim with Medicaid (provided that the one-year time limit for submission of claims has not been exceeded).

If the provider files a claim with Medicaid and the claim is paid, then SCDHHS will pursue reimbursement from any liable third party.

Provider Responsibilities – TPL

A provider who has been paid by Medicaid and subsequently receives reimbursement from a third party must repay to SCDHHS either the full amount paid by Medicaid or the full amount paid by the third party, whichever is less. Some providers may choose to submit a repayment check accompanied by a completed Form for Medicaid Refunds (DHHS Form 205) identifying the third-party payer. Others providers may decide to submit a Claim Adjustment Form 130, which will allow them to void and/or replace a claim that resulted in under or overpayment. Examples of these forms can be found in the Forms section of this manual. For detailed information regarding both of these adjustment processes, please refer to Section 3 of this manual.

The Medicaid program makes payments to providers on behalf of beneficiaries for medical services rendered, but only to the extent that the beneficiary has a legal obligation to pay. If the beneficiary does not have a legal obligation to pay, then Medicaid will not make a payment. This means that if a beneficiary has third party insurance, including Medicare, SCDHHS's payment will be limited to the patient's responsibility (usually the deductible, co-

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****Provider Responsibilities –
TPL (Cont'd.)**

pay and/or coinsurance.) The Medicaid reimbursement and third party payment cannot exceed the amount the provider has agreed to accept as payment in full from the third party payer. A provider must not bill Medicaid for the difference between the payment received from a third party and the actual charges if the provider's third-party payment was determined under a "preferred provider" agreement. A "preferred provider" agreement is an agreement between the provider and the third party payer that establishes an amount that the provider is agreeing to accept as payment in full on its claims. Where such an agreement exists, Medicaid may only coordinate payment up to the lesser of the Medicaid allowed amount or the amount the provider has agreed to accept as payment in full from the third party payer.

The South Carolina Code §43-7-440(B) requires Medicaid providers to cooperate with SCDHHS in the identification of any third-party resource that may be responsible for payment of all or part of the cost of medical services provided to a Medicaid beneficiary. Upon receiving knowledge of third-party coverage that is not verified via the SCDHHS Web Tool, a provider is encouraged to notify SCDHHS's Division of Third-Party Liability of said coverage. The Health Insurance Information Referral Form may be used for this purpose. This form can be found in the Forms section of this manual.

The Division of Third-Party Liability must also be notified in writing if copies of claims submitted to Medicaid are released to anyone, including the beneficiary or the beneficiary's attorney. Before being released, the documents must clearly indicate that third-party benefits are assigned to SCDHHS pursuant to state law.

Providers should be aware that in no instance will SCDHHS pay any amount that is the responsibility of a third-party resource. If a provider releases copies of claims submitted to Medicaid and the release of those documents results in third-party payment being made to the beneficiary rather than to the provider, SCDHHS will not reimburse the provider for the amount of the third-party payment made to the beneficiary.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

TIME LIMIT FOR SUBMITTING CLAIMS

SCDHHS requires that only “clean” claims received and entered into the claims processing system within one year from the date of service (or date of discharge for hospital claims) be considered for payment. A “clean” claim is one that is edit and error-free and can be processed without obtaining additional information from the provider or from another third party. This time limit will not be extended on the basis of third-party liability requirements. However, the one-year time limit does not apply to Medicare cost sharing claims or to claims involving retroactive eligibility.

Medicare Cost Sharing Claims

Claims for payment of Medicare cost sharing amounts must be received and entered into the claims processing system within two years from the date of service or date of discharge, or up to six months following the date of Medicare payment, whichever is later.

Retroactive Eligibility

Claims involving retroactive eligibility must meet both of the following criteria to be considered for payment:

- Be received and entered into the claims processing system within **six months** of the beneficiary’s eligibility being added to the Medicaid eligibility system **AND**
- Be received within **three years** from the date of service or date of discharge (for hospital claims). Claims for dates of service that are more than three years old will not be considered for payment.

To document retroactive eligibility, the provider is responsible for submitting one of the following documents with each claim within the above time frames:

- DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or
- The computer-generated Medicaid eligibility approval letter notifying the beneficiary that Medicaid benefits have been approved. This can be furnished by the beneficiary or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****Retroactive Eligibility
(Cont'd.)**

SCDHHS will no longer consider claims that exceed the timely filing limits due to the provider being unaware of the beneficiary's coverage.

Please refer to Section 2 of the provider manual for any additional Retroactive Eligibility criteria that may apply.

Payment Information

SCDHHS establishes reimbursement rates for each Medicaid-covered service. Providers should contact the PSC or submit an online inquiry for additional information.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID PROGRAM INTEGRITY

The South Carolina Department of Health and Human Services ensures the integrity of the Medicaid Program and seeks to identify and reduce waste, fraud, and abuse in the use of Medicaid funds through the activities carried out by the Division of Program Integrity and the Division of Audits. The purposes of program oversight are to safeguard against unnecessary, inappropriate, and/or fraudulent use of Medicaid services, identify excessive or inaccurate payments to providers, and ensure compliance with the applicable Medicaid laws, regulations, and policies.

PROGRAM INTEGRITY

The Division of Program Integrity conducts post-payment reviews of all health care provider types including but not limited to hospitals (inpatient and outpatient) rural health clinics, Federally-qualified health clinics, pharmacies, ASCs, ESRD clinics, physicians, dentists, other health care professionals, speech, PT and OT therapists, CLTC providers, durable medical equipment providers, transportation providers, and behavioral and mental health care providers. Program Integrity uses several methods to identify areas for review:

- The toll-free Fraud and Abuse Hotline and the Fraud and Abuse email for complaints of provider and beneficiary fraud and abuse. The hotline number is 1-888-364-3224, and the email address is fraudres@scdhhs.gov.
- Each complaint received from the hotline or email is reviewed, and if the complaint is determined to involve either a Medicaid beneficiary or provider, a preliminary investigation is conducted to identify any indications of fraud and abuse.
- Referrals from other sources as well as ongoing provider monitoring that identify aberrant or excessive billing practices.
- The automated Surveillance and Utilization Review System (SURS) to create provider profiles and exception reports that identify excessive or aberrant billing practices.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****PROGRAM INTEGRITY
(CONT'D.)**

A Program Integrity review can cover several years' worth of paid claims data. (See "Records/Documentation Requirements" in this section for the policy on Medicaid record retention.) The Division conducts payment reviews, analysis of provider payments, and review of provider records, using statistical sampling and overpayment estimation when feasible, to determine the following:

- Medical reasonableness and necessity of the service provided
- Indications of fraud or abuse in billing the Medicaid program
- Compliance with Medicaid program coverage and payment policies
- Compliance with state and federal Medicaid laws and regulations
- Compliance with accepted medical coding conventions, procedures, and standards
- Whether the amount, scope, and duration of the services billed to Medicaid are fully documented in the provider's records

The Division of Program Integrity ("Program Integrity") or its authorized entities, as described under Records Documentation/Requirements, General Information of Section 1, conduct both announced and unannounced desk and field reviews, on-site inspections, and/or investigations of providers to determine whether the provider is complying with all applicable laws, rules, regulations, and agreements. Program Integrity may conduct reviews, investigations, or inspections of any current or former enrolled provider, agency-contracted provider, or agent thereof, at any time and/or for any time period. During such reviews, Program Integrity staff will request medical records and related documents ("the documentation"). Record means any document or electronically stored information including writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations, stored in any medium from which information can be obtained either directly or, if necessary, after translation by the entity into a usable form that allows authorized entities, described under Records Documentation/Requirements, General Information of

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****PROGRAM INTEGRITY
(CONT'D.)**

Section 1, the ability to review the record. Program Integrity or its designee(s) may either copy, accept a copy or may request original records. Program Integrity may evaluate any information relevant to validating that the provider received only those funds to which it is legally entitled. This includes interviewing any person Program Integrity believes has information pertinent to its review, investigation or inspection. Interviews may consist of one or more visits.

Program Integrity staff will thoroughly review the records to determine whether the documentation accurately represents paid claims and rendered services, and whether the provider is in compliance with its obligations to the state Medicaid program. The documentation must sufficiently disclose the extent of services delivered, medical necessity, appropriateness of treatment, quality of care, and the documentation adheres to all applicable policy requirements. The provider, therefore, must submit a copy of all requested records by the date requested by Program Integrity. Providers must not void, replace, or tamper with any claim records or documentation selected for a Program Integrity review activity, until the activity is finalized.

An overpayment arises when Program Integrity denies the appropriateness or accuracy of a claim. Reasons for which Program Integrity may deny a claim include, but are not limited to the following:

- The Program Integrity review finds excessive, improper, or unnecessary payments have been made to a provider
- The Provider fails to provide medical records as requested
- The provider refuses to allow access to records

In each scenario Medicaid must be refunded for the denied claims.

The provider is notified via certified letter of the post-payment review results, including any overpayment findings. If the Provider disagrees with the findings, the provider will have the opportunity to discuss and/or present evidence to Program Integrity to support any disallowed payment amounts. If the parties remain in disagreement

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID PROGRAM INTEGRITY

PROGRAM INTEGRITY (CONT'D.)

following these discussions, the Provider may exercise its right to appeal to the Division of Appeals and Hearings.

If the provider does not contest Program Integrity's finding, or the appeal process has concluded, the provider will be required to refund the overpayment by issuing payment to SCDHHS or by having the overpayment amount deducted from future Medicaid payments. Termination of the provider enrollment agreement or contract with SCDHHS does not absolve the provider of liability for any penalties or overpayments identified by a Program Integrity review or audit.

Sanctions including but not limited to suspension, termination, or exclusion from the Medicaid program may result upon the failure of the provider to:

- Allow immediate access to records
- Repay in full the identified overpayment
- Make arrangements for the repayment of identified overpayments
- Abide by repayment terms
- Make payments which are sufficient to remedy the established overpayment

In addition, failure to provide requested records may result in one or more of the following actions by SCDHHS:

- Immediate suspension of future payments
- Denial of future claims
- Recoupment of previously paid claims

Any provider terminated for cause, suspended, or excluded will be reported to the Centers for Medicare and Medicaid Services (CMS) and U.S. Department of Health and Human (HHS) Office of Inspector General (OIG).

PREPAYMENT REVIEW

In order to ensure that claims presented by a provider for payment meet the requirements of federal and state laws and regulations, a provider may be required to undergo prepayment claims review. Grounds for being placed on prepayment claims review shall include, but shall not be limited to identification of aberrant billing practices as a result of reviews, investigations, or data analysis performed by Program Integrity/SUR, or other grounds as determined by Program Integrity/SUR.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****PREPAYMENT REVIEW
(CONT'D.)**

Parameters are developed for prepayment review based on the specific areas of concern identified in each case. As part of the prepayment review process, providers may be required to submit paper claims, rather than electronic claims, along with supporting medical record documentation (*e.g.*, clinical notes, progress notes, diagnostic testing results, other reports, superbills, X-rays, and any related medical record documentation) attached to each claim for all services billed. This documentation is used to ascertain that the services billed were billed appropriately, and according to South Carolina Medicaid policies and procedures. Services inconsistent with South Carolina Medicaid policies and procedures are adjudicated accordingly. Claims submitted initially without the supporting medical record documentation will be denied.

Additional medical record documentation submitted by the provider for claims denied as a result of the prepayment review process is not considered at a later time. A provider is removed from prepayment review only when determined appropriate by Program Integrity/SUR. Once removed from prepayment review, a follow-up assessment of the provider's subsequent practice patterns may be performed to monitor and ensure continued appropriate use of resources. Noncompliant providers are subject to administrative sanctions as defined in the rules in South Carolina Regulations at Chapter 126, Article 4, Subarticle 1.

**RECOVERY AUDIT
CONTRACTOR**

The South Carolina Department of Health and Human Services, Division of Program Integrity, has contracted with a Recovery Audit Contractor to assist in identifying and collecting improper payments paid to providers as a result of billing errors as referenced in 42 CFR 476.71. Section 6411(a) of the Affordable Care Act, Expansion of the Recovery Audit Contractor (RAC) Program amends section 1902(a) (42) of the Social Security Act and requires States to establish a RAC program to enable the auditing of claims for services furnished by Medicaid providers. Pursuant to the statute, these Medicaid RACs must: (1) identify overpayments; (2) recoup overpayments; and (3) identify underpayments. The Centers for Medicare & Medicaid Services (CMS) published the final rule implementing this provision, with an effective date of

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID PROGRAM INTEGRITY

RECOVERY AUDIT CONTRACTOR (CONT'D.)

January 1, 2012. States are required to contract with Medicaid RACs “in the same manner as the Secretary enters into contracts” with the Medicare Recovery Auditors. For example, the contingency fee paid to the Medicaid RAC may not exceed that of the highest fee paid to a Medicare Recovery Auditor.

Under this rule, State contracts with Medicaid Recovery Audit Contractors must include the following requirements (or the State must obtain an exemption from CMS for the requirement):

- That each Medicaid RAC hires a minimum of 1.0 FTE Contractor Medical Director who is a Doctor of Medicine or Doctor of Osteopathy licensed to practice in that State.

Note: SCDHHS has an approved State Plan Amendment to allow the RAC to have a part-time, in-state medical director who is also a practicing physician, in lieu of a 1.0 FTE medical director.

- That each Medicaid RAC also hires certified coders (unless the State determines that certified coders are not required for the effective review of Medicaid claims)
- An education and outreach program for providers, including notification of audit policies and protocols
- Minimum customer service measures such as a toll-free telephone number for providers and mandatory acceptance of provider submissions of electronic medical records on CD/DVD or via facsimile at the providers' request
- Notifying providers of overpayment findings within 60 calendar days
- A 3 year maximum claims look-back period and
- A State-established limit on the number and frequency of medical records requested by a RAC.

Note: SCDHHS has an approved State Plan Amendment to allow the RAC to review claims that are older than three years. The RAC will only be allowed to review claims older than three years upon written permission of the agency.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****RECOVERY AUDIT
CONTRACTOR (CONT'D.)**

HMS (Health Management Systems, Inc.) is the current Recovery Audit Contractor for the SCDHHS Division of Program Integrity.

**BENEFICIARY
EXPLANATION OF MEDICAL
BENEFITS PROGRAM**

The Beneficiary Explanation of Medical Benefits Program allows Medicaid beneficiaries the opportunity to participate in the detection of fraud and abuse. Each month the Division of Program Integrity randomly selects several hundred beneficiaries for whom claims for services were paid. These beneficiaries are provided with an Explanation of Medical Benefits that lists all non-confidential services that were billed as having been delivered to them and which were paid during the previous 45-day period. Beneficiaries are requested to verify that they received the services listed. The Division of Program Integrity investigates any provider when the beneficiary denies having received the services.

BENEFICIARY OVERSIGHT

The Division of Program Integrity performs preliminary investigations on allegations of beneficiary fraud and abuse. This includes, but is not limited to, beneficiaries who are alleged to have:

- Submitted a false application for Medicaid
- Provided false or misleading information about family group, income, assets, and/or resources and/or any other information used to determine eligibility for Medicaid benefits
- Shared or lent their Medicaid card to other individuals
- Sold or bought a Medicaid card
- Diverted for re-sale prescription drugs, medical supplies, or other benefits
- Obtained Medicaid benefits that they were not entitled to through other fraudulent means
- Other fraudulent or abusive use of Medicaid services

Program Integrity reviews the initial application and other information used to determine Medicaid eligibility, and makes a fraud referral to the State Attorney General's Office or other law enforcement agencies for investigation

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID PROGRAM INTEGRITY

BENEFICIARY OVERSIGHT (CONT'D.)

as appropriate. Beneficiary cases will also be reviewed for periods of ineligibility not due to fraud but which still may result in the unnecessary payment of benefits. In these cases the beneficiary may be required to repay the Medicaid services received during a period of ineligibility.

Complaints pertaining to beneficiaries' misuse of Medicaid services can be reported using the Fraud and Abuse Hotline (1-888-364-3224) or fraud email at fraudres@scdhhs.gov.

MEDICAID BENEFICIARY LOCK-IN PROGRAM

The Division of Program Integrity manages a Beneficiary Lock-In Program that screens all Medicaid members against clinically-vetted criteria designed to identify drug-seeking behavior and inappropriate use of prescription drugs. The Beneficiary Lock-In Program addresses issues such as coordination of care, patient safety, quality of care, improper or excessive utilization of benefits, and potential fraud and abuse associated with the use of multiple pharmacies and prescribers. The policy implements SC Code of Regulations R 126-425. The Division of Program Integrity reviews beneficiary claims data in order to identify patterns of inappropriate, excessive, or duplicative use of pharmacy services. If beneficiaries meet the lock-in criteria established by SCDHHS, they will be placed in the Medicaid Lock-In Program to monitor their drug utilization and to require them to utilize one designated pharmacy. Beneficiaries who are enrolled in the Lock-In Program with an effective date of October 1, 2014 and forward will remain in the program for two years. The beneficiary has the opportunity to select a pharmacy and has the right to appeal. The program also has provisions that allow the beneficiary to obtain emergency medication and/or go to another pharmacy should the first pharmacy provider be unable to provide the needed services.

DIVISION OF AUDITS

Medicaid providers, who contract with SCDHHS for services, including state agencies, may be audited by the SCDHHS Division of Audits. The SCDHHS Division of Audits was formed to assist the agency in the management, assessment, and improvement of agency programs, services, and operations. The Division of Audits accomplishes these goals by reviewing and evaluating programs administered by SCDHHS to determine the extent to which fiscal, administrative, and programmatic objectives are met in a cost-effective manner.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****DIVISION OF AUDITS
(CONT'D.)**

In performing its audits, the Division of Audits follows generally accepted auditing standards (GAGAS). The Division of Audits performs different types of audits of Medicaid providers and programs, including:

- Performance audits that provide an independent assessment of the program outcomes and the management of resources. These audits address the effectiveness, efficiency, and adequacy of program results.
- Audits of contracts with health care providers and other state agencies to ensure compliance with contract terms and conditions for Medicaid service delivery and administration
- Audits to confirm the accuracy and allowability of costs and other financial information reported to SCDHHS.

**PAYMENT ERROR RATE
MEASUREMENT**

The South Carolina Medicaid program, along with the Medicaid programs in other states, is required to comply with the CMS Payment Error Rate Measurement (PERM) program, which was implemented in federal fiscal year 2007. Each state will be reviewed every three years. PERM requires states to submit a statistically valid sample of paid Medicaid claims to a federal contractor, which will review for compliance with payment rates and state Medicaid policies, and will determine whether medical necessity for the service is adequately documented in the medical record. Providers who are chosen for the sample will be required to submit all applicable medical records for review; however, for most providers only one claim will be chosen for the sample. Providers who fail to send in the requested documentation will face recoupment of the Medicaid payment for the claim in question. In addition if the CMS PERM contractor determines that a Medicaid claim was paid in error, SCDHHS will be required to recoup the payment for that claim. PERM will combine the errors found in each state in order to establish a national Medicaid error rate.

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MEDICAID PROGRAM INTEGRITY

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID ANTI- FRAUD PROVISIONS / PAYMENT SUSPENSIONS / PROVIDER EXCLUSIONS / TERMINATIONS

FRAUD

The South Carolina Medicaid program operates under the anti-fraud provisions of 42 US Code §1320a-7b. This federal law relates to both fraud and abuse of the program and identifies illegal acts, penalties for violations, and the individuals and/or entities liable under this section.

The Division of Program Integrity carries out SCDHHS responsibilities concerning suspected Medicaid fraud as required by 42 CFR Part 455, Subpart A. Program Integrity will conduct a preliminary investigation and cooperate with the state and federal authorities in the referral, investigation, and prosecution of suspected fraud in the Medicaid program. Suspicion of fraud can arise from any means, including but not limited to fraud hotline tips, provider audits and program integrity reviews, RAC audits, data mining, and other surveillance activities. SCDHHS refers suspected cases of Medicaid fraud by health care providers to the Medicaid Fraud Control Unit (MFCU) of the State Attorney General's Office for investigation and possible prosecution. SCDHHS also makes referrals to the Bureau of Drug Control for suspected misuse or overprescribing of prescription drugs, especially controlled substances. If a provider suspected of fraud or abuse is also enrolled in a Medicaid Managed Care Organization (MCO), Program Integrity will coordinate the investigation with the MCO(s) involved. Suspected Medicaid fraud on the part of a beneficiary is referred to a Medicaid Recipient Fraud Unit in the State Attorney General's Office for investigation.

PAYMENT SUSPENSIONS

Medicaid payments to a provider may be withheld upon credible allegation of fraud, in accordance with the requirements in 42 CFR §455.23.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****Suspension of Provider Payments for Credible Allegation of Fraud**

SCDHHS will suspend payments in cases of a credible allegation of fraud. A “credible allegation of fraud” is an allegation that has been verified by SCDHHS and that comes from any source, including but not limited to the following:

- Fraud hotline complaints
- Claims data mining
- Patterns identified through provider audits, civil false claims cases, and law enforcement investigations

SCDHHS has flexibility in determining what constitutes a “credible allegation of fraud.” Allegations are considered to be credible when they have indications of reliability based upon SCDHHS’ review of the allegations, facts, and evidence on a case-by-case basis.

Notice of Suspension

SCDHHS will suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud for which an investigation is pending under the Medicaid program against an individual or entity. Payments may be suspended without first notifying the provider of the intention to suspend payments. SCDHHS will send notice of its suspension of program payments within the following timeframes:

- Within five business days of suspending the payment, unless requested in writing by a law enforcement agency to temporarily withhold such notice
- Within 30 calendar days of suspending the payment, if requested by law enforcement in writing to delay sending such notice

The Notice of Payment Suspension will include all information required to be provided in accordance with 42 CFR §455.23.

All suspension of payment actions will be temporary and will not continue after either of the following:

- SCDHHS or the prosecuting authorities determine that there is insufficient evidence of fraud by the provider
- Legal proceedings related to the provider’s alleged fraud are completed

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS***Referrals to the Medicaid Fraud Control Unit*

Whenever an investigation leads to the initiation of a payment suspension in whole or part, SCDHHS will make a fraud referral to the South Carolina Medicaid Fraud Control Unit.

Good Cause not to Suspend Payments or to Suspend Only in Part

SCDHHS may find that good cause exists not to suspend payments, or not to continue a payment suspension previously imposed on an individual or entity regarding a credible allegation of fraud, if any of the following are applicable:

- Law enforcement officials have specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation;
- Other available remedies implemented by SCDHHS will more effectively or quickly protect Medicaid funds;
- SCDHHS determines, based upon the submission of written evidence by the individual or entity that is the subject of the payment suspension, that the suspension should be removed;
- SCDHHS determines that beneficiary access to items or services would be jeopardized by a payment suspension for either of the following reasons:
 - An individual or entity is the sole community physician or the sole source of essential specialized services in a community;
 - The individual or entity serves a large number of beneficiaries within a medically underserved area, as designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services.
- Law enforcement declines to certify that a matter continues to be under investigation;
- SCDHHS determines that payment suspension is not in the best interests of the Medicaid program.

SCDHHS may also find that good cause exists to suspend payments in part, or to convert a payment suspension previously imposed in whole to one only in part, on any

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****Good Cause not to Suspend Payments or to Suspend Only in Part (Cont'd.)**

individual or entity regarding a credible allegation of fraud, if any of the following are applicable:

- SCDHHS determines that beneficiary access to items or services would be jeopardized by a payment suspension for either of the following reasons:
 - An individual or entity is the sole community physician or the sole source of essential specialized services in a community;
 - The individual or entity serves beneficiaries within a medically underserved area, as designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services.
- SCDHHS determines, based upon the submission of written evidence by the individual or entity that is the subject of a whole payment suspension, that such suspension should be imposed only in part.
- SCDHHS determines the following:
 - The credible allegation focuses solely and definitively on only a specific type of claim or arises from only a specific business unit of a provider; and
 - A payment suspension in part would effectively ensure that potentially fraudulent claims were not continuing to be paid. If this determination is made by SCDHHS, it will be documented in writing.
- Law enforcement declines to certify that a matter continues to be under investigation.
- SCDHHS determines that payment suspension is not in the best interest of the Medicaid program.

Even if SCDHHS exercises the good cause exceptions set forth above, this does not relieve the agency of its obligation to refer a credible allegation of fraud to the Medicaid Fraud Control Unit.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****PROVIDER EXCLUSIONS**

Federal regulations that give States the authority to exclude providers for fraud and abuse in the Medicaid program are found at 42 CFR Part 1002, Subparts A and B. Exclusion means that a health care provider, either an individual practitioner or facility, organization, institution, business, or other type of entity, cannot receive Medicaid payment for any health care services rendered. Exclusions from Medicaid, as well as the State Children's Health Insurance Program (SCHIP), may be the result of:

- Conviction of a criminal offense related to delivery of services in a health care program
- Conviction of health care fraud under either Federal or State laws
- Conviction of the patient neglect or abuse in connection with delivery of health care
- Excessive claims or furnishing of unnecessary or substandard items and services
- Failure to comply with financial responsibilities and obligations
- Adverse action by a licensing board

Exclusions can be initiated by either federal authorities such as the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) or by the State Medicaid agency. An excluded individual may be a licensed medical professional, such as a physician, dentist, or nurse, but exclusion is not limited to these types of individuals. The ban on Medicaid funding can extend to any individual or entity providing services that are related to and reimbursed, directly or indirectly, by a Medicaid program.

In addition, the HHS-OIG and/or SCDHHS may exclude an entity, including managed care organizations, if someone who is an owner, an officer, an agent, a director, a partner, or a managing employee of the entity has been excluded.

Any medical provider, organization, or entity that accepts Medicaid funding, or that is involved in administering the Medicaid program, should screen all employees and contractors to determine whether any of them have been excluded. Any individual or entity which employs or contracts with an excluded provider cannot claim Medicaid

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS

PROVIDER EXCLUSIONS (CONT'D.)

reimbursement for any items or services furnished, authorized, or prescribed by the excluded provider.

Federal regulations further require that any party who is excluded from participation in Medicare under 42 CFR Part 1001 must also be excluded from the Medicaid program. Medicaid payment is not available for services furnished directly by, or under the supervision of, an excluded party.

The HHS-OIG maintains the LEIE (List of Excluded Individuals and Entities), a database accessible to the general public that provides information about parties excluded from participation in Medicare, Medicaid, and all other Federal health care programs. Visit the HHS-OIG website at <http://www.oig.hhs.gov/fraud/exclusions.asp> to search and/or download the LEIE.

SCDHHS also maintains its own list of excluded, South Carolina-only Medicaid providers (or those with a South Carolina connection) on our website. Visit the Provider Information page at <http://provider.scdhhs.gov> for the most current list of individuals or entities excluded from South Carolina Medicaid.

PROVIDER TERMINATIONS

“Termination” means that the SCDHHS has taken an action to revoke a provider’s Medicaid billing privileges, the provider has exhausted all applicable appeal rights or the timeline for appeal has expired, and there is no expectation on the part of the provider or SCDHHS that the revocation is temporary. Under Federal regulations established by the Affordable Care Act, SCDHHS has established the reasons under which a provider can be terminated from the Medicaid program “for cause”; see SCDHHS PE Policy-03, Terminations.

ADMINISTRATIVE SANCTIONS

State regulations concerning administrative sanctions in the Medicaid program are found in South Carolina Regulations at Chapter 126, Article 4, Subarticle 1. SCDHHS may impose one or more of the following sanctions against a provider who has been determined to have abused the program:

- Educational intervention
- Post payment review
- Prepayment review

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****ADMINISTRATIVE
SANCTIONS (CONT'D.)**

- Peer review
- Financial sanctions, including recoupment of overpayment or inappropriate payment
- Termination or exclusion
- Referral to licensing/certifying boards or agencies

**OTHER FINANCIAL
PENALTIES**

The State Attorney General's Office may also impose financial penalties and damages against a provider who has been determined to be guilty of fraud or convicted of a crime related to participation in the Medicaid or Medicare programs.

The HHS-OIG may also impose civil money penalties and assessments under the provisions of 42 CFR Part 1003.

FAIR HEARINGS

Proposed South Carolina initiated exclusion or termination from the Medicaid program, as well as recoupment of an overpayment identified by Program Integrity, may be appealed within 30 days of imposition of the sanction. (See "Appeals Procedures" elsewhere in this section.)

Any party who has been excluded or terminated from the Medicaid program as a result of a similar action by Medicare may exercise appeal rights as set forth in the written notice from the HHS-OIG. Appeals to the HHS-OIG shall be processed in accordance with 42 CFR 1001.2007. A party so excluded shall have no right to separate appeal before SCDHHS.

REINSTATEMENT

Re-enrollment in Medicaid by formerly excluded providers is not automatic. The CFR [42 CFR 1002.215(a)] gives states the right to review requests for reinstatement and to grant or deny the requests.

Before a request for re-enrollment in Medicaid will be considered, the provider must have an active, valid license to practice and must not be excluded from Medicaid or Medicare by the HHS-OIG.

It is the provider's responsibility to satisfy these requirements. If the individual was excluded by the HHS-OIG, then the individual must first apply to HHS-OIG for reinstatement and follow any federal requirements.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****REINSTATEMENT (CONT'D.)**

SCDHHS may deny reinstatement to the Medicaid program based on, but not limited to, any one or a combination of the following:

1. The likelihood that the events that led to exclusion will re-occur.
2. If, since the date of the original exclusion, the provider has been convicted of fraud related to the delivery of services in a healthcare program, or has been convicted or had his license suspended or revoked due to failure to follow standards of care and/or patient harm or abuse.
3. If new information is provided that such conduct (as described above) occurred prior to the date of the exclusion but was not known to SCDHHS at the time.
4. If the provider has been excluded or had billing privileges terminated from Medicaid and/or Medicare by any state or by the HHS-OIG.
5. Any terms or conditions associated with reinstatement by the appropriate licensing board or regulatory agency, or by the HHS-OIG.
6. Whether all fines, overpayments, or any other debts owed to the Medicaid program have been paid or arrangements have been made to fulfill these obligations.

All requests for re-enrollment in Medicaid will be considered by SCDHHS on an individual basis and on their own merit.

Any appeal of a denial of reinstatement will be in accordance with SCDHHS appeals policies and procedures as provided by South Carolina Code of Laws R. 126-150.

A terminated provider will also be required to reapply and be reenrolled with the Medicaid program if they wish billing privileges to be reinstated.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

APPEALS

SCDHHS maintains procedures ensuring that all Medicaid providers will be granted an opportunity for a fair hearing. These procedures may be found in South Carolina Regulations at Chapter 126, Article 1, Subarticle 3. An appeal hearing may be requested by a provider when a request for payment for services is denied or when the amount of such payment is in controversy.

The South Carolina Medicaid appeals process is not a reconsideration or claims review process. It is a formal process that should be considered as an avenue of last resort to be used in attempting to resolve or settle a dispute(s). Providers should contact the PSC or submit an online inquiry for assistance to resolve or settle a dispute(s) before requesting an administrative hearing.

In accordance with regulations of SCDHHS, a provider wishing to file an appeal must request a hearing in writing and submit a copy of the notice of adverse action or the remittance advice reflecting the denial in question. Appeals may be filed:

Online: www.scdhhs.gov/appeals

By Fax: (803) 255-8206

By Mail to:

Division of Appeals and Hearings
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The request for an appeal hearing must be made within 30 days of the date of receipt of the notice of adverse action or 30 days from receipt of the remittance advice reflecting the denial, whichever is later. Hearings will be held in Columbia unless otherwise arranged. The appellant or appellant's representative must be present at the appeal hearing.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

APPEALS

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SECTION 2

POLICIES AND PROCEDURES

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SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

PROGRAM DESCRIPTION

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency in South Carolina responsible for the administration of a program of medical assistance under Title XIX of the Social Security Act known as the Medicaid Program. The United States Department of Health and Human Services allocated funds under Title XIX to SCDHHS for the provision of medical services for eligible persons in accordance with the South Carolina State Plan for Medical Assistance.

The purpose of this manual is to provide pertinent information to Inpatient Psychiatric Service providers for successful participation in the South Carolina Medicaid Program. This manual provides a comprehensive overview of the program standards and policies and procedures for Medicaid compliance that are provided in an Inpatient Psychiatric Hospital or a Psychiatric Residential Treatment Facility (PRTF).

Medicaid reimbursement is available for Inpatient Psychiatric Services provided to the following:

1. Beneficiaries under the age of 21. If the child receives services immediately before he or she reaches age 21, services may continue until the earlier of the date the individual no longer requires the services or the date the individual reaches age 22.
2. Adults 65 and older

Medicaid reimbursement is not available for treatment for beneficiaries between 22 and 65 in institutions for mental disease.

To receive reimbursement for these services, providers must meet the program requirements in this manual. The SCDHHS designated Quality Improvement Organization (QIO) will prior authorize admission to the facility.

Inpatient Psychiatric Services must be provided under the direction of a South Carolina licensed physician by a psychiatric hospital or an inpatient psychiatric program in a

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

PROGRAM DESCRIPTION (CONT'D.)

hospital that is accredited by the Joint Commission (TJC) or a psychiatric facility that is not a hospital and is accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation of Services (COA) for Families and Children.

The Code of Federal Regulations, 42 CFR 441.152, states that Inpatient Psychiatric Services must be certified as necessary, in writing, for the setting in which the services will be provided (or are being provided in emergency circumstances).

For the purposes of this manual, Inpatient Psychiatric Services includes services that are provided in an Inpatient Psychiatric Hospital or a Psychiatric Residential Treatment Facility (PRTF).

PURPOSE

Research shows that effective home- and community-based services can provide the best health, mental health and functional life outcomes for children, youth, and their families. Inpatient care is required only if the beneficiary's medical condition, safety, or health would be significantly and directly threatened if care was provided in a less intensive setting. The primary goal of Inpatient Psychiatric Services, when needed, is to prepare the child and family, as quickly as possible, for the child's return to home and community. Service planning and programming, including therapeutic strategies and provision of active treatment, must reflect this goal, and must be focused on teaching children how to successfully function in the context of the setting to which they will be returning—not the placement in which they are receiving services.

A child's underlying behavioral problems must be addressed in order to accomplish this goal, and therapeutic interventions must target the behaviors and symptoms that have limited the child's successes. But the child's underlying behavioral problems need not be fully resolved before the child can successfully transition back home. The most appropriate setting for long term therapeutic work is the environment in which the child will be living and functioning.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

PURPOSE (CONT'D.)

Consequently, transitions from Inpatient Psychiatric Services to home shall not be contingent upon when the child and family have surmounted *every* problem or challenge. Transitions from Inpatient Psychiatric Services shall be designed to provide children's families with sufficient practice to feel confident about meeting the challenges at home, and shall be predicated on the availability of home and community based supports (formal and informal) that can adequately address the child's needs, including any familial and community safety needs.

Revision of this manual (July 2017) has been undertaken to align SCDHHS' provision of PRTF with core principles and best practice approaches affirmed by the weight of empirical evidence and consensus of clinical mental health professionals (*i.e.*, U.S. Department of Health & Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA); and jointly by SAMHSA and the Centers for Medicare and Medicaid Services (CMS), based on evaluation of five-year demonstration of community-based alternatives to PRTF ([https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/institutional-care /downloads/prtf-demo-report.pdf](https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/institutional-care/downloads/prtf-demo-report.pdf)); and the Palmetto Coordinated System of Care.

In particular, Inpatient Psychiatric Hospitals and PRTF programs should be regarded as treatment levels of care within the Palmetto Coordinated System of Care, and not as "placements." Providers should actively strive to expand the variations of service they provide, and integrate them with community based programs to effectively stabilize and strengthen family home and community living options for children

FACILITY REQUIREMENTS

Inpatient Psychiatric Services providers must comply with provisions of 42 CFR Section 483.50 to 483.376. A facility must meet the following criteria:

- Provided under the direction of a Physician, and
- A Psychiatric facility meets one the following requirements:

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

FACILITY REQUIREMENTS (CONT'D.)

- o Psychiatric Hospital must meet the following requirement for participation in Medicare as a psychiatric hospital as specified in 482.60 or
- o Be accredited by a national organization whose psychiatric hospital accrediting program has been approved by CMS or
- o Be a Hospital with an inpatient psychiatric program the state has determined meets the requirements for participation in Medicare as a hospital or approved by a national accrediting organization approved by CMS.
- o Psychiatric Facility that is not a hospital and is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children.

The Inpatient Psychiatric facility must comply with the facility requirements listed above and certify in writing at the facility in which the services will be provided (or are being provided in emergency circumstances) in accordance with §441.152.

PROVIDER REQUIREMENTS

In order to participate in the South Carolina Medicaid program, providers of Inpatient Psychiatric Services must meet the appropriate licensure, certification, and enrollment guidelines as outlined below.

Contracts and Enrollment

All facilities that wish to enroll in the South Carolina Medicaid program must meet the following minimum requirements:

- Facilities must be accredited by the Joint Commission or a psychiatric facility that is not a hospital and is accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation of Services for facilities providing services to families and children.
- Facilities must contract with SCDHHS.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Contracts and Enrollment (Cont'd.)

- Facilities must submit a written program description, a request for participation, and cost information to:

SCDHHS Division of Behavioral Health
Attention: Psychiatric Hospital Services
Program Manager
Post Office Box 8206
Columbia, SC 29202-8206

Note: The request for participation must include a copy of your TJC, CARF, or COA accreditation and licensing.

If the above information is approved, the SCDHHS will send the provider two copies of the contract, a Provider Enrollment Form, the Ownership and Disclosure Statement, a W-9 Form, and a Provider Agreement. The provider will sign the contracts, complete the enrollment forms, and return all other documents to the Contracts Division. The Director of SCDHHS then signs the contract and sends one copy to the provider. Please refer to Section 1 of this manual for detailed instructions regarding provider enrollment.

Licensure and Certification

In-state facilities must be licensed by the Department of Health and Environmental Control (DHEC) and meet and maintain compliance with all requirements as set forth by SCDHEC Regulation Number 61.103, as amended.

Out-of-state facilities must be licensed and certified by that state's appropriate licensing authority and meet the inpatient psychiatric benefit in-state requirement.

Out-of-State Facilities — Admissions

South Carolina law requires referring agencies seeking admission for Medicaid beneficiaries to out-of-state facilities to contact the Office of the Governor, Constituent Services (CS), at (803) 734-2100. It is recommended that, prior to seeking enrollment with South Carolina Medicaid, the referring agency contact CS to ensure that placement is imminent. Medicaid will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Cost History

If a new facility enrolls in Medicaid and does not have a cost history, a statewide rate will be assigned to the new provider.

Program Modifications

Existing Programs

PRTF and In-patient Psychiatric Hospital providers requesting any modification to their program are required to notify SCDHHS or its designee in writing 60 days in advance of the modification and must receive written approval for program modifications from SCDHHS or its designee prior to claiming Medicaid reimbursement. Program modifications that impact the facility licensure must be approved by Department of Health and Environmental Control (DHEC) prior to notifying DHHS.

Program modification shall be defined by any of the following conditions:

- Changes and revisions to policies and procedures enacted since the provider was enrolled or since the last comprehensive review was completed.
- An existing provider intends to add the same service but to serve a different population; *e.g.*, age, gender, etc.
- An existing program is sold or ownership is transferred to a different entity.
- An existing provider changes its facility director or other operational changes.
- An existing provider intends to increase its bed capacity, or to reorganize services through diversification of programming (*e.g.*, respite, crisis stabilization) and/or deployment of staff to reflect the program's role as a community resource, and not a "placement".
- An existing provider changes address/physical location.

Exceptions

Certain situations could delay or suspend approval of the modification process. These would include but are not limited to the following:

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Program Modifications (Cont'd.)

- A provider is currently under a formal corrective action plan from SCDHHS or its designee and DHEC Licensing. If the facility is under a corrective action plan, modification(s) will be considered on a case-by-case basis. The modification(s) would be considered only after the corrective action plan is completed.
- The provider has experienced substantial recoupment as a result of a post-payment review by Medicaid Program Integrity/QIO within the last two years and has failed to show evidence of correcting compliance issues. If during the process to modify, a post-payment review occurs and preliminary results indicate problems, the process could be delayed.
- The provider does not demonstrate fiscal responsibility/accountability of its existing programs as evidenced by review of annual financial reports submitted to the Division of Ancillary Reimbursements.
- The provider has failed to maintain the facility's license and/or accreditation.

EMPLOYMENT BACKGROUND CHECKS

Employees and contractors granted clinical privilege, who have regular, direct access to residents, or their personal, financial or medical information must have a full background check completed. The background check must include the following:

- Criminal Records
- Child Abuse and Neglect Central Registry
- Sex Offender Registry
- Motor Vehicle Licensure (if applicable)
- Nurse Aide Registry
- Medicaid Exclusion List

These checks are required prior to initial hire and at least annually thereafter. The results must be kept in the employee's personnel file.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

EMPLOYMENT BACKGROUND CHECKS (CONT'D.)

In addition, if the employee's position description requires that s/he transport beneficiaries, a copy of the individual's motor vehicle record (MVR) will be kept in the individual's personnel record.

Programs must also adhere to any other State or Federal regulations regarding transportation of beneficiaries as applicable, *e.g.*, "Jacob's Law".

STAFF DEVELOPMENT AND TRAINING

The facility is responsible for hiring and maintaining a qualified workforce. Its technicians, support staff and professionals must receive basic orientation, CPR*, and ESI. In addition, PRTF technicians, support staff and professionals must receive training on Mental Health First Aid** key principles and approaches essential to a coordinated system of care, and other ongoing professional development. Technicians, support staff and professionals who treat youth age 12 and above must be trained in the age-appropriate Mental Health First Aid training by July 1, 2018. SCDHHS offers various training opportunities for providers. SCDHHS training information is available at: <http://www.scdhhs.gov>.

*Excludes physicians

**Excludes individuals with a Master's Degree in a behavioral health or related field, and licensed/certified in their respective profession.

MAINTENANCE OF STAFF CREDENTIALS

A credentials folder shall be maintained for each PRTF employee and includes the following:

- Resumes or equivalent application form;
- Official transcripts and/or copies of diplomas from an accredited university or college;
- Proof of licensure for Licensed Practitioner of the Healing Arts (LPHA);
- Signature Sheet; and
- Training files, which include documentation of participation in the required orientations, certifications, and re-certifications.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

STAFFING REQUIREMENTS

Facilities must be appropriately staffed to meet the needs of all beneficiaries in their care. The facility must ensure there is an adequate number of multidisciplinary staff to carry out the goals and objectives of the facility and to ensure the delivery of individualized treatment to each child.

Inpatient Psychiatric Services are provided under the direction of a licensed physician. The facility must have an employment agreement with a physician who has assumed professional responsibility for directing all treatment provided in the Psychiatric Residential Treatment Facility (PRTF). The physician must be licensed to practice medicine in the state of South Carolina or in the state the facility is located. The physician must meet all training and staff qualification requirements for Emergency Safety Intervention (ESI) training, CPR, background checks, and other staff requirements required by this manual.

Licensed mental health professionals shall be available to ensure that the program can meet the stated active treatment requirements. Direct care staff include professionals who possess a current South Carolina license to practice, such as licensed physician assistant, licensed advanced practice registered nurse, licensed psychologist, licensed marriage and family therapist, licensed professional counselor, licensed master's social worker, licensed independent social worker - clinical practice, registered nurse or other appropriately trained professionals.

Supervision or direction must be provided by licensed professionals.

Staff-to-Client Ratio

All Inpatient Psychiatric Hospital Facilities must be staffed appropriately to meet the needs of all children in their care. The facility must also ensure there is an adequate number of staff to carry out the goals and objectives of the facility, and to ensure the delivery of individualized treatment to each child as detailed in their plan of care.

The ratio of direct care staff to children shall be a minimum of one staff member to five beneficiaries during program hours in each residence or unit. Program hours are defined as those times when the child is expected to be awake and receiving services.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Staff-to-Client Ratio (Cont'd.)

The minimum ratio of direct care staff shall be immediately available. Additional staff shall be available in the facility on all shifts to supplement the staff-to-client ratio, to provide immediate assistance in case of an emergency, and to periodically check on the status of the residents.

Electronic supervision shall not replace the direct care staffing requirements.

Children shall remain in sight and sound observation range of staff at all times. Staff shall conduct periodic visual welfare checks of all children at intervals not to exceed every 15 minutes.

The level of supervision necessary while a child is on suicide watch is based on the level of assessed suicidal risk. Continuous one-to-one visual, line-of-sight monitoring is required.

Staff-to-Client Ratio (Overnight)

During sleeping hours, the ratio of staff to beneficiary shall be a minimum of one staff member to seven beneficiaries.

At least one direct care staff member of the same sex as the beneficiary shall be present, awake, and available to the beneficiary at all times. If both male and female residents are present in the facility, at least one male and one female direct care staff member shall be present, awake, and available.

Beneficiaries shall remain in sight sound observation range of staff at all times. The minimum ratio of direct care staff shall be immediately available in a connecting area to the sleeping rooms.

Electronic supervision shall not replace the direct care staffing requirements.

An interdisciplinary team member must be available in case of an emergency.

CONDITIONS OF PARTICIPATION — USE OF RESTRAINTS OR SECLUSION

Inpatient Psychiatric Service providers must comply with provisions of 42 CFR Subpart G § 483.350 to 483.376 regarding conditions of participation, restraint and seclusion, and must maintain a current attestation of compliance with SCDHHS. The rule 42 CFR 483.350 *et. seq.* establishes a Condition of Participation (COP) for the

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Conditions of Participation — Use of Restraints or Seclusion (Cont'd.)

use of restraint or seclusion that providers must meet in order to provide or continue to provide Medicaid Inpatient Psychiatric Services for Children Under Age 21.

This subpart imposes requirements regarding the use of restraint or seclusion in psychiatric residential treatment facilities that are not hospitals, providing inpatient psychiatric services to individuals under age 21.

- 24-hour onsite, or immediately available, staffing coverage by a registered nurse or other licensed practitioner
- Definitions of restraint and seclusion
- Orders for restraint and seclusion
- Consultation with treatment team and physicians
- Parental/guardian notification subsequent to the use of restraint or seclusion
- Requirements for monitoring residents in and immediately after restraint or seclusion
- Post-intervention debriefing
- Medical treatment for injuries resulting from an emergency safety intervention
- Facility reporting of serious occurrences
- Staff education and training requirements

Attestation Requirements

Each PRTF that provides Inpatient Psychiatric Services for Children Under Age 21 must attest in writing to SCDHHS that the facility is in compliance with the conditions of participation on an annual basis. Letters of attestation of compliance must be issued by each PRTF **prior to July 21st of each year**. Attestation letters should be mailed to:

SCDHHS Division Behavioral Health
Attention: Attestation
Post Office Box 8206
Columbia, SC 29202-8206

Letters of attestations must include the following information:

- Facility General Characteristics:
 - o Name

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Attestation Requirements (Cont'd.)

- o Address
 - o Telephone Number
 - o Fax Number
 - o Medicaid Provider Number and NPI
- Facility Specific Characteristics:
 - o Bed Size
 - o Number of children currently served within the PRTF who receive services based on their eligibility for the Medicaid Inpatient Psychiatric Services for Children Under Age 21 benefits
 - o Number of children, if any, whose Medicaid Inpatient Psychiatric Services for Children Under Age 21 benefits are paid for by any state other than South Carolina
 - o A list of all states from which the PRTF has ever received Medicaid payment for providing Inpatient Psychiatric Services for Children Under Age 21
- Signature of the Facility Director
- Date the attestation was signed
- A statement certifying that the facility currently meets all the requirements under 42 CFR Subpart G § 483 governing the use of restraint and seclusion
- A statement acknowledging the right of DHEC (or its agents or that State Health Licensing agent) and, if necessary, CMS to conduct an on-site survey at any time to validate the facility's compliance with the requirements of the rule, to investigate complaints lodged against the facility, or to investigate serious occurrences
- An annual statement and acknowledgement that the facility will submit a new attestation of compliance in the event that the individual who has the legal authority to obligate the facility is no longer in such a position
- A statement certifying that the facility currently meets the Certification of Need requirements as

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Attestation Requirements (Cont'd.)

identified under 42 CFR § 441 governing Subpart D – Inpatient Psychiatric Services for Children Under Age 21 in Psychiatric Facilities Programs

Note: PRTF staff (“Other Licensed Practitioner”, *i.e.*, physician, physician assistant, or an advanced practice registered nurse [APRN] with prescriptive authority, as per 42 CFR Section 483.358) involved with utilization of seclusion and/or restraint must adhere to the applicable scope of practice limits and definitions under state law.

A model attestation letter can be found in the Forms section of this manual.

GUIDANCE FOR RESTRAINT OR SECLUSION

Inpatient Psychiatric Hospitals and PRTF programs must develop behavior support and teaching techniques that are strength-based, that promote self-regulation and self-monitoring, that foster critical thinking and personal responsibility, and that are able to be generalized in less restrictive family, home, school and community environments.

Conversely, Inpatient Psychiatric Hospitals and PRTF programs should strive to eliminate coercion and coercive interventions (*e.g.*, seclusion, restraint, response-cost and other aversive practices), and maintain clinical excellence by providing high quality care that is trauma-informed, incorporates state-of-the-art evidence-based approaches, and uses relevant data and feedback in rigorous processes of continuous improvement.

In accordance with Federal regulation 42 CFR §483.352, the following definitions apply for restraint or seclusion:

A **drug** used as a restraint is defined as any drug that:

- Is administered to manage a resident’s behavior in a way that reduces the safety risk to the resident or others;
- Has the temporary effect of restricting the resident’s freedom of movement; and
- Is not a standard treatment for the resident’s medical or psychiatric condition.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Definitions

An **emergency safety intervention** is defined as the use of restraint or seclusion as an immediate response to an emergency safety situation.

An **emergency safety situation** is defined as unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention as defined in this section.

A **mechanical restraint** is defined as any device attached to or adjacent to the resident's body that he or she cannot easily remove that restricts the freedom of movement or the normal access to his or her body.

A **minor** means a minor as defined under State law and, for the purpose of this subpart, includes a resident who has been declared legally incompetent by the applicable State court.

A **personal restraint** is defined as the application of physical force without the use of any device for the purposes of restraining the free movement of a resident's body. The term personal restraint does not include briefly holding, without undue force, a resident in order to calm or comfort him or her, or holding a resident's hand to safely escort a resident from one area to another.

A **Psychiatric Residential Treatment Facility** is defined as a facility, other than a hospital, that provides psychiatric services, as described in 42 CRF Subpart D of Part 441, to individuals under age 21, in an inpatient setting.

A **restraint** is defined as a "personal restraint," a "mechanical restraint," or a "drug used as a restraint" as defined in this section.

Seclusion is defined as the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

A **serious injury** is defined as any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Definitions (Cont'd.)

Staff is defined as those individuals with responsibility for managing a resident's health or participating in an emergency safety intervention and who are employed by the facility on a full-time, part-time, or contract basis.

A **time out** is defined as the restriction of a resident for a period of time to a designated area from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control.

Protection of Residents

The Restraint and Seclusion policy of the 42 CFR 483.356 Subpart G provides the following guidelines for the protection of residents:

- Each resident has the right to be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.
- An order for restraint or seclusion must not be written as a standing order or on an as-needed basis.
- Restraint or seclusion must not result in harm or injury to the resident and must be used only to ensure the safety of the resident or others during an emergency safety situation; and until the emergency safety situation has ceased and the resident's safety and the safety of others can be ensured, even if the restraint or seclusion order has not expired.

Restraint and Seclusion

Restraint and seclusion must not be used simultaneously.

Emergency Safety Intervention

Restraint and seclusion must not be used simultaneously. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age, size, gender, physical, medical, and psychiatric condition, and personal history (including any history of physical or sexual abuse, both to inform treatment goals and methods and to avoid re-traumatization of children).

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Notification of Facility Policy

At admission, the facility must inform both the incoming resident and, in the case of a minor, the resident's parent(s) or legal guardian(s) of the following policy:

- The requirement to communicate its policy regarding the use of restraint or seclusion during an emergency safety situation that may occur while the resident is in the program.
- The requirement to communicate its restraint and seclusion policy in a language that the resident, or his or her parent(s) or legal guardian(s) understands (including American Sign Language, if appropriate) and when necessary, the facility must provide interpreters or translators.
- The requirement to obtain an acknowledgment, in writing, from the resident, or in the case of a minor, from the parent(s) or legal guardian(s) that he or she has been informed of the facility's policy on the use of restraint or seclusion during an emergency safety situation. Staff must file this acknowledgment in the resident's record.
- The requirement to provide a copy of the facility's restraint and seclusion policy to the resident and in the case of a minor, to the resident's parent(s) or legal guardian(s).

Contact Information

The facility's policy must provide contact information, including the phone number and mailing address, for the appropriate State Protection and Advocacy organization.

Orders for the Use of Restraint and Seclusion

Inpatient Psychiatric Services furnished in a PRTF must satisfy all requirements as set forth in Subpart G of Section 483 of the Code of Federal Regulations governing the use of restraint and seclusion.

For the purposes of this manual, "restraint" is defined as any type of physical intervention (including mechanical, personal, drug used as a restraint, and therapeutic holds) that reduces or restricts an individual's freedom of movement and is administered without the individual's permission. For the purposes of this manual, "seclusion" is defined as the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Orders for the Use of Restraint and Seclusion (Cont'd.)

Restraint and seclusion shall be used only to ensure the immediate safety of the individual or others when no less restrictive intervention has been or is likely to be effective in averting danger.

Restraint and seclusion shall never be used for coercion, retaliation, humiliation, as a threat or form of punishment, in lieu of adequate staffing, as a replacement for active treatment, for staff convenience, or for property damage not involving imminent danger.

Orders for restraint or seclusion must be by a physician or other licensed practitioner permitted by the State and the facility to order (restraint or seclusion) and trained in the use of emergency safety interventions. The Code of Federal Regulations, 42 CFR §441.451, require that Inpatient Psychiatric Services for Children Under Age 21 be provided under the direction of a physician. Other orders for the use of restraint and seclusion are as follows:

1. If the resident's treatment team physician is available, only he or she can order restraint or seclusion.
2. A physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.
3. If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff, such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner (*i.e.*, physician assistant or APRN with prescriptive authority) permitted by the state and the facility to order restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Orders for the Use of Restraint and Seclusion (Cont'd.)

4. Each order for restraint or seclusion must be limited to no longer than the duration of the emergency safety situation and must under no circumstances exceed two hours for residents ages 18 to 21, one hour for residents ages 9 to 17, or one-half hour for residents under age 9.
5. Within one hour of the initiation of the emergency safety intervention, a physician or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological well-being of the resident must conduct a face-to-face assessment of the physical and psychological well-being of the resident including, but not limited to:
 - The resident's physical and psychological status
 - The resident's behavior
 - The appropriateness of the intervention measures
 - Any complications resulting from the intervention
6. Each order for restraint must include:
 - The name of the ordering physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion
 - The date and time the order was obtained
 - Each incident must include time in and time out
 - The emergency safety intervention ordered, including the length of time for which the physician, or other licensed practitioner permitted by the state and the facility to order restraint and seclusion, authorized its use
7. Staff must document the intervention in the resident's record. The documentation must be completed by the end of the shift in which the

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Orders for the Use of Restraint and Seclusion (Cont'd.)

intervention occurs. If the intervention does not end during the shift in which it began, documentation must be completed during the shift in which it ends.

The documentation must include all of the following:

- Each order for restraint and seclusion
 - The time the emergency safety intervention actually began and ended
8. The time and results of the one-hour assessment required in order number 5 above. The facility must maintain a record of each emergency safety situation, the interventions used, and their outcomes.
 9. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon as possible.

Consultation with Treatment Team and Physician

If a physician or other licensed practitioner permitted by the state and the facility to order restraint and seclusion orders the use of restraint or seclusion, that person must contact the resident's treatment team physician, unless the ordering physician is in fact the resident's treatment team physician. The person ordering the use of restraint or seclusion must do both of the following:

- Consult with the resident's team physician as soon as possible and inform the team physician of the emergency safety situation that required the resident to be restrained or placed in seclusion.
- Document in the resident's record the date and time the team physician was consulted.

Monitoring of the Resident In and Immediately After Restraint

All PRPF clinical staff must be trained in the use of emergency safety interventions. In addition, staff must adhere to the following:

- Staff must be physically present, continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of restraint throughout the duration of the emergency safety intervention.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Monitoring of the Resident In and Immediately After Restraint (Cont'd.)

- If the emergency safety situation continues beyond the time limit of the order for the use of restraint, a registered nurse or other licensed staff, such as licensed practitioner permitted by the state, must immediately contact the ordering physician to receive further instructions.
- A physician or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions must evaluate the resident's well-being immediately after the restraint is removed.

Monitoring of the Resident In and Immediately After Seclusion

All PRTF clinical staff must be trained in the use of emergency safety interventions. In addition, staff must adhere to the following:

- Staff must be physically present in or immediately outside the seclusion room continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of seclusion throughout the duration of the emergency safety intervention.

A room for seclusion must allow staff full view of the resident in all areas of the room and be free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets. Video monitoring of the resident in seclusion will not meet this requirement because such monitoring cannot determine if a resident is experiencing a medical emergency such as cardiac arrest or asphyxiation.

- If the emergency safety situation continues beyond the time limit of the order for the use of seclusion, a registered nurse or other licensed staff, such as a licensed practitioner permitted by the state, must immediately contact the ordering physician to receive further instructions.
- A physician or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions must evaluate the resident's well-being immediately after the resident is removed from seclusion.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Notification of Parent(s) or Legal Guardian(s)

If the resident is a minor as defined by State law, the following actions must be taken:

- The facility must notify the parent(s) or legal guardian(s) of the resident who has been restrained or placed in seclusion as soon as possible after the initiation of each emergency safety intervention.
- The facility must document in the resident's record that the parent(s) or legal guardian(s) has been notified of the emergency safety intervention, including the date and time of notification and the name of the staff person providing the notification.

Application of Time Out

The facility must document in the resident's record that the parent(s) or legal guardian(s) has been notified of the emergency safety intervention, including the date and time of notification and the name of the staff person providing the notification.

A resident in time out must never be physically prevented from leaving the time out area.

Time out may take place away from the area of activity or from other residents, such as in the resident's room (exclusionary), or in the area of activity or other residents (inclusionary).

Staff must monitor the resident while he or she is in time out.

Post-Intervention Debriefings

All of the following must occur during post intervention debriefings:

- Within 24 hours after the use of restraint and seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the well-being of the resident. Other staff and resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility.

The facility must conduct such discussion in a language that is understood by the resident's parent(s) or legal guardian(s). The facility must provide both the resident and staff the opportunity

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Post-Intervention Debriefings (Cont'd.)

to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion.

- Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of:
 - a. The emergency safety situation that required the intervention
 - b. The precipitating factors that led up to the intervention
 - c. Alternative techniques that might have prevented the use of the restraint or seclusion
 - d. Procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion
 - e. The outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion
- Staff must document in the resident's record that both debriefing sessions took place and must include in that documentation the names of staff who were present for the debriefing, names of staff that were excused from the debriefing, and any changes to the resident's treatment plan that result from debriefings.

Medical Treatment for Injuries Resulting from an Emergency Safety Intervention

Staff must immediately obtain medical treatment from qualified medical personnel for a resident injured as a result of an emergency safety intervention. In addition, the Psychiatric Residential Treatment Facility must have affiliations or written transfer agreements in effect with one or more hospitals approved for participation under the Medicaid program that reasonably ensure that:

Medical Treatment for Injuries Resulting from an Emergency

- A resident will be transferred from the facility to a hospital and admitted in a timely manner when a

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Safety Intervention (Cont'd.)

transfer is medically necessary for medical care or acute psychiatric care.

- Medical and other information needed for care of the resident in light of such a transfer will be exchanged between the institutions in accordance with the State medical privacy law, including any information needed to determine whether the appropriate care can be provided in a less restrictive setting.
- Services are available to each resident 24 hours a day, 7 days a week.
- Staff must document in the resident's record all injuries that occurred as a result of an emergency safety intervention, including injuries to staff resulting from that intervention.
- Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.

Quarterly Reports of Seclusion or Restraint

Facilities are required to submit quarterly reports of seclusion or restraint occurrences to SCDHHS. These reports must include the following:

- Medicaid ID
- Staff involved
- Name and credentials of ordering physician or other licensed practitioner as permitted by the state and facility
- Date and Time of intervention
- Identify type of intervention (Seclusion or Restraint)
- Reason for intervention

Reports must be submitted electronically in a secure format to behavioralhealth004@scdhhs.gov. Deadline for submitting reports is 30 days after the end of the quarter.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Facility Reporting of Serious Occurrences

Serious occurrences that must be reported include a resident's death, a serious injury to a resident, and a resident's suicide attempt. A **serious injury** is defined as any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes but is not limited to burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

The facility must report each serious occurrence to both SCDHHS and the State-designated Protection and Advocacy system and should also report such occurrences to the referring state agency.

Staff must report any serious occurrence involving a resident to both SCDHHS and the State-designated Protection and Advocacy system no later than close of business the next business day after a serious occurrence. The report must include the name of the resident involved in the serious occurrence, a detailed description of the occurrence, corrective action taken, and the name, street address, and telephone number of the facility. A standardized fax form for reporting serious occurrences is located in the Forms section of this manual.

- In the case of a minor, the facility must notify the resident's parent(s) or legal guardian(s) as soon as possible, and in no case later than 24 hours after the serious occurrence.
- Staff must document in the resident's record that the serious occurrence was reported to both SCDHHS and the State-designated Protection and Advocacy system, including the name of the person to whom the incident was reported. A copy of the report must be maintained in the resident's record, as well as in the incident and accident logs maintained by the facility.

For reporting purposes, the South Carolina designated Protection and Advocacy system contact information is:

Protection and Advocacy of People for
Disabilities Inc.
3710 Landmark Drive, Suite 208
Columbia, SC 29204

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Facility Reporting of Serious Occurrences (Cont'd.)

Toll Phone: 1-866-275-7273

TTY: 1-866-232-4525

Fax: 1-803-790-1946

The South Carolina Department of Health and Human Services contact information is:

SCDHHS Division of Behavioral Health

Attention: PRTF Serious Occurrences

Post Office Box 8206

Columbia, SC 29202-8206

Telephone: (803) 898-2565

Fax: (803) 255-8204

The following may warrant an onsite visit and/or corrective action plan (CAP):

- Quantity of occurrences
- Seriousness of occurrence
- Incomplete/missing documentation
- Untimely reports
- Non-reported incidents

This list is non-exhaustive of occurrences that may result in an onsite visit and/or CAP. In addition to an onsite visit and/or CAP, a Root Cause Analysis and/or additional documentation may be requested.

Facility Reporting of Deaths

In addition to the reporting requirements contained in the above section, facilities must report deaths to SCDHHS' Division of Behavioral Health, and the CMS Regional Office no later than close of business the next business day after a serious occurrence. Facilities should also report deaths to referring state agencies and parent/guardian within the same time frames. Staff must document in the resident's record that the death was reported to the CMS Regional Office. Facilities must use the Death Reporting Worksheet—PRTFs found in the Forms Section of this manual to report deaths.

Education and Training

The facility must require staff to have ongoing education, training, and demonstrated knowledge of the following:

- Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Education and Training (Cont'd.)

emergency safety situations

- The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods to prevent emergency safety situations; and
- The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in residents who are restrained or in seclusion

In addition to the above, facilities must ensure that staff meet the following requirements:

- Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required.
- Individuals who are qualified by education, training, and experience must provide staff training.
- Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency safety situations.
- Staff must be trained and demonstrate competency before participating in an emergency safety intervention.
- Staff must demonstrate their competencies in identification techniques, nonphysical intervention skills, and the safe use of restraint and seclusion on a semiannual basis and their competencies in cardiopulmonary resuscitation on an annual basis.

The facility must document in the staff personnel records that the training and demonstration of competencies were successfully completed. Documentation must include the date training was completed and the names of persons certifying the completion of training. All training programs and materials used by the facility must be available for review by CMS, SCDHHS, and the State survey agency.

BENEFICIARY CERTIFICATION OF NEED (CON) FOR SERVICES BENEFICIARY

The Code of Federal Regulations, 42 CFR 438.208 requires coordination and continuity of care for beneficiaries, including the identification and assessment of needs, development of treatment plans and coordination of services for beneficiaries with high needs, including

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

CERTIFICATION OF NEED (CON) FOR SERVICES (CONT'D.)

between care settings. In addition, 42 CFR 441.152 mandates that either an independent review team or the facility-based interdisciplinary team certify a beneficiary's admission to an inpatient psychiatric facility by completing the CON form.

All children with high psychiatric service needs should be served according to an individualized plan of care (IPOC) that drives positive treatment for the child and support for the family.

In the context of PRTF, the existing child and family team should expand to incorporate members of the facility-based interdisciplinary team from the PRTF provider. The members of the expanded team should form a consensus understanding of the needs of the child and family, the goals and objectives needed to prepare the child and family for the child's return to home, and in doing so should communicate about what has worked in previous planning for the child and family, and about integration of significant family strengths and culture into day-to-day treatment of the child.

PRTF providers need to integrate the full child and family team into all aspects of its programming (staffings, visits etc.). Treatment plans for children in PRTFs will always exist only as a part of the dynamic team's overall plan for the child and family. While most children entering out of home treatment settings will have functioning teams in place at the time of admission, PRTF providers must work with community providers, referral sources and families to initiate formation of a planning team when children are admitted without one.

The beneficiary's admission status dictates whether an independent review team or the facility-based interdisciplinary team is responsible for certifying the child's need for admission to a PRTF. The CON must certify the following admission requirements:

- Documentation of a comprehensive assessment conducted within the previous week by an LPHA has been reviewed and includes information pertaining, but not limited to, prior treatment history, diagnostic history, mental status examination, current symptoms, risk assessment
- Mental health, substance use disorder and/or health care resources available in the community do not

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

BENEFICIARY

CERTIFICATION OF NEED (CON) FOR SERVICES (CONT'D.)

meet the treatment needs of the beneficiary

- The proper treatment of the beneficiary's psychiatric condition requires services on an inpatient basis under the direction of a physician
- Services can reasonably be expected to improve the beneficiary's condition, prevent further regression, and/or prepare the child and family for the child's return home so that inpatient psychiatric services will no longer be needed
- Certification and recertification of need for inpatient care must be certified by a physician

Note: Refer to the Documentation Requirements section for guidelines on how to complete the form.

Independent Review Teams

An independent review team is a team that is not affiliated with the receiving inpatient psychiatric facility. No member may have a financial, employment, or consultant relationship with the admitting facility.

The independent review team must have knowledge of the individual's situation and has competence in diagnosis and treatment of mental illness.

The independent review team must include a physician (may be the referring, attending, or family physician) who has competence in diagnosis and treatment of mental illness and has knowledge of the individual's situation. **The independent review team must include a physician and an LPHA.**

All team members must sign the CON form for the following admissions.

- Urgent Admissions
- Post Admissions – for beneficiaries who become Medicaid eligible after admittance

Interdisciplinary Teams

Facility-based interdisciplinary teams shall be responsible for CON emergency admissions to psychiatric hospitals and for the development and review of the plan of care. The team shall be composed of physicians and other personnel who are employed by the facility, or provide services to beneficiaries in the facility. **The facility-based interdisciplinary team must include a physician and a LPHA.**

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

Interdisciplinary Teams (Cont'd.)

All team members must sign the CON form for the following admissions:

- Emergency admissions (acute inpatient facilities)
- Urgent admissions (acute and PRTF)
- Post Admissions - for beneficiaries who become Medicaid eligible after admittance

An active child and family team process must support every child in a PRTF. The expanded child and family team must be capable of:

- Assessing the beneficiary's immediate and long-range therapeutic needs, developmental priorities, personal strengths, and liabilities
- Assessing the potential resources of the client's family
- Setting treatment objectives
- Prescribing therapeutic modalities to achieve plan of care objectives
- Assisting the team to identify alternative services and supports in the case of a denial of PRTF authorization

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

QIO PRIOR AUTHORIZATION (KEPRO)

The admitting PRTF or Inpatient Psychiatric Hospital provider must submit the request for prior authorization along with the CON and the most recent diagnostic assessment to the SCDHHS Quality Improvement Organization (KEPRO). KEPRO will use InterQual Behavioral Health criteria to approve or deny the admission, based on medical necessity. Unless indicated through policy, all requests for approvals and denials will be sent to the provider via fax within two business days.

The admitting provider must submit the request for prior authorization using the KEPRO fax form for either Psychiatric Residential Treatment Facility or Inpatient Residential Treatment placement depending on the level of care requested. Requests must be submitted using one of the following methods:

Fax: 1-855-300-0082

Web Portal: <http://scdhhs.kepro.com>

If additional information is needed to process the request, the request will be pended, and the provider will have two business days to respond to KEPRO. Providers will have only one time to respond to KEPRO after additional information is requested.

KEPRO will submit via fax the approval or denial authorization to provider within two business days. The approval will provide the Prior Authorization number needed for billing.

Providers are encouraged to visit the KEPRO Web site listed above for additional information on the process.

Prior Authorization for Beneficiaries in an MCO

The admitting PRTF or Inpatient Psychiatric Hospital provider must submit the request for prior authorization along with the required clinical documentation to the MCO directly. The MCO will use established criteria to approve or deny the admission, based on medical necessity. Unless indicated through policy, all requests for approvals and denials will be sent to the provider within seven calendar days.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

ADMISSIONS — INPATIENT PSYCHIATRIC SERVICES

Inpatient Psychiatric Services are normally provided to Medicaid-eligible beneficiaries in one of three settings: Short-Term Psychiatric Hospitals, Long-Term Psychiatric Hospitals, or Psychiatric Residential Treatment Facilities.

Short-Term Psychiatric Hospitals

Short-Term Psychiatric Hospitals are facilities whose South Carolina Medicaid average length of stay is 25 days or less. Medicaid reimbursement is based on the DRG reimbursement system. The date of admission should be reflected in the Authorization.

Once an admission is authorized, the length of stay will depend on the beneficiary's need for continued placement, and will be reviewed on a retrospective basis by our Quality Improvement Organization (QIO) contractor. Claims must be submitted as a final bill at the time of discharge.

Long-Term Psychiatric Hospitals

Long-Term Psychiatric Hospitals are facilities whose South Carolina Medicaid average length of stay is determined to be greater than 25 days. Medicaid reimbursement is based on the Prospective Payment System. Interim claims may be submitted.

Psychiatric Residential Treatment Facilities

Psychiatric Residential Treatment Facilities (PRTFs) are facilities, other than a hospital, that provide psychiatric services as further specified in this manual to children under age 21 in an inpatient setting. PRTFs provide Inpatient Psychiatric Services to children under 21 who do not need acute inpatient psychiatric care, but need a structured environment with intensive treatment services. Medicaid reimbursement for PRTFs will continue to be based upon a prospective per diem rate. The services covered by the per diem rate and provided to a Medicaid-eligible beneficiary residing in a PRTF will include the cost of institutional care as well as the cost associated with their psychiatric diagnosis, excluding all medications (including psychiatric medications) and other ancillary services. Additional information relating to the SC Medicaid payment methodology for PRTFs can be found in Attachment 4.19-A of the South Carolina Medicaid State Plan.

Note: SCDHHS reimburses institutional stays from the date of admission through the last day before discharge. The discharge date is not considered a day of service and will not be reimbursed when the claim is submitted to SCDHHS for adjudication.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

CATEGORIES OF ADMISSION FOR PSYCHIATRIC HOSPITALS

Admission procedures for Psychiatric Hospitals and for Psychiatric Residential Treatment Facilities are not the same.

There are three types of Medicaid admissions to Psychiatric Hospitals:

1. Emergency Admissions
2. Urgent Admissions
3. Post Admissions – for children who become Medicaid eligible after admission

Emergency Admission Procedures

An emergency admission is one in which the beneficiary meets the CON criteria (21 and under only) and immediate admission is necessary to prevent death, serious impairment of the beneficiary's health, or harm to another person by the beneficiary.

An emergency admission must relate to the nature of the beneficiary's condition. Neither the need for placement (regardless of hour) nor the presence of a court order alone justifies an emergency admission in the absence of other qualifying factors.

In addition, the facility-based interdisciplinary team must complete the CON form within 14 days of the emergency admission.

In all cases, it is the facility's responsibility to receive and retain the proper CON form. Any days paid by Medicaid not covered by an appropriate CON form will be recouped in a retrospective or post-payment review.

Emergency admissions must be well documented in the clinical record. The CON and Concurrence Review forms must be present in the beneficiary's records, but they are not solely sufficient to substantiate the need for emergency admission. The psychiatric hospital's clinical records for each Medicaid beneficiary admitted under emergency procedures must support the claim that the admission was actually an emergency.

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Urgent Admission Procedures

An urgent admission is one which the beneficiary meets the CON criteria, but is not presenting immediate danger that would cause death or serious impairment to the health of the beneficiary or bodily harm to another person by the beneficiary (21 and under only).

The independent team must complete the CON form for all beneficiaries seeking urgent admission to private psychiatric hospitals.

Post-Admission Eligibility

The hospital completes the CON form for beneficiaries who apply for Medicaid while in the facility (21 and under only). The facility-based interdisciplinary team must approve the certification. The CON form should cover any period before the Medicaid application was submitted.

ADMISSION CRITERIA — INPATIENT PSYCHIATRIC SERVICES

Inpatient care rather than outpatient care is required only if the beneficiary's medical condition, safety, or health would be significantly and directly threatened if care was provided in a less intensive setting. Factors that may result in an inconvenience to a beneficiary or family **do not**, by themselves, justify inpatient admission. Some factors that providers should consider when making the decision to admit or for continued treatment include:

- The severity of the signs and symptoms exhibited by the patient;
- The medical predictability of something adverse happening to the patient;
- The need for diagnostic studies; and
- The availability of diagnostic procedures at the time when and at the location where the patient presents.

Severity of Illness

An admission occurs when the Severity of Illness/Intensity of Service (SIIS) criteria is met, and the physician expects the beneficiary will remain in the hospital longer than 24 hours. Only Medicaid-eligible beneficiaries who are admitted for psychiatric hospital care can receive Medicaid-reimbursable services. The facility must demonstrate that beneficiaries are appropriate for this level of care by documenting that the following admission criteria have been met:

- A CON form has been completed

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Severity of Illness (Cont'd.)

- At the time of admission, the beneficiary exhibits at least one of the following signs and/or symptoms defined in the Psychiatric Criteria utilized by SCDHHS (or its designated utilization review contractor):
 - Impaired Safety
 - Impaired Thought Process
 - Alcohol and Drug Detoxification
 - Other factors that may require inpatient treatment

Impaired Safety

Impaired Safety can be characterized by one or more of the following signs and symptoms:

- Depressed mood
- Recent suicide attempt
- Substance abuse
- Seizures (withdrawal or toxic)
- Assaultive behavior
- Self-mutilating behavior
- Severe maladaptive or disruptive behavior

Impaired Thought Process

Impaired Thought Process can be characterized by one or more of the following signs and symptoms:

- Verbal and behavioral disorganization
- Thought disorganization (hallucinations, paranoid ideation, phobias, etc.)
- Impaired reality testing
- Bizarre or delusional behavior
- Disorientation or memory impairment to the degree that it endangers the beneficiary's welfare
- Severe withdrawal or catatonia

Alcohol and Drug Detoxification

The need for Alcohol and Drug Detoxification can be characterized by evidence of withdrawal syndrome or effects of alcohol and/or drugs with one or more of the following signs and symptoms:

- Marked tremor

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Alcohol and Drug Detoxification (Cont'd.)

- Uncontrolled agitation or anxiety
- Hallucinations accompanied by fright
- Changing mental state (marked confusion and disorientation as to time/place)
- High risk for seizures
- High risk for delirium tremens
- History of alcohol/drug intake sufficient to produce withdrawal manifestations when the alcohol/drug is discontinued, and there is a history of beneficiary withdrawal problems
- Drinking/drug ingestion within past 48 hours with impairment of judgment or reality testing which presents significant risk to the safety of self and others
- Inability to stop drinking/drug abuse with potential for medical complications
- Dual diagnosis
- Diagnosis of codependency

Other Factors or Situations

Other factors or situations relevant to support a temporary need for inpatient treatment can include:

- Failure of outpatient therapy
- Failure of social or family functioning which places the beneficiary at increased risk
- Treatment in a less restricted environment not feasible due to the beneficiary's behavior
- Need for intensive inpatient evaluation
- Need for 24-hour skilled and intensive observation
- Need for evaluation of drug tolerance
- Recurrence of psychosis not responding to outpatient treatment
- Toxic effects from therapeutic psychotropic drugs
- Blood/urine positive for barbiturates, narcotics, alcohol, or other toxic agents in a beneficiary displaying physical symptoms

Note: Each beneficiary considered for this level of care

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Other Factors or Situations (Cont'd.)

must have a preadmission assessment by the physician/team completing the CON form (*e.g.*, face-to-face interview, psychological testing, medication evaluation, family interview, or records review). This preadmission assessment is necessary to develop an accurate clinical or psychological profile of the child's service needs.

PRTF FAMILY-DRIVEN AND YOUTH-GUIDED CARE

SCDHHS has adopted the core principles of family-driven, youth-guided care to align with best practice approaches to treatment of youth and families. The following are family-driven, youth-guided principles that have been incorporated into this revised manual.

- Children must be treated within the context of their family systems. PRTF providers should work with the expanded team to implement services that are congruent with the child's family culture and environment.
- Family and ethnic/racial culture should be assessed and considered in the formulation of a treatment approach, especially for children who are from cultures where out of home treatment is seen as shameful or stigmatizing. PRTF providers should reach out to cultural guides (*e.g.*, other team members) to help tailor accommodations to such cultural norms.
- PRTF providers must encourage and support family members/ caregivers to be actively and meaningfully involved in all aspects of the child's care. The primary planning entity for each child should be an expanded team with the family and child at its center, community and facility-based service providers, referring agencies, and other supportive individuals invited by the child and family to participate. A case manager or care coordinator should orchestrate and facilitate the work of the expanded team. As key members of the team, families must be included in the assessment process, in setting and prioritizing treatment goals, in ongoing care, discharge planning, and transition activities.
- Each family should be encouraged to use the child's treatment in a PRTF as a transition period, helping the family as a whole to start on a new path,

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PRTF FAMILY-DRIVEN AND YOUTH-GUIDED CARE (CONT'D.)

developing new skills, a renewed sense of confidence, competence and optimism as parents, siblings and other members prepare to reunite as a family.

- Treatment and support must be highly individualized to the needs of each child and family. Therapeutic interventions must target the behaviors, symptoms and concerns that may have limited the child's successes to date. Programming (*e.g.*, level systems) within group settings must address each child's specific needs, reflect each child's preference and unique capabilities, and must be adaptable and transferable to each family's situation.
- PRTF program settings must provide a natural and home-like an environment. In general, children should be placed in service settings that sustain their existing relationships with family, friends, teachers and neighbors. Phone calls, family visits and other experiences should not have to be earned, and should not be restricted unless there is clear clinical justification and strategic goals outlined in the service plan for doing so. Therapeutic activities should be mindfully planned to allow children to practice skills and behaviors that will help them to succeed in family, school and other community settings. Children should be able to appropriately personalize their environment to reflect their tastes, culture, preferences and interests.
- Participation in family-focused therapy should be a primary objective in many PRTF placements.
- Discharge plans should build on identified strengths and cultural priorities, and should incorporate families' natural supports as well as professional services.
- A family's supported level of involvement must be considered a treatment priority and addressed in the service plan. Families must be actively engaged, and sometimes reengaged.
- PRTF providers must collaborate with community (*e.g.*, outpatient, community service agency) providers to deliver family-focused therapy and to ensure continuity of care.

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PRTF FAMILY-DRIVEN AND YOUTH-GUIDED CARE (CONT'D.)

- Family involvement and engagement efforts must be clearly supported by documentation in the treatment record and by interview results from family members.
- PRTF providers should not diminish the services afforded to children whose families might be unable or unwilling to participate in their care. Instead, providers must work through the child and family team to continually pursue an effective level of engagement with the family, at times even extending to other relatives beyond the immediate family.
- Some children referred to a PRTF do not reside with biological families. SCDHHS expectations and requirements for family involvement, family voice and choice extend to the wide diversity of primary caregivers including biological, adoptive, foster, or fictive kin residing together in which adults perform the duties of parenthood for the children. (“Home” refers to the residences of those families.)
- Older youth who may not have an identified family to return to, must be assisted in developing ties to their community, to non-family resources upon which they can depend for assistance, and with caregivers who can help to meet their relationship needs.

ADMISSION PROCEDURES FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

Prior to placing a child in a PRTF, the referring agent must first obtain a Certification of Need (CON), along with all pertinent documentation, to the facility for their clinical record.

Admissions to a PRTF

There are two types of Medicaid admissions to PRTFs:

1. An urgent admission
2. An admission for children who become Medicaid eligible after admittance

Urgent Admission

An urgent admission is one in which the beneficiary meets the CON criteria but is not presenting immediate danger that would cause death, serious impairment to the health of the beneficiary, or bodily harm to another person by the beneficiary. An independent team meeting the requirements

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| Urgent Admission (Cont'd.) | for CON teams will complete the CON form for urgent admissions to PRTFs. The form must be signed and dated by at least one physician and one other team member. |
| Post-Admission Eligibility | The facility's interdisciplinary team will complete the CON form for beneficiaries who become Medicaid eligible after their admission to a PRTF. The completed CON form must cover any period before the Medicaid application and relevant claims. |
| Initial Stay — PRTF | Initial stays in PRTFs will be limited to 30 calendar days. If continued placement is needed, the provider must submit a continued stay request to KEPRO by the 21 st day in the facility. |
| CON/LOC | PRTF level of care is reserved for children or adolescents whose immediate treatment needs require a structured 24-hour inpatient residential setting that provides all services (including educational) on site. |
| Admission Criteria — PRTF | <p>Admissions to PRTFs are covered if the beneficiary meets the following criteria:</p> <p>Admissions to PRTFs are covered if the beneficiary meets the following criteria:</p> <ol style="list-style-type: none">1. The beneficiary demonstrates symptomatology consistent with a current DSM diagnosis which requires, and can reasonably be expected to respond to, therapeutic intervention.2. The beneficiary is experiencing emotional or behavioral problems in the home, community or treatment setting and is not sufficiently stable either emotionally or behaviorally, to be treated outside of a highly structured 24-hour therapeutic environment.3. The beneficiary demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance training.4. The beneficiary has a history of multiple hospitalizations or other treatment episodes, or a recent inpatient stay with a history of poor treatment adherence or outcome. |

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Admission Criteria — PRTF (Cont'd.)

5. Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the beneficiary's needs.
6. The beneficiary's functioning is such that the beneficiary cannot currently remain in the home environment and receive community-based treatment.

Continued Stay — PRTF

Continued stays will be limited to 30 days. All continued stay requests will require an Individualized Plan of Care (IPOC), the monthly treatment team notes, and any Therapeutic Home Time documentation. The IPOC and treatment team note must be completed by an interdisciplinary team that should include the child/youth beneficiary, family/caregiver, beneficiary's case manager/care coordinator, and beneficiary's outpatient service provider. Additionally, KEPRO will evaluate adherence to manual service requirements to approve or deny continued stay requests.

Continued placement in a PRTF should be based on the progress of the beneficiary, and cannot be authorized for longer than 30 calendar days.

Continued Stay Criteria — PRTF

If continued placement is needed, the provider must submit a continued stay request to KEPRO prior to expiration of the current authorization. The first continued stay request must be submitted by the 21st day of admission. All continued stay requests will require an Individualized Plan of Care (IPOC), monthly treatment team notes, including discharge plan updates, and any Therapeutic Home Time (THT) documentation. The IPOC and monthly treatment team notes must be completed by an interdisciplinary team that should include the beneficiary's outpatient service provider. Additionally, KEPRO will evaluate adherence to manual service requirements to approve or deny continued stay requests. Placement in a PRTF should be based on the progress of the beneficiary and cannot be authorized for longer than 30 days.

All residents of a PRTF must be reassessed using every six months using a diagnostic assessment. The assessment should be administered face to face to the beneficiary by qualified staff. The QIO will review the need for continued services on an annual basis using InterQual criteria.

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Continued Stay Criteria — PRTF (Cont'd.)

All Criteria: A, B, C, D, E, F, and G must be met to satisfy the criteria for continued stay.

- A. Facilities must demonstrate need for continued active psychiatric treatment by a multidisciplinary team at a PRTF level of care as evidenced by information obtained in the most recent Individualized Plan of Care, treatment team notes, including updated discharge plan, and any Therapeutic Home Time documentation.
- B. Despite reasonable therapeutic efforts clinical evidence indicates at least one of the following:
 - The problems that caused the admission continue to meet criteria for PRTF level of care, or
 - The emergence of additional problems that meet the admission criteria both in severity of need and intensity of service needs, or
 - The disposition planning and/or attempts at therapeutic re-entry into the community have resulted in exacerbation of the psychiatric illness to the degree that would necessitate continued residential treatment. Subjective opinions without objective clinical information or evidence are NOT sufficient to meet severity of need based on justifying the expectation that there would be decompensation.
- C. There is evidence of objective, measureable and time-limited therapeutic clinical goals that are most appropriately met at a PRTF level of care before the patient can return to a new or previous living situation.
- D. There is evidence that the treatment plan is focused on the alleviation of psychiatric symptoms and precipitating psychosocial stressors that are interfering with the patient's ability to return to a less-intensive level of care.
- E. The current or revised treatment plan can be reasonably expected to bring about significant improvement in the problems meeting criterion A, and this is documented in monthly treatment team documentation.

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Continued Stay Criteria — PRTF (Cont'd.)

- F. There is evidence of beneficiary and guardian participating in the multidisciplinary team meetings, including documentation that they have signed the Individualized Plan of Care (IPOC). There is evidence of intensive-family and/or support system involvement occurring at least twice per month (i.e., family therapy; treatment team meetings), unless there is an identified, valid reason why it is not clinically appropriate or feasible.
- G. A discharge plan is formulated at admission that is directly linked to the behaviors and/or symptoms that resulted in admission, and begins to identify appropriate post-residential treatment resources. There is evidence that attempts are being made to secure timely access to treatment resources and housing in anticipation of discharge, with alternative housing contingency plans also being addressed.

Discharge Criteria

A beneficiary is considered discharged if the beneficiary:

- Is formally released from a psychiatric hospital or PRTF
- Is transferred to another psychiatric facility
- Is discharged to a long-term care or step down facility
- Dies
- Leaves against medical advice

Facilities must meet the following criteria before discharge:

- Beneficiary has ability to function appropriately in a non-hospital setting
- Type and dosage of prescribed medication unchanged
- Objectives of inpatient treatment have been met substantially
- No changes in the comprehensive psychiatric evaluation, formulation, diagnosis, treatment goals, and treatment plan in the previous 14 days
- An appropriate lower level of care has been identified and secured by the care team.

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Transition to a Community Setting

Psychiatric facilities are responsible for discharge planning and coordination services to the outpatient treatment providers, specifically by hosting and participating in the expanded child and family team, and by exploring and using unique and creative arrangements to best integrate home and residential services to meet individual needs of children and families in transition.

Facilities must document regular contacts with referring state agencies and parent or guardian to formulate plans for treatment after discharge.

In preparing for and accomplishing transition and discharge, continuity of care must be maintained. Both PRTF and community providers should adjust staffing models and patterns, contracting mechanisms and job descriptions to encourage individualized interventions and enduring therapeutic relationships that are not disrupted by changes in residence.

Out of home service providers are encouraged to make the skills and expertise of their workforces available to help support the family, school and community to provide special attention to successfully transition the child home, and even to help address the needs of the child and family after discharge.

Children transitioning to the age of majority may require additional resources to secure continuity of care and placement, to prepare themselves for independence, and to transition into services in the adult system.

Individuals (except individuals ages 22 to 64 who reside in an institution for mental diseases or individuals who are inmates of public institutions) are considered to be transitioning to the community during the last 180 consecutive days of a covered, long-term, institutional stay.

Please reference the South Carolina Medicaid Targeted Case Management Policy Manual for information on how to provide and bill for case management for transitioning beneficiaries to the community.

If a child no longer meets the PRTF level of care, the facility must notify the outpatient treatment provider and the parent or guardian to begin discharge planning. Discharge from the facility must occur within 30 calendar days of the reassessment. The child or adolescent should be considered for the next appropriate level of community resources.

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Therapeutic Home Time — PRTF

Therapeutic Home Time (THT) is an opportunity to assess the ability of the youth to successfully transition to a less restrictive level of care. Fourteen days is the maximum benefit allowed per youth per fiscal year. THT is considered a reimbursable component of the service under the all-inclusive rate.

A notification to SCDHHS is required at least 24 hours prior to the youth leaving the facility for the THT. This notification shall be communicated via secure email to behavioralhealth004@scdhhs.gov. If the youth is in an MCO, a notification must also be sent to the respective plan.

THT must support a therapeutic plan to transition the youth to a less restrictive level of care. The following information must be (1) documented in the treatment record and (2) must be included with any submissions for continued stay requests.

- a. documented progress toward identified treatment goals;
- b. documentation that the youth has been prepared for THT, as evidenced by a written crisis plan and a written plan for provider contact with the youth and legal representative during the visit;
- c. a viable written discharge plan; and
- d. documentation of youth achievements and/or regressions during and following THT.

Leave of Absence

A facility may place a child on a Leave of Absence when readmission is expected and the child does not require Inpatient Psychiatric Services during the interim period. Leave of Absence are separate from THT, and may be used for periods of time including when a youth is in the hospital, or if all 14 days of THT have been utilized. Charges for the LOA days, if any, must be shown as non-covered.

ACTIVE TREATMENT

Inpatient Psychiatric Services must involve “active treatment,” which means implementation of a professionally developed and supervised individual plan of care designed to achieve the beneficiary’s discharge from inpatient status and return to family, home, school and community at the earliest possible time. Clinical documentation of active treatment should be consistent with ongoing efforts to support full and

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Active Treatment (Cont'd.)

active involvement of the family and/or guardian, any referring state agency, and the beneficiary's outpatient treatment providers in planning for and delivering services.

PRTF programs must provide services and supports that change to continually meet the child's needs, including for stability and avoidance of multiple placements. As a child's needs may change, supports and services must also change to continue to support the child during placement.

The expanded child and family team should anticipate crises that might develop, and devise specific strategies to prevent and address them. In recognition of the Palmetto Coordinated System of Care's principled commitment to avoiding delinquency, all individual plans of care will include crisis plans that will address alternatives to law enforcement involvement, and the avoidance of restraints and seclusions. If a PRTF placement is interrupted by hospitalization or arrest, the provider will pursue every opportunity to ensure the child's return to that same program in accordance with the child's IPOC.

The determination that active treatment is being implemented will be based on the following criteria:

- Examination of the plan of care should reflect interdisciplinary involvement, including that of outpatient treatment provider(s).
- Observation of communication with the beneficiary should indicate that the components of the plan of care are being delivered.
- Review of progress notes are consistent with the plan of care and indicate reasonable improvement in the beneficiaries' condition.
- Documentation of participation in programs of services as required in the Program Content section of this manual.

Program Content

Inpatient Psychiatric Services providers are expected to aggressively treat individuals with a full range of therapies and education and rehabilitative activities in the least restrictive environment required. For residential treatment, services must be provided at the facility as part of the therapeutic milieu (*e.g.*, medication management, psychotherapy, an age-appropriate school program approved

SECTION 2 POLICIES AND PROCEDURES

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Program Content (Cont'd.)

by the South Carolina Department of Education); or arrangements must be made to provide services for the child extending away from the campus to community-based settings as part of intentional strategies to promote generalization of skills and promote the child's adaptive transition back to family, home, school and community. Educational needs must be addressed in the initial assessment, the IPOC, and the Individualized Education Plan (IEP).

Each provider must ensure that a structure exists that clearly supports the development of desired behaviors, skills, and emotional growth, and their generalizable adaptation back to family, home, school and community. Programming is individualized to the needs of each child and his or her family to maximize individual functioning in activities of daily living. Services must be therapeutic and identifiable as structured programming and consistent with the treatment needs of the child. The daily program schedule must be current and it must be posted for both staff and client access.

The provider is expected to appropriately treat a child, document the delivery of services and responses to treatment, and provide or obtain all services the child needs while in the facility. It is expected that therapeutic services be provided at a time that is conducive for the involvement of the child and his or her family.

Children shall be engaged in active treatment. Active treatment is a clinical process involving ongoing assessment, diagnosis, intervention, evaluation of care and treatment, and planning and preparation for discharge; this includes services and activities directed towards engagement of the child, identification and development and adaptive use of strengths, continuous assessment of needs, goal planning, execution of planned strategies, and advocacy.

Medicaid reimbursement for Inpatient Psychiatric Services will not be available for inpatient stays during which active treatment related to the child's diagnostic needs is not provided or the child no longer requires inpatient treatment due to his or her psychiatric condition.

Programs of services provided to each child must include, but are not limited to the following services below. Providers must have written documentation of the service(s) rendered and must enter the service(s) in the child's record.

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Psychiatric Evaluations

A psychiatric evaluation must be administered by the facility physician/ psychiatrist within 60 hours of admission for each child. The evaluation must identify factors related to or cause for admission to include diagnosis, summary of medical condition, and social status of the child. The physician/psychiatrist must document the type of services needed, make a recommendation concerning need for inpatient treatment, evaluate medications the child is on and make adjustments or changes as needed. Each child must have at least one face-to-face contact monthly with the facility physician/ psychiatrist.

Psychological Evaluations

A psychological evaluation must be completed by a qualified professional of the facility within 30 days of the date of admission for each child. This comprehensive psychological evaluation includes a psychological diagnostic interview, assessment and appropriate testing with a written report. This may include history; mental status; disposition; psychometric, projective and/or developmental tests; consultation with referral sources and others; evaluation/interpretation of hospital records or psychological reports; and other accumulated data for diagnostic purposes which results in a written report that documents the evaluation and interpretation of results. Only a licensed psychologist shall select and interpret the results of psychological tests. The psychologist must personally interview the patient when a diagnosis is made or requested. The written report must be approved and signed by the psychologist. The comprehensive psychological evaluation and resulting report are one component of the total diagnostic evaluation necessary to establish and manage the treatment plan for inpatient psychiatric care. Re-evaluations must be conducted periodically for continued treatment.

Therapy Services

Therapeutic interventions that address both the child's presenting behaviors and underlying behavioral health issues. Therapy **must** be provided by licensed or master's level direct care staff as defined in the Staffing Requirements section and as allowed by state law.

Individual Psychotherapy

Face-to-face goal-oriented interventions with the child. Individual Psychotherapy should be provided as often as needed, but at least 90 minutes per week.

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Group Psychotherapy

Face-to-face, planned interventions with a group of children, not to exceed one staff to eight children. Group Psychotherapy must be individually documented for each child. A child should receive at least three Group Psychotherapy sessions per week.

Family Psychotherapy

Face-to-face interventions between clinical staff and the child's family unit or significant others, which must be conducted at least once a month. When applicable, documentation must include the reason for non-involvement and/or reasonable attempts (*e.g.*, instrumental support, use of communications technologies) to involve the family and/or significant others.

Medical Services

Services include medication management and dispensing of medication, as appropriate. Each child must have at least one face-to-face contact per month with the physician, or as medically necessary.

Crisis Management

Services provided immediately following abrupt or substantial changes in the child's functioning and/or marked increase in personal distress.

Engagement Services and Activities

Services and activities include:

- Engaging the child in a purposeful, supportive, and helping relationship, addressing basic needs, that include determining the supports the child's needs, the productive and leisure activities in which the child desires to participate that are informed by appropriate expectations in the post-discharge family, home, school and community settings.
- Understanding the child's personal history and the child's satisfaction or dissatisfaction with services and treatments, including medications that have been provided to or prescribed in the past.

Strengths Assessment Services and Activities

Services and activities include identifying and assessing the child's wants and needs, the child's aspirations for the future, resources that are or might be available to that child and their family, sources of motivation available to the child, and strengths and capabilities the child possesses; identifying and researching what educational, vocational and social resources are or might be available to the child to inform and facilitate the child's treatment; and identifying,

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SERVICE GUIDELINES

Strengths Assessment Services and Activities (Cont'd.)

researching, and understanding cultural factors that might have affected or that might affect the child's experience with receiving treatment and other services, the effects that these factors might have on the treatment process, and the ways in which these factors might be best used to support the child's treatment.

Goal-Planning Services and Activities

Services and activities include:

- Helping the child to identify, organize, and prioritize their personal goals and objectives with regard to treatment, education and training, and community involvement
- Assisting and supporting the child in choosing and pursuing activities consistent with achieving their goals and objectives at a pace consistent with their capabilities and motivation
- Instructing the child on goal-setting and problem-solving skills, independent living skills, social skills, and self-management skills, acknowledging the need to devise methods and strategies to promote generalization and adaptation of acquired skills to the family, home, school and community settings where they will be used after discharge
- Identifying critical stressors that negatively affect the child's mental status and the interventions, coping strategies, and supportive resources that have been successful or helpful in addressing or relieving those stressors in the past
- Developing relapse prevention strategies, including wrap-around plans, that the child and family team may utilize

Rehabilitative Psychosocial Services

Services designed to improve or preserve the child's level of physical cognitive, social, emotional, and behavioral functions; promotion of social skills and age-appropriate training; and developing supports and skills for the child that promote healthy functioning in family, home, school and community.

Advocacy Services and Activities

Services and activities that involve coordinating the treatment and support efforts and advocating for the child, as appropriate, in developing goals and objectives within the child's individualized treatment plan during the course of

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Advocacy Services and Activities (Cont'd.)

treatment, and assisting in acquiring the resources necessary for achieving those goals and objectives.

Discharge Services

Services include the development of a comprehensive discharge plan

MEDICATION MANAGEMENT

The facility must have written policy to ensure medications are not accessible to residents. The medication shall be under a double lock system. The physician order must be on file to support the administering of medication. Qualified staff shall dispense all medication. A medication log shall be maintained to document dispensing of medication to include the beneficiary's name, name of the medication, dosage, time and date the medication was dispensed, and the signature of the staff member along with their title.

Prescribers are encouraged to use best practice when ordering medications. In addition, providers should limit the use of standing PRN prescriptions and provide evidence based rationale when prescribing duplicate medications in the same class.

DOCUMENTATION REQUIREMENTS

Medicaid reimbursement is directly related to the delivery of services. Each child shall have a medical record that includes sufficient documentation to support the services rendered and billed. Clinical documentation of the treatment services provided to the child, his or her responsiveness to treatment, and the interaction and involvement of the staff should justify the services billed to Medicaid and the child's continued stay.

The medical record must be arranged in a logical order to facilitate the review and audit of the clinical information and the course of treatment. Records must be individualized to the child and support the level of care. Records shall contain at a minimum, the beneficiary's history, evaluation reports, clinical documentation, to include treatment plans and reviews, service documentation, progress notes, discharge plan, medications, documentation of all incidents of restraint and seclusion, Certification of Need (CON) form, and all other required and/or relevant forms. When developing the clinical record, documentation must be appropriately signed and dated.

Providers are reminded that the medical record must contain sufficient documentation to demonstrate that the

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Documentation Requirements (Cont'd.)

beneficiary's signs and/or symptoms were severe enough to warrant the need for inpatient medical care.

Documentation must include sufficient, accurate information to: 1) support the diagnosis, 2) justify the treatment/procedures, 3) document the course of care, and 4) identify treatment/diagnostic test results. Documentation must be placed in the child's medical record to clearly justify medical necessity for the service and the setting billed. In many instances, the service/procedure could be medically necessary but the services could be performed in a less restrictive setting.

Authorization

All admissions for Fee-for-Service beneficiaries must be prior authorized through the SCDHHS designated QIO. All admissions for members of MCOs must be prior authorized by their respective managed care plans. In all cases, the provider is responsible for receiving and retaining proper prior authorization forms. Additionally, all PRTF Authorizations require a Certification of Need (CON) Form. As of July 1, 2017, the completed CON must be submitted to the QIO before admission is authorized.

Beneficiary Certification of Need

An SCDHHS Certification of Need (CON) Form for Psychiatric Hospital Services for Children Under 21 must be completed for all beneficiaries under age 21 admitted for psychiatric services in order for the provider to receive Medicaid reimbursement. Please refer to the Forms section of this manual for an example of the CON form. This form can be duplicated for regular use.

Providers must utilize the following guidelines to complete the CON form:

- The CON form must be completed, signed, and dated by a minimum of two team members.
- The CON form must be completed only once per beneficiary per admission. If a beneficiary is discharged and readmitted, a new CON form must be completed.
- The CON form is valid for 45 days when completed prior to the admission of a beneficiary. Although the form is valid for 45 days, it must accurately reflect the beneficiary's state of health on the date of admission.

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SERVICE GUIDELINES

Beneficiary Certification of Need (Cont'd.)

- The CON form must be submitted to the QIO and placed in the beneficiary's clinical case record.
- A new CON form is required when a beneficiary is discharged from one facility and admitted to another residential treatment facility.

Note: Any Inpatient Psychiatric Hospital service days paid by Medicaid that are not covered by a properly completed CON form are subject to recoupment in a post-payment or retrospective review.

Assessment/Reassessment

A new diagnostic assessment must be completed at a minimum of every 6 months, or as necessary, to determine the need for continued treatment.

Reassessments shall be completed by qualified professionals

When diagnostic reassessments are completed, the results should be shared with the expanded child and family team members, including family, outpatient treatment provider(s) and referring agencies, within 10 calendar days, to ensure all children in placement continue to meet PRTF level of care requirements. All shared information must comply with HIPAA regulations.

Clinical records must describe the following:

- The presence of a co-morbid condition(s)
- Stressors in the natural environment
- The need for and availability of social supports
- Resiliency and recovery
- Engagement
- Treatment barriers
- Strengths and needs
- Preferences in services (cultural, location, etc.)
- Barriers to accomplishing goals and objectives

Individual Plan of Care

In the context of Inpatient Psychiatric Services, an "individual plan of care" (IPOC) is a written plan developed for each beneficiary by an expanded child and family team, to improve his or her condition and/or the capacities and confidence of his or her family/caregivers to the extent that inpatient care is no longer necessary.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Individual Plan of Care (Cont'd.)

Each beneficiary must have a written individual plan of care, which is goal-oriented and specific, describing the service to be provided.

The plan of care must meet all of the following requirements:

- Be developed, written, and implemented no later than 14 days after admission
- Be signed, dated, and professionally titled by at least two members of the interdisciplinary team, one of which must be a physician
- Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the beneficiary's situation and reflects the need for inpatient psychiatric care
- Be developed by the expanded child and family team – that is, the beneficiary, his or her parents, legal guardians, or others in whose care he or she will be released after discharge; and the facility-based interdisciplinary team of professionals specified in 42 CFR § 441.156.
- Be developed for the beneficiary to improve his or her condition and/or the capacities of in his or her family/caregivers to the extent that inpatient care is no longer necessary, and psychiatric services are no longer necessary or can be provided in home and community-based settings; and designed to achieve the beneficiary's discharge from inpatient status at the earliest possible time
- State treatment objectives primarily designed to prepare the child and family for the child's return home; and prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives
- Be reviewed at a minimum of every 30 calendar days
- Be reformulated at a minimum of every 60 calendar days. A reformulation will address any significant changes, any new identified needs, and any previously identified needs, and reflect the need for continued treatment.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Individual Plan of Care (Cont'd.)

- Include, at an appropriate time, post-discharge plans and coordination of inpatient services with partial discharge plans and related community services to ensure continuity of care with the beneficiary's family, school, and community upon discharge.
- The plan of care must include the following:
 - Diagnoses, symptoms, complaints, and complications indicating the need for the beneficiary's admission
 - A description of the functional level of the beneficiary
 - Goals and objectives for the beneficiary that are primarily designed to prepare the child and family for the child's return home, and are measurable and time-limited
 - Services to be provided, frequency of the services, professionals to provide the services, and title of the professional to provide the services
 - Any orders for medications, treatment, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures recommended for the health and safety of the beneficiary.
 - Plans for continuing care, including review and modification to the beneficiary's plan of care
 - Plans for the beneficiary's discharge. Discharge plans should be made to facilitate transition and discharge from the facility at the earliest time possible. Discharge plans should include recommendations for continuity of necessary services and supports, the transition process, discharge and aftercare.

Note: Please ensure the treatment plan includes updates to address any newly identified conditions, failure to respond to treatment, regression in behaviors, dangerous behaviors. If a member is not making progress, it is expected that the PRTF will adjust the treatment plan and interventions to address this immediately.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Thirty-Day Review

The plan of care must be reviewed every 30 days by the team specified to determine that services being provided are or were required on an inpatient basis and to recommend changes in the plan as indicated by the beneficiary's overall adjustment during the inpatient stay. Any significant changes in the beneficiary's care plan must be documented in the thirty-day review. The PRTF must invite the beneficiary's outpatient treatment provider(s) and other members of the child and family team to participate in these reviews. The PRTF must notify community partners (*i.e.*, family/caregivers, behavioral health treatment providers, involved state agencies, and SCDHHS/Managed Care Organizations) two weeks in advance of each beneficiary's monthly treatment team meeting. The notification to SCDHHS should be sent via secure email to behavioralhealth004@scdhhs.gov.

A written report of each review must be entered in the beneficiary's records at the time of admission or if the beneficiary is already in the facility, immediately upon completion of the evaluation or plan of care. The review must be signed and dated by the team members.

Both the plan of care and the thirty-day review must reflect the continued need for Inpatient Psychiatric Services and/or specify steps toward transition of the child back to his family, home, school and community.

Notice of Non-Coverage

The South Carolina Medicaid Notice of Non-Coverage for Inpatient Psychiatric Hospital Care Form should be used to notify Medicaid beneficiaries that a facility has determined that inpatient psychiatric care is no longer medically necessary. Refer to the Forms section of this manual for a sample of this form.

This determination may occur at the time of admission or after the beneficiary is admitted for Psychiatric Hospital Services.

If the beneficiary or legally responsible party disagrees with the facility's decision to discharge, he or she may request a review by SCDHHS' contracted Quality Improvement Organization (QIO). If the beneficiary or legally responsible party decides to remain in the facility and the QIO determines that psychiatric hospital care is no longer medically necessary, the beneficiary will be responsible for payment.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Notice of Non-Coverage (Cont'd.)

The completed copy of the Non-Coverage Form should be forwarded to the Medicaid beneficiary, attending physician, legal guardian, authorized referral entity (the agency that authorized the referral), SCDHHS' Division of Behavioral Health, and QIO.

The Non-Coverage Form should be used when the Admission Criteria, Continued Stay Criteria, and Discharge Criteria do not apply to a beneficiary.

When a beneficiary is transferred from one facility to another, this is considered a regular discharge and would not constitute issuance of a Non-Coverage Form.

Note: South Carolina Medicaid will accept records and clinical service notes in accordance with the Uniform Electronic Transactions Act (S.C. Code Ann. §26-6-10 et seq.). Reviewers and auditors will accept electronic documentation as long as they can access them and the integrity of the document is ensured. Furthermore, providers must comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

Questions regarding access to protected information should be referred to the PSC. Provider can also submit an online inquiry at <http://scdhhs.gov/contact-us> to request additional information.

UTILIZATION REVIEW — INPATIENT PSYCHIATRIC SERVICES

SCDHHS contracts hospital utilization review services to a Quality Improvement Organization or the SCDHHS designee.

There are two types of reviews conducted by the Quality Improvement Organization or the SCDHHS designee:

- Pre-discharge Reviews
- Retrospective Reviews

These reviews are accomplished through a medical record evaluation of selected cases. The medical record review focuses on compliance with federal and state procedural requirements, provides assurance that Inpatient Psychiatric Hospital Services are medically necessary, and verifies that active treatment is being provided. The review staff completes the initial screening. Cases that do not meet criteria are referred to a physician consultant.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

UTILIZATION REVIEW — INPATIENT PSYCHIATRIC SERVICES (CONT'D.)

Retrospective reviews determine whether the care rendered meets acceptable standards of Inpatient Psychiatric Hospital Services.

QIO or the SCDHHS designee will conduct periodic reviews of the level of care determinations.

Quality Improvement Organization

SCDHHS utilizes the Centers for Medicare and Medicaid Services (CMS) Psychiatric Quality of Care Guidelines for Psychiatric Hospital Services. Psychiatric Hospital Services must meet the Quality of Care guidelines, which include, but are not limited to the following:

- The beneficiary's psychiatric evaluation must be completed within 60 hours of admission and must contain the pertinent clinical information.
- A complete multidisciplinary intake evaluation shall be completed.
- Each beneficiary's treatment plan must be based on an inventory of the beneficiary's strengths and disabilities, including the pertinent clinical information, and should be discussed with the beneficiary.
- The facility must provide ongoing monitoring and evaluation of the beneficiary's status to identify conditions or changes in conditions that could lead to harm and/or deterioration.
- The facility must ensure adequate and appropriate use of medications, and provide medication monitoring at all times.
- The facility must provide adequate monitoring, supervision, and intervention by staff to prevent harm and/or trauma to the beneficiary while in the psychiatric hospital.
- The facility must ensure proper use of restraints and/or seclusion during crisis management.
- The facility must ensure that appropriate discharge planning occurs.

SECTION 2 POLICIES AND PROCEDURES

SERVICE GUIDELINES

Psychiatric Quality of Care Criteria

The QIO or the SCDHHS designee may review the medical records of South Carolina Medicaid beneficiaries who receive services in psychiatric hospitals and residential treatment facilities.

The QIO or the SCDHHS designee has the authority to act on behalf of SCDHHS to deny Medicaid claims if they determine that a facility has not complied with applicable program requirements.

SECTION 2 POLICIES AND PROCEDURES

APPEALS PROCESS

The South Carolina Medicaid appeals process is not a reconsideration or claims review process. It is a formal process that should be considered as an avenue of last resort to be used in attempting to resolve or settle a dispute(s). Providers should work with their program representative in an effort to resolve or settle a dispute(s) before requesting an administrative hearing.

As an alternative to requesting a binding reconsideration by the QIO or the SCDHHS designee, an appeal may be filed directly with the SCDHHS Division of Appeals and Hearings. The appeal request must be in writing and include specific information regarding the basis for the appeal. The written appeal request must be submitted to the following address within 30 days of receipt of the recoupment letter:

Online at <http://www.scdhhs.gov/appeals>; or

By fax at (803) 255-8206

By mail to:

Division of Appeals and Hearings

SCDHHS

Post Office Box 8206

Columbia, SC 29202-8206

If this request is made, an SCDHHS Hearing Officer will conduct a fair hearing in accordance with the agency's appeal regulations (Reg. 126-150, *et seq.*) and the South Carolina Administrative Procedures Act.

SECTION 2 POLICIES AND PROCEDURES

APPEALS

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SECTION 3

BILLING PROCEDURES

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BILLING PROCEDURES

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SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

The South Carolina Department of Health and Human Services (SCDHHS) strives to make billing as simple for providers as possible. This section is a “how-to” manual on billing procedures with information on how to file a claim, what to do with a rejected claim, etc. Also included is information concerning administrative procedures such as adjustments and refunds. This section will help with these issues, but may not answer all of your questions. You should direct any questions to the Provider Service Center (PSC) at 1-888-289-0709. Providers can also submit an online inquiry at <http://www.scdhhs.gov/contact-us> and a provider service representative will then respond to you directly.

USUAL AND CUSTOMARY RATES

Providers are required to bill their usual and customary rate when filing Medicaid claims. Charges to Medicaid cannot exceed charges to private patients, whether they are self-pay or covered by another carrier. Billing of covered procedures prior to the date of service is prohibited.

CLAIM FILING TIMELINESS

Medicaid policy requires that only “clean” claims received and entered into the claims processing system within one year from the date of service be considered for payment. A “clean” claim is free of errors and can be processed without obtaining additional information from the provider or another third party. Claims with an edit code of 509 or 510 on remittances, or CARC 29 on an electronic Remittance Advice, have not met these criteria. It is the provider’s responsibility to follow up on claims in a timely manner to ensure that all claims are filed and corrected within Medicaid policy limits.

DUAL ELIGIBILITY

When a beneficiary has both Medicare and Medicaid, Medicare is considered to be the primary payer. Services rendered to persons who are certified dually eligible for Medicare/Medicaid must be billed to Medicare first.

MEDICARE CROSSOVER CLAIMS FOR COINSURANCE AND DEDUCTIBLE

All claims not paid in full by Medicare must be filed directly to Medicaid as claims no longer cross over for automatic payment review.

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

MEDICARE PRIMARY CLAIM

Claims for payment when Medicare is primary must be received and entered into the claims processing system within two years from the date of service or discharge, or within six months following the date of Medicare payment, whichever is later.

RETROACTIVE ELIGIBILITY

Claims involving retroactive eligibility must meet both of the following criteria to be considered for payment:

- Be received and entered into the claims processing system within **six months** of the beneficiary's eligibility being added to the Medicaid eligibility system **AND**
- Be received within **three years** from the date of service or date of discharge (for hospital claims). Claims for dates of service that are more than three years old will not be considered for payment.

To document retroactive eligibility, the provider is responsible for submitting one of the following documents with each claim within the above time frames:

- DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or
- The computer-generated Medicaid eligibility approval letter notifying the beneficiary that Medicaid benefits have been approved. This can be furnished by the beneficiary or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)

Claims involving retroactive eligibility that are received more than three years from the date of service will be rejected with edit code 533 (date of service more than three years old) and CARC 29 (the time limit for filing has expired).

SCDHHS will no longer consider claims that exceed the timely filing limits due to the provider being unaware of the beneficiary's coverage.

BENEFICIARY COPAYMENTS

Section 1902(a)(14) of the Social Security Act permits states to require certain beneficiaries to share some of the costs of Medicaid by imposing copayments upon them. A copayment is the amount of money the beneficiary is

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

BENEFICIARY

COPAYMENTS (CONT'D.)

expected to pay to the provider at the time services are received.

SC Medicaid has required a copayment from beneficiaries toward the cost of their care since March 2004. Medicaid beneficiaries may not be denied service if they are unable to pay the copayment at the time the service is rendered; however, this does not relieve the beneficiary of the responsibility for the copayment.

It is the provider's responsibility to collect the copayment from the beneficiary to receive full reimbursement for a service. The amount of the copayment will be deducted from the Medicaid payment for all claims involving copayments.

As of July 2011, SCDHHS revised the beneficiary copayment amounts for Medicaid Services. Please refer to Appendix 3 of this manual for the Copayment Schedule. Also, pursuant to this change, persons ages 19 and older who are enrolled in a waiver program through Community Long Term Care or the SC Department of Disabilities and Special Needs must make a copayment for their State Plan services according to established policy. Members of MCOs should contact their individual plan for information about copayments applicable in their plan.

Copayment Exclusions

Pursuant to federal regulations, the following beneficiaries are excluded from copayment requirements: children under the age of 19, pregnant women, institutionalized individuals (such as persons in a nursing facility or ICF/IID, members of a Federally Recognized Indian Tribe (for services rendered by the Catawbas Service Unit in Rock Hill, SC and when referred to a specialist or other medical provider by the Catawbas Service Unit) and members of the Health Opportunity Account (HOA) program. **Additionally, the following services are not subject to a copayment:** Medical equipment and supplies provided by DHEC; Orthodontic services provided by DHEC; Family Planning services, End Stage Renal Disease (ESRD) services, Infusion Center services, Emergency services in the hospital emergency room, Hospice benefits and Waiver services.

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

Claim Filing Information

The collection of copayment should not be entered in the Rsvd for NUCC use, field 30, on the CMS-1500 claim form; this would result in an additional reduction in payment.

When a beneficiary has Medicare or private insurance, the Medicaid copayment still applies per the policies outlined in this section. However, if the sum of the copayment and the Medicare/third party payment would exceed the Medicaid-allowed amount, the copayment should be adjusted or eliminated. In other words, though a provider may receive a primary insurance payment higher than what Medicaid would pay, the beneficiary's copayment should not contribute to the excess revenue.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Providers may choose one or more of the following options for filing claims:

- Paper Claims (UB-04)
- Electronic Claims
 - SC Medicaid Web-based Claims Submission Tool
 - Tapes, Diskettes, CDs, and Zip Files
 - File Transfer Protocol (FTP)

PAPER CLAIMS SUBMISSION

Paper claims are mailed to Medicaid Claims Receipt at the following address:

Medicaid Claims Receipt
Post Office Box 1458
Columbia, SC 29202-1412

UB-04 Claim Form

Medicaid claims for Psychiatric Hospital Services must be filed on the UB-04 claim form. Alternative forms are not acceptable for filing paper claims.

SCDHHS will **not** supply the UB-04 to providers. Providers should purchase the form in its approved format from the private vendor of their choice. A sample copy of a UB-04 form can be found in the Forms section of this manual. A list of vendors who supply the UB-04 form can also be found in Section 4 of this manual. This list should not be viewed as an endorsement of these vendors.

Providers using computer-generated forms are not exempt from Medicaid claims filing requirements. SCDHHS data processing personnel should review your proposed format before it is finalized to ensure that it can be processed.

The South Carolina Uniform Billing Manual, Data Element Specifications for the UB-04 can be obtained from:

South Carolina Hospital Association
Post Office Box 6009
Columbia, SC 29171-6009

The association's phone number is (803) 796-3080.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Coding Requirements

Procedural Coding

The Health Insurance Portability and Accountability Act (HIPAA) transaction and code set rule requires use of the medical code set that is valid at the time that the service is provided.

SCDHHS has eliminated the 90-day grace period for billing discontinued ICD-CM (*International Classification of Diseases, Clinical Modification*) and ICD PCS (Procedure Coding System) codes. This means that providers no longer have the time between October 1 and December 31 to eliminate billing of codes that are discontinued on October 1.

The American Medical Association revises the nomenclature within the HCPCS coding system periodically. When a HCPCS procedure code is deleted, Medicaid discontinues coverage of the deleted code. New codes are reviewed to determine if they will be covered. Until the results of the review are published, coverage of the new code is not guaranteed.

The 90-day grace period for billing discontinued HCPCS (*Health Care Common Procedure Coding System*) and CDT (*American Dental Association's Current Dental Terminology*) codes has been eliminated. This means that providers no longer have the time between January 1 and March 31 to eliminate billing codes that are discontinued on January 1.

HCPCS consist of two levels of codes:

1. Level I codes are copyrighted by the *American Medical Association's Current Procedural Terminology, Fourth Edition* (CPT-4).
2. Level II codes are five-position alphanumeric codes approved and maintained jointly by the Alpha-Numeric Panel (consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association).

Claims that are noncompliant will reject with an appropriate edit code.

Code Limitations

Certain procedures within the HCPCS/CPT may not be covered or may require additional documentation to establish their medical necessity or meet federal guidelines.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Diagnostic Codes

SC Medicaid requires that claims be submitted using the current edition of the *International Classification of Diseases, Clinical Modification (ICD-CM)*. Only Volumes 1 and 3 are necessary to determine diagnosis codes and ICD-CM surgical procedure codes, respectively.

SC Medicaid will not accept billing of discontinued codes for dates of service after the date on which the code is discontinued. Physicians, practitioners, and suppliers must bill using the diagnosis code that is valid for that date of service. Providers must adopt the new codes for billing processes effective October 1 of each year and use for services rendered on or after that time to assure prompt and accurate payment of claims.

For dates of service on or before September 30, 2015, diagnosis codes must be full ICD-9-CM diagnosis and ICD-PCS codes. Valid diagnosis coding can only be obtained from the most current edition of the ICD-CM/ICD-PCS.

For dates of service on or after October 1, 2015, diagnosis codes must be full ICD-10-CM diagnosis and ICD-PCS codes. Valid diagnosis coding can only be obtained from the most current edition of the ICD-CM/ICD-PCS.

Supplementary Classification of External Causes of Injury and Poisoning (External Causes of Morbidity) codes are sub-classification codes and are not valid first-listed or principal diagnosis.

A current edition of the ICD-CM may be ordered from:

Practice Management Information Corporation
4727 Wilshire Boulevard, Suite 300
Los Angeles, CA 90010

You may order online at <http://www.pmiconline.com/> or call toll free 1-800-MED-SHOP.

National Provider Identifier

Providers who are covered entities under HIPAA are required to obtain a National Provider Identifier (NPI). These “typical” providers must apply for an NPI and share it with SC Medicaid. to obtain an NPI and taxonomy code, please visit <http://www1.scdhhs.gov/openpublic/serviceproviders/npi%info.asp> for more information on the application process.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

National Provider Identifier (Cont'd.)

When submitting claims to SC Medicaid, typical providers must use the NPI of the ordering/referring provider and the NPI and taxonomy code for each rendering, pay-to, and billing provider.

Atypical providers (non-covered entities under HIPAA) identify themselves on claims submitted to SC Medicaid by using their six-character legacy Medicaid provider number.

National Drug Code (NDC) Billing Requirements for Outpatient Hospital Setting

To comply with Centers for Medicare and Medicaid Services requirements related to the Deficit Reduction Act (DRA) of 2005, Medicaid will require providers billing for physician-administered drug products in the outpatient hospital setting to report the National Drug Code (NDC) when using a drug-related Healthcare Common Procedure Coding System (HCPCS) code or Current Procedural Terminology (CPT) code. This would include all claims submitted electronically (837I), via the Web Tool and paper claim submissions.

Providers have the option to enter supplemental information (*i.e.*, Unit of Measurement, Unit Quantity, etc.) with the NDC; however, Medicaid will only edit for the presence of a valid NDC.

The NDC number submitted to Medicaid must be the NDC number on the package from which the medication was administered. All providers must implement a process to record and maintain the NDC(s) of the actual drug(s) administered to the beneficiary, as well as the quantity of the drug(s) given.

UB-04 Completion Instructions

It is not necessary to complete all of the fields on the UB-04 to process a Medicaid claim. **The following fields of the UB-04 are required, if applicable, for the claim to process.**

- **Field 1** – Enter the provider's name and mailing address.
- **Field 2** – Enter the Pay-to Name and Address. Required when the address for payment is different than that of the Billing Provider in Form Locator 01.
- **Field 3 – Patient Control Number:** Enter your account number for the beneficiary. The client's

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

UB-04 Completion Instructions (Cont'd.)

account number will be listed as the “OWN REFERENCE NUMBER” on the remittance advice.

- **Field 4 – Type of Bill:** Medicaid claims must be billed using one of the following bill types:
 - o **111 (Admit Through Discharge Claim)** – Dates of service billed include admission through discharge.
 - o **112 (Interim First Claim)** – Dates of service billed include admission but not discharge. Indicates the first in a series of claims.
 - o **113 (Interim Continuum Claim)** – Indicates a continued stay for which a 112-Type bill has been submitted, but does not include date of discharge.
 - o **114 (Interim Last Claim)** – Indicates the final (discharge) bill for a stay during which a 112-Type (and possibly one or more 113-Type) claim has already been filed.
 - o **117 (Replacement Claim)** – Can only be used to replace a paid claim and must be filed within 60 days of the original claim payment date.
- **Field 5 – Federal Tax Identification Number:** Enter the facility’s federal tax identification number.
- **Field 6 – Statement Covers Period:** Enter the beginning and end dates of the period covered by this bill. The last date entered is the discharge date for Claim Types 111 and 114 only. The date format is MM-DD-YY.
- **Field 8 – Patient Name:** Enter the patient’s last name, first name, and middle initial. (Do not include the Patient Identifier for SC Medicaid claims.)
- **Field 9 – Patient Address:** Enter the patient’s complete mailing address (include zip code).
- **Field 10 – Patient Birth Date:** Enter the patient’s birth date in “MMDDYYYY” format. If birth date is unknown, indicate zeros for all eight digits.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

UB-04 Completion Instructions (Cont'd.)

- **Field 11 – Patient Sex:** Enter the sex of the patient:
 - M – male
 - F – female
 - U – unknown
- **Field 12 – Admission/Start of Care Date:** Enter the actual admission date of the patient, including interim bills.
- **Field 14 – Admission Type:** Enter the code indicating the priority of this inpatient admission:
 - 1 - Emergency
 - 2 - Urgent
- **Field 15 – Source of Referral for Admission or Visit:** Enter the appropriate code indicating the referral source. The applicable codes are:
 - 1 – Physician Referral
 - 2 – Clinical Referral
 - 4 – Transfer from Hospital
 - 6 – Transfer from another Health Care Facility
 - 8 – Court/Law Enforcement
 - 9 – Information not available
- **Field 17 – Patient Discharge Status:** Enter the patient's status as of the "through" date of the billing period:
 - 01 - Discharged to home or self-care (routine)
 - 04 - Discharged to an Intermediate Care Facility
 - 05 - Discharged to another type of institution for inpatient care or referred for outpatient services to another institution
 - 07 - Left against medical advice or discontinued care
 - 30 - Still a patient
- **Fields 18-28 – Condition Codes:** Always enter "C5" in field 18 for SC Medicaid. C5 = Post Payment Review Applicable.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

UB-04 Completion Instructions (Cont'd.)

- **Field 31 – Occurrence Codes and Dates:** Enter the corresponding code, if applicable to this claim that identifies conditions that apply to this billing period. Codes must have two digits and must be entered in alpha-numeric sequence. Dates must be six digits and numeric. One entry without the other will generate an edit code. Applicable codes are:

24 - Date of insurance denial

42 - Date of discharge (bill types 0111 and 0114 only)

- **Field 42 – Revenue Code:** Enter the appropriate revenue codes. Accommodation and leaves of absence must be listed by revenue code. **Consult your NUBC UB-04 Data Specifications Manual for a complete listing.** Revenue codes should be entered in ascending order with the exception of revenue code 0001 (total charges) which must always be the last entry. The most commonly used revenue codes are:

0121 – Room and Board, Semi-Private – 2 Beds

0134 – Room and Board, Semi-Private – 2 Beds

0154 – Psychiatric Room and Board, Ward

0180 – Leave of Absence Days*

0183 – Therapeutic Home Time**

0270 – Medical Supplies- General

0300 – Lab

0914 – Psychiatric/Psychological Services-
Individual Therapy

0915 – Group Therapy

0919 – Other # of Visits

0001 – Total Charge (must be last entry)

**Leave of Absence Days are not Medicaid reimbursable, and must be deducted from the total number of days billed.*

***Therapeutic Home Time days are covered up to 14 days per fiscal year, per beneficiary.*

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

UB-04 Completion Instructions (Cont'd.)

- **Field 43 – Revenue Description:** Enter a narrative description of the related revenue categories. Abbreviations may be used.
- **Field 46 – Service Units:** Enter number of days or units of service when appropriate for a revenue code
- **Field 47 – Total Charges:** Sum the total charges, lines 1 - 22. Enter total charges on line 23 of final page as revenue code 0001.
- **Field 50 - Payer Identification:** Name of health plan that the provider might expect some payment for the bill. If Medicaid is the only payer, enter “Medicaid” in Field 50 A. If Medicaid is the secondary or tertiary payer, identify the primary payer on line A and enter “Medicaid” on line B or C.
- **Field 52 - Release of Information Certification Indicator:** Code indicates whether the provider has on file a signed statement (from the patient or the patient’s legal representative) permitting the provider to release data to another organization
 - I – Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statues
 - Y – Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
- **Field 54 – Prior Payments:** Enter the amount received from the primary payer on the appropriate line when Medicaid is secondary or tertiary. Report all primary insurance payments. There will never be a prior payment for Medicaid (619). **A cash deposit upon admission for a Medicaid recipient is prohibited.**
- **Field 56 – National Provider Identifier or Provider ID:** Enter the provider’s NPI number.
- **Field 58 – Insured’s Name:** Enter the last name, first name, and middle initial of the person in whose name the insurance is carried

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

UB-04 Completion Instructions (Cont'd.)

- **Field 60 – Insured’s Unique Identification:** Enter the patient’s 10-digit Medicaid number on the same lettered line (A, B, or C) that corresponds to the line on which Medicaid payer information was shown in Fields 50 –51.
- **Field 63 – Treatment Authorization Code:** Enter the assigned authorization number from the Referral Form/Authorization for Services (DHHS Form 254). This number should be entered on the same lettered line (A, B, or C) that corresponds to the Medicaid in Item 50.
- **Field 64 A-C – Document Control Number:** Enter the claim control number (CCN) of the paid Medicaid claim when submitting a replacement or void claim to Medicaid.
- **Field 67 – Principal Diagnosis Code:**
For dates of service on or before **September 30, 2015**, enter the ICD Diagnosis Code, including the full ICD-9-CM diagnosis codes.
For dates of service on or after **October 1, 2015**, enter the ICD Diagnosis Code, including the full ICD-10-CM diagnosis codes
- **Field 76 - Attending Provider Name and Identifiers:** Name – Required when the claim contains any services other than non-scheduled transportation claims.
Identifiers – Provider’s NPI number. Required.
Secondary Identifier Qualifiers:
0B - State License Number
- **Field 81 – Taxonomy Code:** Enter Qualifying code “B3” for Taxonomy code and enter 10-character Taxonomy code. ex. B3322D00000X (The underlined code is a sample taxonomy code.)

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

ELECTRONIC CLAIMS SUBMISSION

Trading Partner Agreement

SCDHHS encourages electronic claims submissions. All Medicaid providers who elect to submit or receive electronic transactions are required to complete a SC Medicaid Trading Partner Agreement (TPA) with SCDHHS. The TPA outlines the basic requirements for receiving and sending electronic transactions with SCDHHS. For specifications and instructions on electronic claims submission or to obtain a TPA, visit <http://www1.scdhhs.gov/openpublic/hipaa/Trading%20Partner%20Enrollment.asp> or contact the SC Medicaid EDI Support Center via the SCDHHS Provider Service Center at 1-888-289-0709.

Providers should return the completed and signed SC Medicaid TPA Enrollment Form by mail or fax to:

SC Medicaid TPA
Post Office Box 17
Columbia, SC 29202
Fax: (803) 870-9021

If a provider utilizes a billing agent and elects to have the billing agent access their electronic remittance advice, both the provider and the billing agent must have a TPA on file.

Note: SCDHHS distributes remittance advices and electronically through the Web Tool. **All providers must complete a TPA in order to receive these transactions electronically.** Providers that currently use the Web Tool do not need to complete another TPA. Providers who have previously completed a TPA, but are not current users of the Web Tool, must register for a Web Tool User ID by contacting the EDI Support Center via the SCDHHS Medicaid Provider Service Center at 1-888-289-0709.

Companion Guides

Providers submitting electronic transactions must comply with all federal guidelines as contained in the HIPAA-required ANSI X-12 Implementation Guide, and with SCDHHS guidelines as contained in the SC Medicaid Companion Guides. The Companion Guides explain the situational and optional data required by SC Medicaid. Please visit the SC Medicaid Companion Guides webpage at <http://www.scdhhs.gov/resource/sc-medicaid-companion>

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Companion Guides (Cont'd.)

[-guides](#) to download the Companion Guides. Information regarding placement of NPIs, and taxonomy codes on electronic claims can also be found here.

Companion Guides are available for the following transactions:

- 837P Professional Health Care Claim
- 837I Institutional Health Care Claim
- 835 Claim Payment/Advice
- 276/277 Claim Status Inquiry/Response
- 270/271 Eligibility Verification Request/Response
- 278 Prior Authorization

Transmission Methods

An Electronic Data Interchange (EDI) transaction is the movement of data between two entities. EDI software enables providers to submit claims directly to SC Medicaid.

The following options may be used also to submit claims electronically:

Tapes, Diskettes, CDs, and Zip Files

A biller using this option records transactions on the specified media and mails them to:

SC Medicaid Claims Control System
Post Office Box 2765
Columbia, SC 29202-2765

File Transfer Protocol

A biller using this option exchanges electronic transactions with SC Medicaid over the Internet.

SC Medicaid Web-based Claims Submission Tool

The SC Medicaid Web-based Claims Submission Tool is a free, online Web-based application for submitting HIPAA-compliant professional claims, institutional claims, and associated adjustments to SC Medicaid. The Web Tool offers the following features:

- Providers can attach supporting documentation to associated claims.
- The Lists feature allows users to develop their own list of frequently used information (e.g., beneficiaries, procedure codes, diagnosis codes, etc.). During claims entry the user has the ability to select information from lists rather than repetitively

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

SC Medicaid Web-based Claims Submission Tool (Cont'd.)

keying, thus saving valuable time and increasing accuracy.

- Providers can check the status of claims.
- No additional software is required to use this application.
- Data is automatically archived.
- Providers can verify beneficiary eligibility online by entering Medicaid ID, Social Security Number, or a combination of name and date of birth.
- Providers can view, save and print their own remittance advices.
- Providers can change their own passwords.

The minimum requirements necessary for using the Web Tool are:

- Signed SC Medicaid Trading Partner Agreement (TPA) Enrollment Form
- Microsoft Internet Explorer (version 9.0, 10, 11); Firefox; Safari; or Google Chrome
- Internet Service Provider (ISP)
- Pentium series processor or better processor (recommended)
- Minimum of 1 gigabyte of memory
- Minimum of 20 gigabytes of hard drive storage

Note: In order to access the Web Tool, all users must have individual login IDs and passwords.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

REMITTANCE ADVICE

The Remittance Advice is an explanation of payments and actions taken on all processed claim forms and adjustments. The information on the Remittance Advice is drawn from the original claim submitted by the provider.

Processed claims and/or lines are assigned one of four statuses in field 10 on the Remittance Advice:

- **Status “P”** – Paid claims or lines
- **Status “S”** – Claims in process that require medical or technical review are suspended pending further action.
- **Status “R”** – Rejected claims or lines
- **Status “E”** – Encounter data (line contains service provided by the PCP). No action required.

Please refer to the Forms section of this manual for a sample Remittance Advice.

If a claim is rejected or suspended, the Remittance Advice will display the claim without payment. If some lines on the claim have paid and others are rejected, evaluate the reason for the rejection and file a new claim with the corrected information for the rejected lines only, if appropriate. For some rejected claims, it may also be necessary to attach applicable documentation to the new claim for review and consideration for payment.

Note: Corrections cannot be processed from the Remittance Advice.

SCDHHS generates electronic Remittance Advices every Friday for all providers who had claims processed during the previous week. Unless an adjustment has been made, a reimbursement payment equaling the sum total of all claims on the Remittance Advice with status P (paid) will be deposited by electronic funds transfer (EFT) into the provider’s account. (See “Electronic Funds Transfer (EFT)” later in this section. **Providers must access their Remittance Advices electronically through the SC Medicaid Web-Based Claims Submission Tool (Web Tool).** Providers can view, save, and print their remittance

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

REMITTANCE ADVICE (CONT'D.)

advice(s), but not a Remittance Advice belonging to another provider. Remittance Advices for current and previous weeks are retrievable on the Web Tool.

Suspended Claims

Provider response is not required for resolution of suspended claims unless it is requested by SCDHHS. If the claim is not resolved within 30 days, check it for errors and refile. For information regarding your suspended claim, please contact the PSC or submit an online inquiry at <http://scdhhs.gov/contact-us>.

Rejected Claims

For a claim or line that is rejected, edit codes will be listed on the Remittance Advice under the Recipient Name column. The edit code sequence displayed in the column is a combination of an edit type (beginning with the letter “L” followed by “00” or “01,” “02,” etc.) and a three-digit edit code.

The following three types of edits will appear on the Remittance Advice:

Insurance Edits

These edit codes apply to third-party coverage information. They can stand alone (“L00”) or include a claim line number (“L01,” “L02,” etc.). Always resolve insurance edit codes first.

Claim Edits

These edit codes apply to the body of the claim (not the line items) and have rejected the entire claim from payment. Such edits are prefaced by “L00.”

Line Edits

These edit codes are line specific and are always prefaced by a claim line number (“L01,” “L02,” etc.). They apply to only the line indicated by the number.

The three-digit edit code has associated instructions to assist the providers in resolving their claims. Edit resolution instructions can be found in Appendix 1 of this manual.

If you are unable to resolve an unpaid line or claim, contact the PSC or submit an online inquiry at <http://scdhhs.gov/contact-us> for assistance before resubmitting another claim.

Note: Medicaid will pay claims that are up to one year old. If the date of service is greater than one year old,

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Rejected Claims (Cont'd.)

Medicaid will not make payment. The one-year time limit does not apply to **retroactive eligibility** for beneficiaries. Refer to “Retroactive Eligibility” earlier in this section for more information. Timeliness standards for the submission and resubmission of claims are also found in Section 1 of this manual.

Rejections for Duplicate Billing

When a claim or line is rejected for duplicate billing, the payment date of the original claim appears beside the duplicate edit code on the Remittance Advice under the Recipient Name column (*e.g.*, “L00 852 01/24/14”). This eliminates the need for contacting the PSC for the original reimbursement date.

Claim Reconsideration Policy — Fee-for-Service Medicaid

Effective January 1, 2015, SCDHHS will implement a Claim Reconsideration policy. The Claim Reconsideration process is an informal claim review, and is not a substitute for an appeal of a final agency decision. When requesting a reconsideration, providers must adhere to all applicable policies, timely filing limits, and must comply with the following procedures:

1. Submit a completed SCDHHS-CR Form within 30 days of receipt of the remittance advice reflecting the denial of the claim(s). The SCDHHS-CR Form is located in the Forms section of this provider manual.
2. Complete the SCDHHS-CR Form and attach all documentation in support of your request for reconsideration.

The provider will receive a written response from SCDHHS within 60 days notifying them of the decision of the reconsideration request provided the SCDHHS-CR Form has been fully completed and all supporting documentation was attached for review. If the denial is upheld as a result of the Claim Reconsideration review, the provider has 30 days from receipt of the decision to file an appeal in accordance with the Appeal policy in Section 1 of this provider manual.

Providers should submit Claim Reconsiderations to the following mailing address or fax number:

South Carolina Healthy Connections Medicaid
ATTN: Claim Reconsiderations
Post Office Box 8809
Columbia, SC 29202-8809

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Claim Reconsideration Policy — Fee-for-Service Medicaid (Cont'd.)

OR

Fax: 1-855-563-7086

Requests that **do not** qualify for SCDHHS claim reconsiderations:

1. Claim denials resulting from failure to submit documentation during the claim adjudication process do not qualify for a Claim Reconsideration. Providers should submit a new claim and attach documentation.
2. Providers who receive a denial of service for Prior Authorization (PA) through one of SCDHHS contracted agents (*e.g.*, KEPRO, LogistiCare, ICORE, Magellan, DentaQuest) will not qualify for a Claim Reconsideration. The provider must pursue a reconsideration or appeal request through the contracted agent, and if the denial is upheld the provider has the right to a SCDHHS formal Appeal of a final agency decision.
3. Providers who receive a denied claim or denial of service through one of SCDHHS' Managed Care Organizations (MCOs) must pursue a reconsideration or appeal through the MCO, and will not qualify for a Claim Reconsideration.
4. Claim payments suspended for a credible allegation of fraud and pending an investigation do not qualify for Claim Reconsideration.
5. Submission of a new claim with a Claim Reconsideration is not an acceptable method to correct claim disputes in the informal Claim Reconsideration review process, and will not be adjudicated or reviewed. For Claim Reconsideration requests that do not qualify for review, providers will be sent a written response notifying them that a Claim Reconsideration will not be conducted due to failure to meet Claim Reconsideration qualifications and/or procedures.

If you have any questions regarding this process, please contact the PSC at 1-888-289-0709. For any Medicaid participants enrolled in a managed care plan, the member's MCO is responsible for claims payment and claims redetermination. Please refer all questions regarding claim payment and redeterminations to the Medicaid member's MCO.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

EDI Remittance Advice – 835 Transaction

Providers who file electronically using EDI Software can elect to receive their Remittance Advice via the ASC X12 835 (005010X221A1) transaction set or a subsequent version. These electronic 835 EDI Remittance Advices contain Claim Adjustment Reason Codes (CARCs), broad definitions of why claims did not pay as billed, and Remittance Advice Remark Codes (RARCs), more detailed reasons for why claims did not pay as billed. (See Appendix 1 for a listing of CARCs and RARCs.) The electronic 835 EDI Remittance Advice will only report items that are returned with P (paid) or R (rejected) statuses.

Providers interested in utilizing this electronic transaction should contact the EDI Support Center via the SCDHHS Medicaid Provider Service Center at 1-888-289-0709.

Duplicate Remittance Advice

Providers must use the Remittance Advice Request Form located in the Forms Section of this manual to submit requests for duplicate remittance advices. Charges associated with these requests will be deducted from a future Remittance Advice and will appear as a debit adjustment. Please check the Web Tool for the availability of the remittance advice date before submitting your request.

Remittance Advice Items

A sample remittance advice is included in the Forms section of this manual. (For purposes of explanation, the fields have been identified with a boxed number on the sample.)

- **Field 1 – Provider ID:** The 10-digit National Provider Identifier (NPI)
- **Field 2 – Payment Date:** Date that the provider's check and remittance advice were produced
- **Field 3 – Page Number:** A Remittance Advice may contain multiple pages. Adjustments will always appear on the final page.
- **Field 4 – Provider's Own Reference Number:** The client control number entered in Item 3 on the UB-04 (For adjustments, the reference number will be the identification number referenced in your adjustment letter.)
- **Field 5 – Claim Reference Number:** The claim control number assigned by SCDHHS (Sixteen

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Remittance Advice Items (Cont'd.)

digits plus an alpha suffix which identifies the claim type: Y or Z for UB-04 or U for adjustments)

- **Field 6 – Service Rendered Period:** Dates corresponding to the Statement Period on the claim
- **Field 7 – Days:** The first number indicates the total number of days billed per claim. The second number indicates the total number of days covered by Medicaid.
- **Field 8 – Amount Billed:** Total charges per claim
- **Field 9 – Title 19 Payment:** Total amount paid by Medicaid per claim
- **Field 10 – Status:** The status of the claim processed
- **Field 11 – Recipient ID Number:** The beneficiary's 10-digit Medicaid identification number
- **Field 12 – Recipient Name:** Name on the Medicaid file that matches the 10-digit Medicaid identification number in Item 11
- **Field 13 – Diagnosis Related Group (DRG):** The DRG assigned to each claim
- **Field 14 – Type Reimbursement:** The specific reimbursement type assigned to processed claims. Definitions for reimbursement types are as follows:
 - P – Per Diem, infrequent DRG
 - D – Day outlier, no transfer
 - R – Per Diem, infrequent DRG, partial eligibility
- **Field 15 – Total Claims:** Total number of claims processed on this Remittance Advice
- **Field 16 – Total Days:** Total number of days covered for claims processed on this Remittance Advice
- **Field 17 – Total Amount:** Total amount of all charges for claims processed on this Remittance Advice
- **Field 18 – Total Payment:** Total amount paid for all claims processed on this Remittance Advice
- **Field 19 – Medicaid Page Total**

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Remittance Advice Items (Cont'd.)

- **Field 20 – Medicaid Total:** Total amount paid by Medicaid for all claims processed on this Remittance Advice
- **Field 21 – Check Total:** Total amount for the claims processed plus or minus any adjustment made on the Remittance Advice
- **Field 22 – Check Number**
- **Field 23 – Provider Name and Address**
- **Field 24 – Edits:** The reason the claim was rejected
- **Field 25 – Debit Balance Prior to this Remittance:** Amount remaining from a debit adjustment from a previous Remittance Advice. This amount will be subtracted from this Medicaid payment.

Reimbursement Payment

The remittance package will include the provider's reimbursement check unless the provider has an Electronic Funds Transfer (direct deposit) agreement for reimbursement to be directly deposited into a banking account. (See **Electronic Funds Transfer** for more information.)

The reimbursement payment represents an amount equaling the sum total of all claims on the Remittance Advice with status P. If an adjustment request has been completed, it will appear on the Remittance Advice. (See **Claim Adjustments** later in this section.)

Electronic Funds Transfer (EFT)

Upon enrollment, SC Medicaid providers must register for Electronic Funds Transfer (EFT) in order to receive reimbursement. SCDHHS will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside the United States.

Prior to revoking or revising the EFT authorization agreement, the provider must provide 30 days written notice to:

Medicaid Provider Enrollment
Post Office Box 8809
Columbia, SC 29202-8809

The provider is required to submit a completed and signed EFT Authorization Agreement Form to confirm new and/or

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Electronic Funds Transfer (EFT) (Cont'd.)

updated banking information. Refer to the Forms section for a copy of the EFT Authorization form.

All EFT requests are subject to a 15-day pre-certification period in which all accounts are verified by the qualifying financial institution before any SC Medicaid direct deposits are made.

During the pre-certification period, the provider will receive reimbursement via hard copy checks.

If the bank account cannot be verified during the pre-certification period, the provider will be notified and will be required to submit an EFT form and bank account verification from their financial institution.

Upon completion of the pre-certification period, reimbursement payment will be deposited directly into the provider's bank account. The last four digits of the bank account are reflected on the Remittance Advice. Providers may view their Remittance Advice (RA) on the Web Tool for payment information.

When SCDHHS is notified that the provider's bank account is closed or the routing and/or bank account number is no longer valid, the provider will be notified and will be required to submit an EFT form and bank account verification from their financial institution.

Each time banking information changes, the 15-day pre-certification period will occur and the provider will receive reimbursement via hard copy checks.

Uncashed Medicaid Checks

SCDHHS may, under special circumstances, issue a hard copy reimbursement check. In instances where Medicaid checks to providers remain outstanding 180 days or longer from the date of check issue, SCDHHS is required by federal regulations to refund to the federal government the federal share of those Medicaid checks. Therefore, SCDHHS will have the bank return (or not honor) Medicaid checks presented for payments that are 180 days old or older.

Dually Eligible Beneficiaries

When a dually eligible beneficiary also has a commercial payer, the provider should file to all payers before filing to Medicaid. If the provider chooses to submit an UB-04 claim form for consideration of payment, he or she must declare all payments and denials. If the combined

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Dually Eligible Beneficiaries (Cont'd.)

payments of Medicare and the other payer add up to less than Medicaid's allowable, Medicaid will make an additional payment up to that allowable not to exceed the remaining patient responsibility. If the sum of Medicare and other payers is greater than Medicaid's allowable, the claim will reject with the 690 edit (payment from other sources is more than Medicaid allowable).

TPL Refunds

When reimbursed by both Medicaid and third-party insurance, the provider must refund the lesser of either the amount paid by Medicaid or the full amount paid by the insurance company. See **Claim Adjustments** and **Refunds** later in this section.

Medicaid Recovery Initiatives

Retro Health

Where SCDHHS discovers a primary payer for a claim Medicaid has already paid, SCDHHS will pursue recovery. Once an insurance policy is added to the TPL policy file, claims that have services in the current and prior calendar years are invoiced directly to the third party.

As new policies are added each month to the TPL policy file, claims history is reviewed to identify claims paid by Medicaid for which the third party may be liable. A detailed claims listing is generated and mailed to providers in a format similar to the Retro Medicare claims listing. The listing identifies relevant beneficiaries, claim control numbers, dates of service, and insurance information. Three notices over a period of three months are provided. Claims will be recouped approximately 90 days after the first letter if no response is received. If you have questions about this process, please contact Medicaid Insurance Verification Services (MIVS) at 1-888-289-0709 option 5.

Retro Medicare

Every month, providers are notified by letter of claims Medicaid paid primary for beneficiaries with Medicare coverage (Retro Medicare). The letter provides the beneficiary's Medicare number to file the claim with Medicare. The Medicaid payments will be recouped within 30 days of the date of the letter. Please retain the letter for accurate accounting of the recoupment. Questions about this letter may be referred to Medicaid Insurance Verification Services (MIVS) at 1-888-289-0709 option 5.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Carrier Codes

All third-party payers are assigned a three-character code referred to as a carrier code. The appropriate carrier code must be entered on the UB-04 form when reporting third-party liability.

The list of carrier codes (Appendix 2) contained in this manual is categorized both alphabetically by the names of the insurance companies and numerically by the carrier code assigned to each company. These codes are current at the time of publication of this manual; however, they are subject to change.

If a particular carrier or carrier code cannot be found in this manual, providers should visit the Provider Information page on the SCDHHS Web site at <http://provider.scdhhs.gov> to view and/or download the most current carrier codes. Carrier codes are updated each quarter on the Web site.

If a particular carrier code is neither listed in the manual nor on the SCDHHS Web site, providers may use the generic carrier code 199 for billing purposes. Contact the PSC or submit an online inquiry for assistance should Web Tool list a numerical code that cannot be located in the carrier codes either in this manual or online.

CLAIM ADJUSTMENTS

Replacement Claims

Replacement claims, bill type 117, 137, and 147, can only be used to replace a paid claim. If you file a claim and later realize that you omitted critical information, wait until the claim is paid or receives a rejection. A replacement claim can be filed even if the changes do not result in a different reimbursement. Also, medical records are no longer required for replacement claims.

Note: Replacement claims **must** be submitted via the same method used to submit the paid original claim. If the original paid claim was submitted hard copy, then the replacement claim must be submitted hard copy.

Time Limits

Replacement claims must be received and entered into the claims processing system within **one year** from the date of service for outpatient claims or **one year** from the date of discharge for inpatient claims to be considered for payment. Replacement claims should not be submitted if

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Time Limits (Cont'd.)

the date of service has exceeded the one-year timely filing limit. Providers filing a replacement claim after the one-year filing limit will have the original payment recouped and the replacement claim rejected with the timely filing 510 edit code.

- A replacement claim submitted either electronically or hard copy will generate a recoupment of the original claim in its entirety. The replacement claim is then processed as a new claim with a new claim control number (CCN).
- If the recoupment of the original claim and the replacement claim process in the same payment cycle, they will appear together on the remittance advice.
- If the recoupment and the replacement claim do not process in the same payment cycle, you will see the recoupment on the first remit and the credit on a subsequent remittance advice. The subsequent remittance advice will include a check date for the provider to reference the remit showing the void.

Void Claims

Void/Cancel claims, bill type 118, 138, 148, can only be used to void a paid claim. The beneficiary number and provider number of the void claim must be identical to those on the paid claim. Always enter the CCN of the paid claim in field 64.

Note: Void/Cancel claims **must** be submitted via the same method used to submit the paid original claim. If the original paid claim was submitted hard copy, then the void/cancel claim must be submitted hard copy.

Refund Checks

Providers who are instructed to send a refund check should complete the Form for Medicaid Refunds (DHHS Form 205) and send it along with the check to the following address:

South Carolina Healthy Connections
Cash Receipts
Post Office Box 8355
Columbia, SC 29202-8355

All refund checks should be made payable to the SC Department of Health and Human Services. A sample of the Form for Medicaid Refunds, along with instructions for

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Refund Checks (Cont'd.)

its completion, can be found in the Forms section of this manual. SCDHHS must be able to identify the reason for the refund, the beneficiary's name and Medicaid number, the provider's number, and the date of service in order to post the refund correctly.

SECTION 4

ADMINISTRATIVE SERVICES

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SECTION 4 ADMINISTRATIVE SERVICES

GENERAL INFORMATION

ADMINISTRATION

The South Carolina Department of Health and Human Services (SCDHHS) administers the South Carolina Healthy Connections Medicaid Program. This section outlines the available resources for Medicaid providers.

CORRESPONDENCE AND INQUIRIES

All correspondence to South Carolina Healthy Connections Medicaid should be directed to the SCDHHS Provider Service Center (PSC) at 1-888-289-0709. In addition, providers may submit an online inquiry at <https://www.scdhhs.gov/contact-us>. Inquiries concerning specific claims should also be directed to the PSC, but only after all claims filing requirements have been met. **Allow 45 days from the submission date before requesting the status of the claim.**

BENEFICIARY ELIGIBILITY

Questions concerning beneficiary eligibility or identification numbers should be directed to the SCDHHS county office in the beneficiary's county of residence. Beneficiaries who have questions regarding specific coverage issues should be referred to the appropriate staff of their county SCDHHS office for assistance. The contact information for county offices is located on the SCDHHS website at <https://www.scdhhs.gov/site-page/where-go-help>.

Eligibility Status

To verify eligibility status, please use the South Carolina Medicaid Web-based Claims Submission Tool (Web Tool), which is available 24 hours a day/7 days a week. For information on the Web Tool, you may contact the PSC at 1-888-289-0709.

SECTION 4 ADMINISTRATIVE SERVICES

GENERAL INFORMATION

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SECTION 4 ADMINISTRATIVE SERVICES**DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES****PROCUREMENT
OF FORMS**

The South Carolina Department of Health and Human Services will not supply the UB-04 to providers. Providers should purchase the form in its approved format from the private vendor of their choice. Examples of vendors who supply the form are listed below. This list should not be viewed as an endorsement of these vendors by SCDHHS.

**REPRODUCIBLE
NEGATIVES**

Government Printing Office
Room C-836
Building Three
Washington, DC 20401
(202) 275-1189

SOFTWARE

Attn: Orders Department
American Medical Association
PO Box 930876
Atlanta, GA 31193-0876
(800) 621-8335
Fax: (312) 464-5600
<https://commerce.ama-assn.org/store/>

HARD COPY CLAIM FORMS

Government Printing Office
Superintendent of Documents
Post Office Box 371954
Pittsburgh, PA 15250-7954
(202) 512-1800
FAX: (202) 512-2250

PRIVATE VENDORS

Wallace Computer Service
2008 Marion Street, Suite A
Columbia, SC 29201
(803) 252-0614

Physicians' Record Company
3000 S. Ridgeland Avenue
Berwyn, IL 60402-0724
(800) 323-9268 (toll free)

Standard Register Company
140 Stoneridge Drive, Suite 300
Columbia, SC 29210
(803) 256-0004

SECTION 4 ADMINISTRATIVE SERVICES**DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES****PRIVATE VENDORS
(CONT'D.)**

Duplex Products
Post Office Box 546
Columbia, SC 29202-0546
(803) 256-7692

SCDHHS FORMS

Providers may order SCDHHS forms via email at forms@scdhhs.gov. Copies of forms, including program-specific forms, are also available in the Forms section of this manual.

WEB ADDRESS

Providers should visit the Provider Information page on the SCDHHS Web site at <https://www.scdhhs.gov/provider> for the most current version of this manual.

To order a paper or CD version of this manual, please contact the SCDHHS Provider Service Center (PSC) at 1-888-289-0709. From the Main Menu, select the Provider Enrollment and Education option. Charges for printed manuals are based on actual costs of printing and mailing.

FORMS

| Number | Name | Revision Date |
|----------|--|---------------|
| DHHS 126 | Confidential Complaint | 06/2007 |
| DHHS 205 | Medicaid Refunds | 01/2008 |
| DHHS 931 | Health Insurance Information Referral Form | 02/2018 |
| | Reasonable Effort Documentation | 04/2014 |
| | Electronic Funds Transfer (EFT) Authorization Agreement | 08/2017 |
| | Duplicate Remittance Advice Request Form | 09/2017 |
| | Claim Reconsideration Form | 11/2018 |
| UB-04 | Sample UB-04 | |
| | Sample Remittance Advice | 04/2014 |
| | DHHS Certification of Need Psychiatric Hospital Services | 07/2014 |
| | Notice of Non-Coverage for Inpatient Psychiatric Hospital Care (two pages) | 06/2014 |
| | Sample Attestation Letter | |
| | CALOCUS Score Sheet | 10/2009 |
| | Death Reporting Worksheet | 01/2010 |
| | Quarterly Seclusion and/or Restraint Reporting Form | 03/2018 |
| | Serious Occurrence Reporting Fax Form | 03/2018 |



**STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

CONFIDENTIAL COMPLAINT

SEND TO: DIRECTOR, DIVISION OF PROGRAM INTEGRITY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. BOX 100210, 1801 MAIN STREET, COLUMBIA, SOUTH CAROLINA 29202-3210

PROGRAM INTEGRITY

THIS REPORT IS DESIGNED FOR THE REPORTING OF POSSIBLE ABUSE BY MEDICAID PROVIDERS AND/OR RECIPIENTS. USE THE SPACE BELOW TO EXPLAIN IN DETAIL YOUR COMPLAINT. PLEASE IDENTIFY YOURSELF AND WHERE YOU CAN BE REACHED FOR FUTURE REFERENCES. UNLESS OTHERWISE INDICATED, ALL INFORMATION SHOULD BE PRINTED OR TYPED.

YOUR COMPLAINT WILL REMAIN CONFIDENTIAL.

SUSPECTED INDIVIDUAL OR INDIVIDUALS:

NPI or MEDICAID PROVIDER ID: (if applicable)

MEDICAID RECIPIENT ID NUMBER: (if applicable)

ADDRESS OF SUSPECT:

LOCATION OF INCIDENT:

DATE OF INCIDENT:

COMPLAINT:

NAME OF PERSON REPORTING: (Please print)

SIGNATURE OF PERSON REPORTING:

DATE OF REPORT

ADDRESS OF PERSON REPORTING:

TELEPHONE NUMBER OF PERSON REPORTING:

SIGNATURE: (SCDHHS Representative Receiving Report)

South Carolina Department of Health and Human Services
Form for Medicaid Refunds

Purpose: This form is to be used for all refund checks made to Medicaid. This form gives the information needed to properly account for the refund. If the form is incomplete, the provider will be contacted for the additional information.

Items 1, 2 or 3, 4, 5, 6, & 7 must be completed.

Attach appropriate document(s) as listed in item 8.

1. Provider Name: _____

2. Medicaid Legacy Provider #

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

(Six Characters)

OR

3. NPI#

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

& Taxonomy

| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

4. Person to Contact: _____

5. Telephone Number: _____

6. Reason for Refund: [check appropriate box]

☐

Other Insurance Paid (please complete **a – f** below and attach insurance EOMB)

a Type of Insurance: () Accident/Auto Liability () Health/Hospitalization

b Insurance Company Name _____

c Policy #: _____

d Policyholder: _____

e Group Name/Group: _____

f Amount Insurance Paid: _____

☐

Medicare

() Full payment made by Medicare

() Deductible not due

() Adjustment made by Medicare

☐

Requested by DHHS (please attach a copy of the request)

☐

Other, describe in detail reason for refund:

| |
|--|
| |
| |
| |
| |

7. Patient/Service Identification:

| Patient Name | Medicaid I.D.# (10 digits) | Date(s) of Service | Amount of Medicaid Payment | Amount of Refund |
|--------------|-------------------------------|-----------------------|-------------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. Attachment(s): [Check appropriate box]

☐

Medicaid Remittance Advice (required)

☐

Explanation of Benefits (EOMB) from Insurance Company (if applicable)

☐

Explanation of Benefits (EOMB) from Medicare (if applicable)

☐

Refund check

Make all checks payable to: South Carolina Department of Health and Human Services

Mail to: SC Department of Health and Human Services

Cash Receipts

Post Office Box 8355

Columbia, SC 29202-8355



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM**

Provider or Department Name: _____ Provider ID or NPI: _____

Contact Person: _____ Phone #: _____ Date: _____

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 25 DAYS

Beneficiary Name: _____ Date Referral Completed: _____

Medicaid ID#: _____ Policy Number: _____

Insurance Company Name: _____ Group Number: _____

Insured's Name: _____ Insured SSN: _____

Employer's Name/Address: _____

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIVS SHALL WORK WITHIN 5 DAYS

- _____ a. beneficiary has never been covered by the policy – close insurance.
- _____ b. beneficiary coverage ended - terminate coverage (date) _____
- _____ c. subscriber coverage lapsed - terminate coverage (date) _____
- _____ d. subscriber changed plans under employer - new carrier is _____
- new policy number is _____
- _____ e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
(name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.

Submit this information to Medicaid Insurance Verification Services (MIVS).

Fax: 803-252-0870 **or** **Mail:** Post Office Box 101110
Columbia, SC 29211-9804



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REASONABLE EFFORT DOCUMENTATION**

PROVIDER _____ **DOS** _____

NPI or MEDICAID PROVIDER ID _____

MEDICAID BENEFICIARY NAME _____

MEDICAID BENEFICIARY ID# _____

INSURANCE COMPANY NAME _____

POLICYHOLDER _____

POLICY NUMBER _____

ORIGINAL DATE FILED TO INSURANCE COMPANY _____

DATE OF FOLLOW UP ACTIVITY _____

RESULT:

FURTHER ACTION TAKEN:

DATE OF SECOND FOLLOW UP _____

RESULT:

**I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE
FROM THE PRIMARY INSURER.**

(SIGNATURE AND DATE)

**ATTACH A COPY OF THE FORM TO A NEW CLAIM AND FORWARD TO YOUR MEDICAID CLAIMS
PROCESSING POST OFFICE BOX.**

**South Carolina Department of Health and Human Services
Electronic Funds Transfer (EFT) Authorization Agreement**

PROVIDER INFORMATION

Provider Name _____
Doing Business As Name (DBA) _____
Provider Address _____
Street _____
City _____ State/Province _____
Zip Code/Postal Code _____ Medicaid Provider Number _____
Provider Federal Identification Number (TIN) or _____
Employer Identification Number (EIN) _____
National Provider Identifier (NPI) _____
Provider EFT Contact Information
Provider Contact Name _____
Telephone Number _____ Telephone Number Extension _____
Email Address _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name _____
Financial Institution Address _____
Street _____
City _____ State/Province _____
Zip Code/Postal Code _____
Financial Institution Routing Number _____
Type of Account at Financial Institution (select one) ☐ Checking ☐ Savings
Provider's Account Number with Financial Institution _____
Account Number Linkage to Provider Identifier (select one)
☐ Provider Tax Identification Number (TIN)
☐ National Provider Identifier (NPI)

REASON FOR SUBMISSION: ☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

By signing this form, I authorize the Department of Health and Human Services to initiate credit entries and to initiate, if necessary, debit entries for any credit entries in error to the checking or savings account indicated above at the financial institution identified above. Credit entries will pertain only to the Department of Health and Human Services payment obligations resulting from Medicaid services rendered by the provider. In the event of excess payment to this bank account, I authorize the Department of Health and Human Services to make an adjusting debit entry to the account up to the amount of the excess payment. Credit entries to the above account are done with the understanding that payment will be from federal and/or state funds and that any false claims, statements or documents or concealments of a material fact, may be prosecuted under applicable federal or state laws. I certify that the information shown is correct and agree to provide thirty (30) days written notice to the address shown below prior to revoking or revising this authorization.

All EFT requests are subject to a 15-day pre-certification period in which all accounts are verified by the qualifying financial institution before any Medicaid direct deposits are made.

Written Signature of Person Submitting Enrollment _____
Printed Name of Person Submitting Enrollment _____
Submission Date _____

TO PROCESS YOUR EFT ENROLLMENT OR CHANGE EXISTING INFORMATION, PLEASE RETURN THIS COMPLETED FORM ALONG WITH VERIFICATION OF YOUR ELECTRONIC DEPOSIT INFORMATION ON YOUR FINANCIAL INSTITUTION'S LETTERHEAD TO:

Department of Health and Human Services
Medicaid Provider Enrollment
P.O. BOX 8809, COLUMBIA, S.C. 29202-8809
FAX (803) 870-9022

SPECIAL INSTRUCTIONS: For questions regarding the status of your EFT enrollment, please contact the Provider Service Center at 1-888-289-0709. Please refer to the Electronic Funds Transfer (EFT) section of the Provider Enrollment manual found on the SCDHHS Provider web page for instructions on how to complete updates to your EFT information.

Effective January 01, 2014, providers have the capability to link their EFT payment transaction with their electronic remittance advice (ERA) via a matching EFT Reassociation Trace Number. This trace number will automatically be included in your SCDHHS electronic remittance advice. In order for this matching reassociation trace number to appear in your EFT notification, you must contact your financial institution and request the addition of this information. Any questions regarding this matching trace number and your ERA can be directed to the Provider Service Center at 1-888-289-0709.

**South Carolina Department of Health and Human Services
Duplicate Remittance Advice Request Form**

Purpose: This form is to be used for all requests for duplicate remittance advices from South Carolina Medicaid. The form must be completed in its entirety in order to honor the request. If the form is incomplete, the form will be returned requesting the additional information.

Please contact the SCDHHS Medicaid Provider Service Center (PSC) at 1-888-289-0709 or submit an online inquiry at <http://www.scdhhs.gov/contact-us> for instructions on submission of your request.

1. Provider Name: _____
2. Medicaid Legacy Provider # _____ (Six Characters)
NPI# _____ Taxonomy _____
3. Person to Contact: _____ Telephone Number: _____
4. Please list the date(s) of the remittance advice for which you are requesting a duplicate copy:

Note: Remittance advices are available electronically through the Web Tool. Please check the Web Tool for the availability of the remittance advice date before submitting your request.

5. Street Address for delivery of request:
Street: _____
City: _____
State: _____
Zip Code: _____
6. Charges for duplicate remittance advice(s) are as follows:
Request Processing Fee - \$20.00
Page(s) copied - .20 per page

I understand and acknowledge that a charge is associated with this request and will be deducted from my provider's payment by debit adjustment on a future remittance advice.

Authorizing Signature

Date

Submit your Claim Reconsideration request to:

Fax: 1-855-563-7086

or

Mail: South Carolina Healthy Connections Medicaid ATTN:
 Claim Reconsiderations
 Post Office Box 8809
 Columbia, SC 29202-8809

CLAIM RECONSIDERATION FORM

Instructions: Complete this form within 30 days of receipt of the remittance advice reflecting the denied claim, and attach all documentation in support of your request. Allow up to 60 days for a written response. Claim disputes must first be initiated through the Provider Service Center (PSC). Enter the PSC Communication ID in the required field below. For questions, contact the PSC at 1-888-289-0709.

Section 1: Beneficiary Information

Name (Last, First, MI): _____

Date of Birth: _____

Beneficiary Medicaid ID: _____

Section 2: Provider Information

Specify your affiliation: ☐ Physician ☐ Hospital ☐ Other (DME, Lab, Home Health Agency, etc.): _____

NPI: _____ Medicaid Provider ID: _____ Facility/Group/Provider Name: _____

Return Mailing Address: _____
Street or Post Office Box State ZIP

Contact: _____ Email: _____ Telephone #: _____ Fax #: _____

Section 3: Claim Information

Communication ID: _____ CCN: _____ Date(s) of Service: _____

Section 4: Claim Reconsideration Information

What area is your denial related to? (Please select below)

- ☐ Ambulance Services
- ☐ Autism Spectrum Disorder (ASD) Services
- ☐ Clinic Services
- ☐ Community Long Term Care (CLTC)
- ☐ Community Mental Health Services
- ☐ Department of Disabilities and Special Needs (DDSN) Waivers
- ☐ Durable Medical Equipment (DME)
- ☐ Early Intervention Services
- ☐ Enhanced Services
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Home Health Services
- ☐ Hospice Services
- ☐ Hospital Services

- ☐ Licensed Independent Practitioner's Rehabilitative Services (LIPS)
- ☐ Local Education Agencies (LEA)
- ☐ Medically Complex Children's (MCC) Waivers
- ☐ Nursing Facility Services / Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- ☐ Optional State Supplementation (OSS)
- ☐ Pharmacy Services
- ☐ Physicians Laboratories, and Other Medical Professionals
Specify: _____
- ☐ Private Rehabilitative Therapy and Audiological Services
- ☐ Psychiatric Hospital Services
- ☐ Rehabilitative Behavioral Health Services (RBHS)
- ☐ Rural Health Clinic (RHC)
- ☐ Targeted Case Management (TCM)
- ☐ Other: _____



Section 5: Desired Outcome

Request submitted by:

Print Name: _____

Signature: _____

Date: _____

Sample UB-04

| | | | | | | | | | | | | | | | | | |
|----------------------------------|--|-------------------------|--|----------------------------|--|--------------------------------|--|---------------------------------|--|---------------------------------|--|-----------------------------------|--|---|--|------------------------|--|
| 1 | | 2 | | | | | | | | | | 3a PAT. CNTL. # b. MED. REC. # | | 4 TYPE OF BILL | | | |
| | | | | | | | | | | | | 5 FED. TAX NO. | | 6 STATEMENT COVERS PERIOD FROM THROUGH | | | |
| 8 PATIENT NAME | | 9 PATIENT ADDRESS | | | | | | | | | | | | | | | |
| b | | c | | | | | | | | | | d | | | | | |
| 10 BIRTHDATE | | 11 SEX | | 12 DATE | | ADMISSION 13 HR 14 TYPE 15 SRC | | 16 DHR | | 17 STAT | | 18 19 20 21 | | CONDITION CODES 22 23 24 25 26 27 28 | | 29 ACCT STATE 30 | |
| 31 OCCURRENCE DATE | | 32 OCCURRENCE DATE | | 33 OCCURRENCE DATE | | 34 OCCURRENCE DATE | | 35 OCCURRENCE SPAN FROM THROUGH | | 36 OCCURRENCE SPAN FROM THROUGH | | 37 | | | | | |
| a | | b | | c | | d | | e | | f | | g | | h | | i | |
| 38 | | 39 CODE | | VALUE CODES AMOUNT | | 40 CODE | | VALUE CODES AMOUNT | | 41 CODE | | VALUE CODES AMOUNT | | 42 | | 43 | |
| a | | b | | c | | d | | e | | f | | g | | h | | i | |
| 42 REV. CD. | | 43 DESCRIPTION | | | | 44 HCPCS / RATE / HIPPS CODE | | | | 45 SERV. DATE | | 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 NON-COVERED CHARGES | |
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| 22 | | | | | | | | | | | | | | | | | |
| 23 | | PAGE ____ OF ____ | | | | CREATION DATE | | | | TOTALS | | | | | | | |
| 50 PAYER NAME | | 51 HEALTH PLAN ID | | | | 52 REL. INFO | | 53 AS2 BEN | | 54 PRIOR PAYMENTS | | 55 EST. AMOUNT DUE | | 56 NPI | | 57 OTHER PRV ID | |
| A | | B | | | | C | | D | | E | | F | | G | | H | |
| C | | D | | | | E | | F | | G | | H | | I | | J | |
| 58 INSURED'S NAME | | 59 PREL | | 60 INSURED'S UNIQUE ID | | | | 61 GROUP NAME | | | | 62 INSURANCE GROUP NO. | | | | | |
| A | | B | | C | | | | D | | | | E | | | | | |
| B | | C | | D | | | | E | | | | F | | | | | |
| C | | D | | E | | | | F | | | | G | | | | | |
| 63 TREATMENT AUTHORIZATION CODES | | | | 64 DOCUMENT CONTROL NUMBER | | | | 65 EMPLOYER NAME | | | | | | | | | |
| A | | | | B | | | | C | | | | D | | | | | |
| B | | | | C | | | | D | | | | E | | | | | |
| C | | | | D | | | | E | | | | F | | | | | |
| 66 DX | | 67 | | A | | B | | C | | D | | E | | F | | G | |
| H | | I | | J | | K | | L | | M | | N | | O | | P | |
| Q | | R | | S | | T | | U | | V | | W | | X | | Y | |
| 69 ADMIT DX | | 70 PATIENT REASON DX | | a | | b | | c | | 71 PPS CODE | | 72 | | a | | b | |
| 74 PRINCIPAL PROCEDURE CODE | | a. OTHER PROCEDURE CODE | | b. OTHER PROCEDURE CODE | | c. OTHER PROCEDURE CODE | | d. OTHER PROCEDURE CODE | | e. OTHER PROCEDURE CODE | | 75 | | 76 ATTENDING NPI | | QUAL | |
| 77 OPERATING NPI | | 78 OTHER NPI | | 79 OTHER NPI | | 80 REMARKS | | 81 | | 82 | | 83 | | 84 | | 85 | |
| LAST | | FIRST | | LAST | | FIRST | | LAST | | FIRST | | LAST | | FIRST | | LAST | |
| QUAL | | QUAL | | QUAL | | QUAL | | QUAL | | QUAL | | QUAL | | QUAL | | QUAL | |

Sample Remittance Advice

| PROVIDER ID. | | PROFESSIONAL SERVICES | | | | | | PAYMENT DATE | | PAGE | | | |
|---|-------------------------------|-----------------------------------|---------------------------------------|-----------------|-------------------------|---------------------------------|-------------|----------------------------|--|----------------|-------------------------------|--------------|------------------------|
| +-----+ AB00080000 | | DEPT OF HEALTH AND HUMAN SERVICES | | | | | | +-----+ 02/14/2014 | | +-----+ 1 | | | |
| +-----+ | | REMITTANCE ADVICE | | | | | | +-----+ | | +-----+ | | | |
| +-----+ | | SOUTH CAROLINA MEDICAID PROGRAM | | | | | | +-----+ | | +-----+ | | | |
| PROVIDERS OWN REF. NUMBER | CLAIM REFERENCE NUMBER | PY IND | SERVICE RENDERED DATE(S) MMDDYY | PROC. | AMOUNT BILLED | TITLE 19 PAYMENT MEDICAID | S T S | RECIPIENT ID. NUMBER | RECIPIENT NAME F M I I LAST NAME | M O D | TLE. 18 ALLOWED CHARGES | COPAY AMT | TITLE 18 PAYMENT |
| ABB1AA | 1403004803012700A 01 | | 101713 | 71010 | 27.00 27.00 | 6.72 6.72 | P P | 1112233333 | M CLARK | | 026 | 0.00 | 0.00 |
| ABB2AA | 1403004804012700A 01 | | 101713 | 74176 | 259.00 259.00 | 0.00 0.00 | S S | 1112233333 | M CLARK | | 026 | 0.00 | 0.00 |
| ABB3AA | 1403004805012700A 01 02 | | 071913 071913 | A5120 A4927 | 24.00 12.00 12.00 | 0.00 0.00 0.00 | R R R | 1112233333 | M CLARK | | 000 000 000 | 0.00 | 0.00 0.00 |
| TOTALS | | | 3 | | 310.00 | | | | Edits: L00 946 L02 852 08/30/13 | | | 0.00 | 0.00 |
| | | | | | | \$6.72 | | | | | | | |
| FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL". | | CERT. PG TOT | | MEDICAID PG TOT | | STATUS CODES: | | PROVIDER NAME AND ADDRESS | | | | | |
| | | \$0.00 | | \$286.46 | | P = PAYMENT MADE | | ABC HEALTH PROVIDER | | | | | |
| | | | | | | R = REJECTED | | PO BOX 000000 | | | | | |
| | | | | | | S = IN PROCESS | | FLORENCE | | | | | |
| | | | | | | E = ENCOUNTER | | SC 00000 | | | | | |
| IF YOU STILL HAVE QUESTIONS+-----+ PHONE THE D.H.H.S. NUMBER -----+ SPECIFIED FOR INQUIRY OF +-----+ CLAIMS IN THAT MANUAL. | | CERTIFIED AMT | | MEDICAID TOTAL | | | | | | | | | |
| | | | | 0.00 | | | | | | | | | |
| | | | | | | CHECK TOTAL | | CHECK NUMBER | | | | | |

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATION OF NEED**

Client's Name: _____ Date of Birth: _____

Social Security Number: _____

NPI or Medicaid Provider ID: _____

A review team has evaluated all of the information submitted by the physician and other professionals to justify the client's admission to _____ and certifies that:

- () Documentation of comprehensive diagnostic assessment conducted within one (1) week by a LPHA has been reviewed and includes information pertaining, but not limited to, prior treatment history, diagnostic history, mental status examination, current symptoms, risk assessment; and
- () Ambulatory services available in the community do not meet the current treatment needs of the client; and
- () Prior treatment addressing presenting concern/problem has not been successful; and
- () Proper treatment of the client's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
- () The inpatient services can reasonably be expected to improve the client's condition or prevent further regression so that the inpatient services will no longer be needed.

OR

- () According to current criteria, the client does not meet the requirements for Medicaid-sponsored inpatient psychiatric care.

This certification is not an approval for Medicaid to pay. Medicaid eligibility or continued eligibility must be established by the appropriate SCDHHS Eligibility Office.

TEAM PHYSICIAN'S PRINT NAME: _____

TEAM PHYSICIAN'S SIGNATURE: _____ **Date:** _____

Physician's NPI: _____

Effective Date: _____ **Check One:** Interdisciplinary Team ____ Independent Team ____

OTHER TEAM MEMBERS' SIGNATURES, TITLES, AND DATE SIGNED: (A minimum of one signature must be present.)

| Date | Print Name | Signature |
|------|------------|-----------|
| | | |
| | | |
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| | | |

**PSYCHIATRIC HOSPITALS
FOR INDIVIDUALS UNDER AGE 21
SOUTH CAROLINA MEDICAID
NOTICE OF NON-COVERAGE FOR
INPATIENT PSYCHIATRIC HOSPITAL CARE**

DATE _____ NPI OR MEDICAID PROVIDER ID _____

NAME OF CLIENT _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

ATTENDING PHYSICIANS NAME _____ ATTENDING PHYSICIAN'S PHONE # _____

Dear: _____ :

The purpose of this letter is to inform you that _____ Hospital:

() Has determined that your psychiatric hospital admission is not covered under the Medicaid program because

() Has determined that further inpatient psychiatric hospital treatment is no longer medically necessary. Furthermore, (Check One):

☐ Your attending physician **agrees** that continued hospitalization is no longer needed.

☐ Your attending physician **disagrees** that continued hospitalization is no longer needed, but SCDHHS or its designee concurs with our facility.

If you elect to be admitted and/or remain in the hospital, you are financially liable for all costs of the care you receive except for any convenience services or items normally not covered by the Medicaid program, beginning on _____. This determination does not mean additional psychiatric services are not needed. Medicaid reimbursement may be available for these additional services; however, you do not need inpatient hospital placement to receive these services. You should discuss, with your attending physician and/or a representative from the agency that made your placement, other arrangements for any further health care you may require.

This notice is not an official Medicaid determination. SCDHHS' designee may serve as the Quality Improvement Organization authorized by the Medicaid program to review inpatient psychiatric hospital services provided to Medicaid clients in the state of South Carolina.

If you disagree with our decision, you may request immediately, by noon of the first working day after receipt of this notice, an immediate review by telephone, or in writing. You may make this request through the facility or directly to SCDHHS or its designee at the address listed below:

SCDHHS Division of Behavioral Health
Attention: PRTF Non-Coverage
Post Office Box 8206
Columbia, SC 29202-8206

SCDHHS or its designee will request your views about your case and respond to you within one working day of receipt of your request and your medical records (sent by the facility).

If you do not request a review by noon of the first working day after receipt of this notice you may still request that SCDHHS or its designee review at any point during your stay or within 30 days after you receive this notice, whichever is longer.

SCDHHS or its designee will send you a formal determination of the medical necessity and appropriateness of your hospitalization and will inform you of your reconsideration rights.

If SCDHHS or its designee disagrees with the facility, you will be refunded any amount collected by the facility except for any convenience services or items normally not covered by Medicaid.

If SCDHHS or its designee agrees with the facility, you are financially responsible for all services beginning on _____ through your discharge date unless you request an immediate review. If you request an immediate review (i.e, you make your request for review by noon of the first working day after receipt of this notice), you will not be responsible for payment until noon of the next day after you received notification from SCDHHS or its designee.

Sincerely,

Hospital Representative

cc: Beneficiary
Attending Physician
Legal Guardian
Authorized Referral Entity
SCDHHS Division of Behavioral Health, Attn: Non-Coverage

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

*This is to acknowledge that I received this notice of non-coverage from _____ on _____.
I understand that my signature below does not indicate that I agree with this notice, only that I have received a copy of this notice.*

Signature of beneficiary or legally responsible party

Date

Client or legally responsible party refused to sign this notice, but was told that this admission is not covered by Medicaid.

Witness

Date

Witness

Date

Sample Attestation Letter

An individual who has the legal authority to obligate the facility must sign this attestation.

[Name of the Psychiatric Residential Treatment Facility]

[Address]

[City, State, Zip Code]

[Telephone Number]

[Fax Number (if applicable)]

Provider Number

Dear <State Medicaid Director>:

A reasonable investigation subject to my control having been conducted in the subject facility, I make the following certification. Based upon my personal knowledge and belief, I attest that the <NAME of the FACILITY> hereby complies with all of the requirements set forth in the interim final rule governing the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under age 21 published on January 22, 2001, and amended with the publication of May 22, 2001 (Psych Under 21 rule).

I understand that the Centers for Medicare and Medicaid Services (CMS) (formerly HCFA), SCDHHS or their representatives may rely on this attestation in determining whether the facility is entitled to payment for its services and, pursuant to Medicaid regulations at 431.610, have the right to validate that <Name of the Facility> is in compliance with the requirements set forth in the Psych Under 21 rules, and to investigate serious occurrences as defined under this rule.

In addition, I will notify the SCDHHS immediately if I vacate this position so that an attestation can be submitted by my successor. I will also notify SCDHHS if it is my belief that <Name of the Facility> is out of compliance with the requirements set forth in the Psych Under 21 rule.

Signature

Printed Name

Title

Date

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES**

Beneficiary Name: _____

CALOCUS SCORE SHEET

Record the applicable rating, criteria and comments for each dimension. Total your score and determine the recommended level of care.

| LEVEL OF CARE | SCORE | | COMMENTS (Beneficiary information for which rating is based) |
|--|--------|----------|---|
| | Rating | Criteria | |
| I. Risk of Harm | | | |
| II. Functional Status** | | | |
| III. Co-Morbidity** | | | |
| IV-A. Recovery Environment Level of Stress | | | |
| IV-B. Recovery Environment Level of Support | | | |
| V. Resiliency and Treatment History | | | |
| VI-A. Acceptance and Engagement Child or Adolescent | | | |
| VI-B. Acceptance and Engagement Parent or Primary Caretaker | | | |
| COMPOSITE SCORE _____ | | | LEVEL OF CARE _____ |

Bold – Indicates independent criteria requires automatic admission to a higher level of care regardless of combined score. A score of 4 results in the placement at Level 5 and a score of 5 results in the placement at Level 6.

****** – For a score of 4, independent criteria may be waived if sum of IV-A and IV-B scores equal 2.

Rater Name/Title: _____

Date _____

ADDITIONAL INFORMATION: _____

When the CALOCUS score indicates a Level 4, 5 or 6, PRTF placement is not required. Other community resources at a higher frequency and/or intensity of services, based on the needs of the individual, should be considered.

| DEATH REPORTING WORKSHEET - PRTFS | |
|--|------------------------|
| CONTACT INFORMATION | |
| RO contact's name | |
| Date of RO contact | |
| RO contact's phone number | |
| Facility contact | |
| Facility contact's phone number | |
| PROVIDER INFORMATION | |
| PRTF Name | |
| Medicaid Number | |
| Address | |
| Zip Code | |
| PATIENT INFORMATION | |
| Name | |
| Date of Birth/Age | |
| Medicaid Number | |
| Admitting Diagnoses | |
| Date of Admission | |
| Date/time of Death | |
| Cause of Death | |
| Did the facility conduct a root cause analysis | |
| NOTE: PRTFs may provide the following information over the telephone, or to the SA during its investigation | |
| Length of Time in restraints/Seclusion: | |
| Circumstances Surrounding the Death: | |
| Results of any facility investigation: | |
| | |
| | |
| | |
| RESTRAINT/SECLUSION INFO | |
| Type of Restraint | Personal |
| | Mechanical |
| | Seclusion |
| | Drug used as Restraint |
| Restraint Method | |
| Reason(s) for Restraint/Seclusion use: | |
| | |
| Less restrictive methods of behavior management considered: | |
| | |
| Restraint/Seclusion order date/time: | |

| DEATH REPORTING WORKSHEET - PRTFS |
|--|
| Quote actual restraint/seclusion order(s): |
| Restraint/seclusion ordered by: Physician _____ Other Licensed Practitioner _____ and Trained in use of emergency safety interventions? Yes _____ No _____ Was the resident's treatment team physician contacted (unless same as ordering physician) Yes _____ No _____ Was the resident evaluated immediately after restraint removed/removed from seclusion? Yes _____ No _____ |
| Monitoring method(s), frequency, last date/time monitored: |
| Last date/time of assessment: |
| Additional |
| Information/Comments: |
| |
| |
| |
| Action Information |
| |
| Facility notifications |
| Other agencies the provider notified (SMA, SA, etc.): |
| Agency/date/time: _____ |
| Agency/date/time: _____ |
| Agency/date/time: _____ |
| Agency/date/time: _____ |
| SA Action(s) |
| Date of receipt of restraint/seclusion death report from PRTF: _____ |
| Date of Survey: _____ |
| RO Actions(s) |
| Date of receipt of restraint/seclusion death report from PRTF: _____ |
| Date sent as complaint to SA (if applicable) _____ |
| Date/Method/Person notifying CO: _____ |
| CO Action(s) |
| Date of receipt of initial restraint/seclusion death report from RO: _____ |
| Date of receipt of restraint/seclusion death report worksheet: _____ |
| Person recording the information: _____ |

QUARTERLY SECLUSION AND/OR RESTRAINT REPORTING FORM

TO: SCDHHS Division of Behavioral Health

Name of Facility:

Name of Reporting Staff:

Facility Address:

Facility Telephone:

(xxx) xxx-xxxx

Reporting Data

Quarter (list specific months):

| Resident Name | Medicaid ID | Staff Involved | Date of Intervention | Time In | Time Out | Location of Intervention | Ordering Physician | Type of Intervention (Seclusion or Restraint) | Reason for Intervention |
|---------------|-------------|----------------|----------------------|---------|----------|--------------------------|--------------------|---|-------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Reports must be submitted electronically in a secure format to behavioralhealth004@scdhhs.gov. Deadline for submitting reports is 30 days after the end of the quarter.

SERIOUS OCCURRENCE REPORT FAX FORM

TO: SCDHHS Division of Behavioral Health, Fax # 803.255.8204

Name of
Facility:

Name of
Reporting Staff:

Facility
Address:

Facility
Telephone
Number: XXX-XXX-XXXX

Identifying Data

| | | |
|---|---------------|------------|
| Resident Name: | Resident DOB: | MM/DD/YYYY |
| Resident Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | |

Please attach the Serious Occurrence report to this fax cover. The following items *must* be included with the Serious Occurrence Report.

- ☐ Name of resident(s) involved in the serious occurrence (a separate report must be submitted for each resident involved).
- ☐ Name, street address and telephone number of the facility
- ☐ Date and time of the occurrence
- ☐ Place of the occurrence
- ☐ Staff present during occurrence
- ☐ Names/Titles of staff notified of occurrence
- ☐ Detailed description of the occurrence (include precipitating factors, identify whether seclusion or restraint was utilized, immediate actions taken, follow-up action taken)

Required Notifications

| Agency/Individual | Name/Title of Person Notified | Date/Time of Notification |
|--|-------------------------------|---------------------------|
| Protection and Advocacy | | |
| Parent/Caregiver/Guardian | | |
| Department of Health and Environmental Control | | |
| Other State Agency (if applicable) | | |

Attach additional pages as needed.

This message and any attachments contain legally privileged and confidential information intended solely for the use of the addressee. If you are not the intended recipient, you are strictly prohibited from reading, copying, forwarding, distributing, or otherwise using this message or its attachments. If you have received this message in error, please notify the sender and delete this message and all copies.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Review the resolution instructions below for the edit code(s) that apply to your claim. **Submit a new claim with the corrected information and attach documentation when necessary or applicable to complete the processing of the claim.** If the claim does not require corrections, but needs to be reprocessed as a result of a system update, submit a new claim for processing after the system has been updated. **Remittance Advice pages are not an acceptable form to correct claim errors and will be disregarded.**

Note: For dates of service on or before **September 30, 2015**, the ICD-9-CM manual should be referenced for ICD coding guidance. For dates of service on or after **October 1, 2015**, the ICD-10-CM manual should be referenced for ICD coding guidance.

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|------|--|
| 007 | PAT DAILY INCOME RATE MORE THAN HOME RATE | 45 – Charge exceeds fee schedule/maximum allowable or contracted/ legislated fee arrangement. | | Patient's daily recurring income is greater than the nursing facility's daily rate. If the recurring income is incorrect, make the appropriate correction and submit a new claim. If the recurring income is correct, contact the PSC. |
| 050 | DATE OF BIRTH/ DATE OF SERV. INCONSISTENT | 14 – The date of birth follows the date of service. | | <p>The date of birth and/or date of service are inconsistent. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1 A), date of birth (field 3), date of service (field 24 A unshaded)</p> <p>UB CLAIM: Medicaid ID (field 60), date of birth (field 10), date of service (field 6)</p> <p>If the date of birth is correct according to your records, contact the local county Medicaid office to update the system. After verifying that the system has been updated, submit a new claim.</p> |
| 051 | DATE OF DEATH/ DATE OF SERV INCONSISTENT | 13 – The date of death precedes the date of service. | | <p>The date of death and/or date of service are inconsistent. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1 A), date of service (field 24 A unshaded)</p> <p>UB CLAIM: Medicaid ID (field 60), date of service (field 6)</p> <p>NH CLAIM: Submit termination DHHS Form 181 with monthly billing.</p> <p>If the date of death is correct according to your records, contact the local county Medicaid office to see if there is an error with the patient's date of death. After verifying that the system has been updated, submit a new claim.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 052 | ID/RD WAIVER CLM FOR NON ID/RD WAIVER RECIP | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | <p>The claim was submitted with an ID/RD waiver-specific procedure code, but the recipient was not a participant in the ID/RD waiver. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1A), date of service (field 24A unshaded), procedure code (field 24D unshaded)</p> <p>If the recipient's Medicaid ID is correct, the procedure code is correct, and an ID/RD waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form. After the system has been updated, submit a new claim.</p> |
| 053 | NON ID/RD WAIVER CLM FOR ID/RD WAIVER RECIP | A1 – Claim/service denied. | N34 – Incorrect claim/format for this service. | <p>The claim was submitted for an ID/RD waiver recipient, but the procedure code is not an ID/RD waiver procedure code. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1A), date of service (field 24 A unshaded), procedure code (field 24 D unshaded)</p> |
| 055 | MEDICARE B ONLY SUFFIX WITH A COVERAGE | 16 – Claim/service lacks information which is needed for adjudication. | MA04 – Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. | UB CLAIM: Submit a claim to Medicare Part A. |
| 056 | MEDICARE B ONLY SUFFIX/NO A COV/NO 620 | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Incomplete/invalid provider payer identification. | UB CLAIM: Enter Medicare carrier code 620, Part A - Mutual of Omaha carrier code 635, or Part B - Mutual of Omaha carrier code 636 (fields 50 A-C). Enter the Medicare Part B payment (fields 54 A-C). Enter the Medicare ID number (fields 60 A-C). The carrier code, payment, and ID number should be entered on the same lettered line, A, B, or C. |
| 057 | MEDICARE B ONLY SUFFIX/NO A COV/NO \$ | 107 – Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim. | | UB CLAIM: Enter Medicare carrier code 620, Part A - Mutual of Omaha carrier code 635, or Part B - Mutual of Omaha carrier code 636 (fields 54 A – C) which corresponds with the line on which you entered the Medicare carrier code (fields 50 A – C). |
| 058 | RECIP NOT ELIG FOR MED. COMPLEX CHILDREN'S WAIVER SVCS | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | The edit cannot be manually corrected. The provider needs to submit billing through the Care Call System. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|--|--|
| 059 | MED. COMPLEX CHILDREN'S WAIVER RECIP SVCS REQUIRE PA | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | The edit cannot be manually corrected. The provider needs to submit billing through the Care Call System. Contact recipient's PCP to obtain authorization for this service. |
| 060 | MED.COMPLEX CHILDREN'S WAIVER, CLAIM TYPE NOT ALLOWED | 16 – Claim/service lacks information which is needed for adjudication. | N34 – Incorrect claim form/format for this service. | The edit cannot be manually corrected. The provider needs to submit billing through the Care Call System. |
| 061 | INMATE RECIPE ELIG FOR EMER INST SVC ONLY | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | The recipient is eligible for emergency institutional services only. If the service was not directly related to emergency institutional services, service is non-covered. Verify that the claim information was billed correctly. UB CLAIM: Only inpatient claims will be reimbursed. |
| 062 | HEALTHY CONNECTIONS KIDS (HCK) – RECIPIENT in MCO Plan/Service Covered by MCO | 24 – Charges are covered under a capitation agreement/ managed care plan. | | This recipient is in the Healthy Connections Kids (HCK) Program and enrolled with an MCO. These services are covered by the MCO. Bill the MCO. |
| 063 | NH RECIPIENT NOT COMPLEX CARE | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Contact the Nursing Facility program area to obtain the authorization for the service. Submit the complex care authorization form or complex care termination form with the monthly billing. |
| 079 | PRIVATE REHAB UNITS EXCEEDED | 273 – Coverage/ program guidelines were exceeded. | | The number of units billed for this procedure code exceeds the authorized limit. Refer to the Prior Authorization letter from the QIO to determine the number of units authorized. If the prior authorization unit number is correct, attach the QIO prior authorization letter to the NEW claim for review and consideration for payment. Make corrections to the field(s) below. CMS-1500 CLAIM: Date of service (field 24A unshaded), procedure code (field 24D unshaded), units (field 24G unshaded) UB CLAIM: Date of service (field 45), procedure code (field 44), units (field 46) |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|--|
| 080 | SERVICES NON-COVERED FOR RECIPIENTS OVER 21 YEARS OF AGE | 6 – The procedure/revenue code is inconsistent with the patient's age. | N129 – Not eligible due to the patient's age. | These services are non-covered for South Carolina Medicaid Eligible recipients over the age of 21. Make corrections to the field(s) below. CMS-1500 CLAIM: Medicaid ID (field 1A), date of birth (field 3), procedure code (field 24D unshaded) If the date of birth is correct according to your records, contact the local county Medicaid office to update the system. After verifying that the system has been updated, submit a new claim. |
| 101 | INTERIM BILL | 135 – Claim denied. Interim bills cannot be processed. | | UB CLAIM: Verify the bill type (field 4) and the discharge status (field 17). Medicaid does not process interim bills. Please do not file a claim until the recipient is discharged from acute care. |
| 110 | PROCEDURE CODE REQUIRES OBESITY PRIMARY DIAGNOSIS | 16 – Claim/service lacks information which is needed for adjudication. | M76 - Missing/incomplete/invalid diagnosis or condition. | Verify that the correct procedure code and diagnosis code were billed. Check the current version of the ICD-CM manual for correct coding. Make corrections to the field(s) below. CMS-1500 CLAIM: Diagnosis code (field 21), procedure code (field 24D unshaded) |
| 117 | DRG 469 - PRIN DIAG NOT EXACT ENOUGH | 16 – Claim/service lacks information which is needed for adjudication. | M81 – You are required to code to the highest level of specificity. | This is a non-covered DRG. Verify the diagnoses and procedure codes and make corrections to the field(s) below. UB CLAIM: Diagnosis code (field 67), procedure code (field 74) |
| 118 | DRG 470 - PRINCIPAL DIAGNOSIS INVALID | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Missing/incomplete/invalid principal diagnosis. | Resolution is the same as for edit code 117. |
| 119 | INVALID PRINCIPAL DIAGNOSIS | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Missing/incomplete/invalid principal diagnosis. | This claim contains an invalid principal diagnosis. Verify the valid diagnosis in the current ICD-CM manual and make corrections to the field(s) below. UB CLAIM: Diagnosis code (field 67) |
| 120 | CLM DATA INADEQUATE CRITERIA FOR ANY DRG | A8 – Claim Denied ungroupable DRG. | | UB CLAIM: Verify data with the medical records department. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|----------------------------------|---|---|--|
| 121 | INVALID AGE | 6 – Procedure/revenue code inconsistent with age. | | <p>Validate recipient's date of birth on the claim. If there is a discrepancy on the recipient's file, contact the county Medicaid Eligibility office for correction. If the recipient's date of birth is correct, verify that the correct diagnosis code is billed. Check the most current edition of the ICD-CM manual for the correct gestational age range and weight combination. Make corrections to the field(s) below and submit a new claim.</p> <p>UB CLAIM: Date of Birth (field 10), Diagnosis code (fields 67 A-Q)</p> |
| 122 | INVALID SEX | 16 – Claim/service lacks information which is needed for adjudication. | MA39 – Missing/incomplete/invalid gender. | <p>This claim contains an invalid sex. Make corrections to the field(s) below.</p> <p>UB CLAIM: Sex (field 11)</p> <p>Contact your county Medicaid Eligibility office to correct the sex on the recipient's file if there is a discrepancy according to your records. After the county Medicaid Eligibility office has made the correction and updated the system, submit a new claim.</p> |
| 123 | INVALID DISCHARGE STATUS | 16 – Claim/service lacks information which is needed for adjudication. | N50 – Missing/incomplete/invalid discharge information. | <p>This claim contains an invalid discharge status code. Check the most current edition of the NUBC manual for a list and descriptions of valid discharge status codes.</p> <p>Make corrections to the field(s) below.</p> <p>UB CLAIM: Status (field 17)</p> |
| 125 | PPS PROVIDER RECORD NOT ON FILE | CARC B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | <p>UB CLAIM: The prospective payment system (PPS) provider record is not on file to display the reimbursement for the facilities. The provider is not enrolled with Medicaid and will not be considered for payment.</p> |
| 127 | PPS STATEWIDE RECORD NOT ON FILE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | <p>UB CLAIM: The prospective payment system (PPS) statewide record is not on file to display the reimbursement for the facilities. The provider is not enrolled with Medicaid and will not be considered for payment.</p> |
| 128 | DRG PRICING RECORD NOT ON FILE | A8 – Claim denied ungroupable DRG. | | <p>This DRG is not currently priced by Medicaid. Verify the diagnoses and procedure codes and make corrections to the field(s) below.</p> <p>UB CLAIM: Diagnosis code (fields 67 A-Q), procedure code (field 74)</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|------|--|
| 150 | TPL COVER VERIFIED/FILING NOT IND ON CLM | 22 - This care may be covered by another payer per coordination of benefits. | | <p>Please see INSURANCE POLICY INFORMATION for the three-character carrier code that identifies the insurance company, as well as the policy number and the policyholder's name. Identify the insurance company by referencing the numeric carrier code list in the applicable provider manual or on the DHHS website. File the claim(s) with the primary insurance before re-filing to Medicaid. If the carrier that has been billed is not the insurance for which the claim received the edit 150, the provider must file with the insurance carrier that is indicated. If the system needs to be updated, contact the TPL office. After verifying that the system has been updated, submit a new claim.</p> <p>Verify that the information in the fields below was billed correctly.</p> <p>CMS 1500 CLAIM: Enter the carrier code (fields 9D and 11C), policy number (fields 9A and 11). If payment is made, enter the total amount(s) paid (fields 9C, 11B and 29). Adjust the balance due (field 30). If payment is denied (i.e., applied to the deductible, policy lapsed, etc.) by the other insurance company, put a "1" (denial indicator) (field 10D).</p> <p>UB CLAIM: Enter the carrier code (field 50). Enter the policy number (field 60). If payment is made, enter the amount paid (field 54). If payment is denied, enter 0.00 (field 54) and also enter code 24 and the date of denial in the Occurrence Code (fields 31-34 A-B).</p> <p>NOTE: Please refer to the Medicaid Web-based Claims Submission Tool (Web Tool) to verify insurance information.</p> <p>Click here for additional resolutions tips at MedicaideLearning.com.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|--|
| 151 | MULTIPLE INS POL/NOT ALL FILED-CALL TPL | 22 - This care may be covered by another payer per coordination of benefits. | | <p>Eliminate any duplicate primary insurance policy entries ensuring one carrier per block. Medicaid coverage should not be entered in either primary block. If there is no duplicate information, refer to the INSURANCE POLICY INFORMATION, and file the claim(s) with each insurance company listed before re-filing to Medicaid.</p> <p>Documentation must show that each policy has been billed, and that proper coordination of benefits has been followed, <i>e.g.</i>, bill primary carrier first, then bill second carrier for the difference. If there are three or more separate third-party payers, the claim must be processed by the Third-Party Liability, attach the documentation to your new claim.</p> <p>Verify that the information in the field(s) below was billed correctly.</p> <p>CMS 1500 CLAIM: Insurance carrier number (fields 9D and 11C), policy number (fields 9A and 11)</p> <p>UB CLAIM: Insurance information (field 50)</p> <p>NOTE: Please refer to the Medicaid Web-based Claims Submission Tool (Web Tool) to verify insurance information.</p> |
| 155 | POSS NOT POSITIVE INS MATCH/OTHER ERRORS | 22 - This care may be covered by another payer per coordination of benefits. | | <p>Bill the primary insurer(s) according to the resolution instructions for edit code 150.</p> |
| 156 | TPL VERIFIED/FILING NOT INDICATED ON CLM | 22 - This care may be covered by another payer per coordination of benefits. | | <p>File a claim with the insurance company listed under INSURANCE POLICY INFORMATION. Identify the insurance company by referencing the numeric carrier code list in the applicable provider manual or on the DHHS website. If the insurance company denies payment or makes a partial payment, attach a copy of the explanation of benefits with your claim. If the insurance carrier pays the claim in full, no further action is necessary.</p> <p>NOTE: Please refer to the Medicaid Web-based Claims Submission Tool (Web Tool) to verify insurance information.</p> |
| 165 | TPL BALANCE DUE/ PATIENT RESPONSIBILITY MUST BE PRESENT/NUMERIC | 16-Claim/service lacks information which is needed for adjudication. | MA92 – Missing plan information for other insurance. | <p>When there is a third party payer on the claim that is primary to Medicaid, the "patient responsibility", entered in the "balance due" and the co-pay, coinsurance and deductible for the third party payer, cannot be blank or nonnumeric.</p> <p>Verify that the information in the field(s) below was billed correctly.</p> <p>CMS 1500 CLAIM: Amount paid (field 29), balance due (field 30)</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|--|
| 170 | LAB PROC BILLED/NO CLIA # ON FILE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Attach a copy of your CLIA certification to the new claim. |
| 171 | NON-WAIVER PROC/PROV HAS CERT OF WAIVER | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Our records indicate that your CLIA certificate of waiver allows Medicaid reimbursement for waived procedures only. Lab services billed are not waived procedures. If your CLIA certification has changed, attach a copy of your updated CLIA certificate from CMS to a new claim. |
| 172 | D.O.S. NONCOVERED ON CLIA CERT DATE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Medicaid will not reimburse for services outside CLIA certification dates. If your CLIA certification has been renewed, attach a copy of your updated CLIA certificate from CMS to a new claim. Contact your lab director or CMS for current CLIA certificate information. |
| 174 | NON-PPMP PROC/PROV HAS PPMP CERT | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Our records indicate that your CLIA certificate of PPMP allows Medicaid reimbursement for PPMP procedures only. Lab services billed are not PPMP procedures. If your CLIA certification has changed, attach a copy of your updated CLIA certificate from CMS to a new claim. |
| 201 | MISSING RECIPIENT ID NUMBER | 31 – Claim denied, as patient cannot be identified as our insured. | | The recipient's 10-digit Medicaid ID number must be entered. Make corrections to the field(s) below. CMS-1500 CLAIM: Medicaid ID (field 1A) UB CLAIM: Medicaid ID (field 60) |
| 202 | MISSING NATIONAL DRUG CODE (NDC) | 16 – Claim/service lacks information which is needed for adjudication. | M119 - Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC). | The NDC is missing from the claim. Make corrections to the field(s) below. CMS 1500 CLAIM: NDC (field 24A shaded) UB CLAIM: NDC (field 43) |
| 206 | MISSING DATE OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M59 – Missing/incomplete/invalid "to" date(s) of service. | The date of service is missing. Make corrections to the field(s) below. CMS-1500 CLAIM: Date of service (field 24A unshaded) UB CLAIM: Date of service (field 45) |
| 207 | MISSING SERVICE CODE | 16 – Claim/service lacks information which is needed for adjudication. | M51 – Missing/incomplete/invalid procedure codes. | The code for the service/procedure is missing. Make corrections to the field(s) below. CMS-1500 CLAIM: Procedure code (field 24D unshaded) |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|--|
| 208 | NO LINES ON CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N34 – Incorrect claim form/format for this service. | Submit a new claim with the billable services. |
| 209 | MISSING LINE ITEM SUBMITTED CHARGE | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Missing/incomplete/invalid charge. | The line item submitted charge is missing. Make corrections to the field(s) below. CMS-1500 CLAIM: Charges (field 24F unshaded) UB CLAIM: Charges (field 47) |
| 210 | MISSING TAXONOMY CODE | 16 – Claim/service lacks information which is needed for adjudication. | N255 – Missing/incomplete/invalid billing provider taxonomy. | The taxonomy code is missing from the claim. Taxonomy codes are required when an NPI is shared by multiple legacy provider numbers. Make corrections to the field(s) below. CMS-1500 CLAIM: Taxonomy code (field 24J shaded) or (field 33B) UB CLAIM: Taxonomy code (field 81 A-D) |
| 213 | LINE ITEM MILES OF SERVICE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M22 – Missing/incomplete/invalid number of miles traveled. | The number of miles of service is missing from the line item. Make corrections to the field(s) below. CMS-1500 CLAIM: Units (field 24G unshaded) |
| 219 | PRESENT ON ADMISSION (POA) INDICATOR IS MISSING, DIAGNOSIS IS NOT EXEMPT | A1 – Claim/service denied. | N434 – Missing/incomplete/invalid Present on Admission indicator. | This edit code cannot be manually corrected. Submit a new claim with the corrected information. |
| 225 | FUND CODE NOT ASSIGNED | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Missing/incomplete/invalid payer identifier. | The system is unable to crosswalk the information on the claim to an assigned fund code. Verify the correct procedure code, modifier, NPI and/or legacy number was submitted. Make the corrections to the field(s) below. CMS-1500 CLAIM: Provider ID (field 33A & 33B), procedure code (field 24D unshaded), modifier (field 24D unshaded) UB CLAIM: Provider ID (field 56), procedure code, modifier (field 44 or 74) Note: Fund codes may identify specific procedure codes, modifiers, and provider type/provider specialties. If these are submitted in the wrong combination or entered incorrectly, the system searches but cannot find the appropriate fund code and is unable to process the claim. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--------------------------------------|--|--|--|
| 227 | MISSING LEVEL OF CARE | 16 – Claim/service lacks information which is needed for adjudication. | N188 – The approved level of care does not match the procedure code submitted. | The level of care is a required field. Enter the corrected information on a new claim. |
| 233 | PRIMARY DIAGNOSIS CODE IS MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Missing/incomplete/invalid principal diagnosis. | The primary diagnosis code is missing. Enter a primary diagnosis code from the current edition of the ICD-CM manual. Make corrections to the field(s) below. CMS-1500 CLAIM: Primary diagnosis code (field 21) |
| 234 | PLACE OF SERVICE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M77-Missing/incomplete/invalid place of service. | The place of service is missing from the claim. Make corrections to the field(s) below. CMS-1500 CLAIM: Place of service (24B unshaded) |
| 239 | MISSING LINE NET CHARGE | 16 – Claim/service lacks information which is needed for adjudication. | M79-Missing/incomplete/invalid charge. | The line net charge is a required field. Enter the corrected information on a new claim. |
| 243 | ADMISSION DATE/START OF CARE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA40 – Missing/incomplete/invalid admission date. | UB CLAIM: Enter the admission date/start of care date (field 12). |
| 244 | PRINCIPAL DIAGNOSIS CODE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Missing/incomplete/invalid principal diagnosis. | UB CLAIM: Enter the principal diagnosis code (field 67). |
| 245 | TYPE OF BILL MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA30 – Missing/incomplete/invalid type of bill. | UB CLAIM: Refer to the most current edition of the NUBC manual for valid type of bill. Enter a valid Medicaid bill type code (field 4). |
| 246 | FIRST DATE OF SERVICE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Missing/incomplete/invalid "from" date(s) of service. | UB CLAIM: Enter the first date of service (field 6). |
| 247 | MISSING LAST DATE OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M59 – Missing/incomplete/invalid "to" date(s) of service. | UB CLAIM: Enter the last date of service (field 6). |
| 248 | TYPE OF ADMISSION MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA41 – Missing/incomplete/invalid admission type. | UB CLAIM: Refer to the most current edition of the NUBC manual for valid types of admissions. Enter a valid Medicaid type of admission code (field 14). |
| 249 | TOTAL CLAIM CHARGE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Missing/incomplete/invalid total charges. | UB CLAIM: Enter revenue code 001 on the total charges line (field 42). This revenue code must be listed as the last field. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 252 | PATIENT STATUS MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA43 – Missing/incomplete/invalid patient status. | UB CLAIM: Refer to the most current edition of the NUBC manual for patient status. Enter the valid Medicaid patient status code (field 17). |
| 253 | SOURCE OF ADMISSION MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA42 – Missing incomplete/invalid admission source. | UB CLAIM: Refer to the most current edition of the NUBC Manual for source of admission. Enter a valid Medicaid source of admission code (field 15). |
| 263 | MISSING TOTAL DAYS | 16 – Claim/service lacks information which is needed for adjudication. | M53 – Missing/incomplete/invalid days or unit(s) of service. | Make the appropriate correction to the claim by entering or correcting the total number of days. |
| 270 | DOS/DISCH REQUIRES ICD-9 CODES/ICD-9 INDICATOR | 16 – Claim/service lacks information which is needed for adjudication. | N517 – Resubmit a new claim with the requested information. | <p>The DOS/ICD Indicator is inconsistent with the diagnosis or ICD surgical procedure code billed. For claims containing ICD-9 codes, the dates of service must be prior to 10/1/2015. The ICD Indicator field is required and must contain a "9" or be left blank (which will default to a 9) to indicate this is an ICD-9 claim.</p> <p>Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Date of service (field 24-A), ICD Indicator (field 21)</p> <p>UB CLAIM: Date of service/date of discharge (field 6), ICD Indicator (field 66)</p> |
| 271 | DOS/DISCH REQUIRES ICD-10 CODES/ICD-10 INDICATOR | 16 – Claim/service lacks information which is needed for adjudication. | N517 – Resubmit a new claim with the requested information. | <p>The DOS/ICD Indicator is inconsistent with the diagnosis or ICD surgical procedure code billed. For claims containing ICD-10 codes, the dates of service must be on or after 10/1/2015. The ICD Indicator field is required and must contain a "0" to indicate this is an ICD-10 claim.</p> <p>Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Date of service (field 24-A), ICD Indicator (field 21)</p> <p>UB CLAIM: Date of service/date of discharge (field 6), ICD Indicator (field 66)</p> |
| 281 | PROCEDURE CODE MODIFIER MISSING | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | | <p>The modifier of the billed procedure code is missing. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Procedure code (field 24D unshaded), modifier (field 24D unshaded)</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|------------------------------------|--|--|---|
| 300 | UB82 FORM NO LONGER ACCEPTED | 16 – Claim/service lacks information which is needed for adjudication. | N34 – Incorrect claim/format for this service. | Submit claim on appropriate claim form. |
| 304 | TOTAL CLAIM CHARGE NOT NUMERIC | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Missing/incomplete/invalid total charges. | The total claim charge is missing or not numeric. Make the corrections to the field(s) below. CMS-1500 CLAIM: Total charge (field 28) |
| 305 | INVALID TAXONOMY CODE | 16 – Claim/service lacks information that is needed for adjudication. | N255 – Missing/incomplete/invalid billing provider taxonomy. | Taxonomy code must be valid. Update the taxonomy code on the claim to the one that the provider registered with SCDHHS or contact Provider Enrollment to add the taxonomy code that is being used on the claim. After Provider Enrollment has updated the system, submit a new claim. Make the corrections to the field(s) below. CMS-1500 CLAIM: Taxonomy code (field 24J shaded) or (field 33B) UB CLAIM: Taxonomy code (field 81 A-D) Please visit http://www.wpc-edi.com/codes/taxonomy for valid taxonomy codes. |
| 308 | INVALID PROCEDURE CODE MODIFIER | 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing. | N519 – Invalid combination of HCPCS modifiers. | The modifier for the line item service/procedure is invalid. Make corrections to the field(s) below. CMS-1500 CLAIM: Modifier (field 24D unshaded) |
| 309 | INVALID LINE ITEM MILES OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M22 – Missing/incomplete/invalid number of miles traveled. | The number of miles is invalid. Make corrections to the field(s) below. CMS-1500 CLAIM: Units (field 24G unshaded) |
| 310 | INVALID PLACE OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M77 – Incomplete/invalid place of service(s). | Medicaid requires the numeric coding for place of service. Enter the appropriate place of service code. Make corrections to the field(s) below. CMS-1500 CLAIM: Place of service (24B unshaded) |
| 311 | INVALID LINE ITEM SUBMITTED CHARGE | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Missing/incomplete/invalid charge. | The line item submitted charge is invalid. Make corrections to the field(s) below. CMS-1500 CLAIM: Charges (field 24F unshaded) UB CLAIM: Charges (field 47) |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|---|
| 312 | MODIFIER NON-COVERED BY MEDICAID | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | N519 – Invalid combination of HCPCS modifiers. | A modifier not accepted by Medicaid has been filed. Make corrections to the field(s) below. CMS-1500 CLAIM: Modifier (field 24D unshaded) |
| 316 | THIRD PARTY CODE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | MA92 – Missing plan information for other insurance. | Incorrect third party code was used. Correct coding would be "1" for denial or "6" for crime victim. If a third party payer is not involved with this claim, the field should be blank. Make corrections to the field(s) below. CMS-1500 CLAIM: TPL code (field 10D) |
| 317 | INVALID INJURY CODE | 16 – Claim/service lacks information which is needed for adjudication. | M76 – Missing/incomplete/invalid diagnosis or condition. | Incorrect injury code was used. Make corrections to the field(s) below. CMS-1500 CLAIM: Injury code (field 10 A-C) Correct coding would be "2" for work related accident, "4" for automobile accident, or "6" for other accident. |
| 318 | INVALID EMERGENCY INDICATOR / EPSDT REFERRAL CODE | 16 – Claim/service lacks information that is needed for adjudication. | M76 – Missing/incomplete/invalid diagnosis or condition. | Verify that the emergency indicator/EPSDT referral code is valid. Make corrections to the field(s) below. CMS-1500 CLAIM: Emergency indicator (field 24C unshaded) |
| 322 | INVALID AMT RECEIVED FROM OTHER RESOURCE | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Missing/incomplete/invalid value code(s) and/or amount(s). | Enter a valid number amount in "amount other sources". Make corrections to the field(s) below. CMS-1500 CLAIM: Amount Paid (field 29) |
| 323 | INVALID LINE ITEM UNITS OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M53 - Missing/incomplete/invalid days or unit(s) of service. | The units of service for the line item are invalid. Make corrections to the field(s) below. CMS-1500 CLAIM: Units (field 24G unshaded) UB CLAIM: Units (field 46) |
| 330 | INVALID LINE ITEM DATE OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Missing/incomplete/invalid "from" date(s) of service. | The date of service for the line item is invalid. Make corrections to the field(s) below. CMS-1500 CLAIM: Date of service (field 24A unshaded) UB CLAIM: Date of service (field 45) |
| 334 | ERRONEOUS SURGERY – DO NOT PAY | 233 – Services/charges related to the treatment of a hospital-acquired condition or preventable medical error. | | Services/Treatment is related to a hospital-acquired condition and no payment is due. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|---|
| 339 | PRESENT ON ADMISSION (POA) INDICATOR IS INVALID | A1- Claim/Service denied. | N434 – Missing/incomplete/invalid Present on Admission indicator. | This edit code cannot be manually corrected. Submit a new claim with the corrected information. |
| 349 | INVALID LEVEL OF CARE | 150 – Payer deems the information submitted does not support this level of service. | | This claim contains an invalid level of care. Enter the corrected information on a new claim. |
| 354 | TOOTH NUMBER NOT VALID LETTER OR NUMBER | 16 – Claim/service lacks information which is needed for adjudication. | N39 – Procedure code is not compatible with tooth number/letter. | Enter the valid tooth number or letter (field 15). Verify tooth number or letter with procedure code. |
| 355 | TOOTH SURFACE CODE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | N75 – Missing or invalid tooth surface information. | Enter the correct tooth surface code (field 16). |
| 356 | IMMUNIZATION AND ADMINISTRATION CODES MUST BE INCLUDED ON CLAIM | 272 – Coverage/program guidelines were not met. | | Medicaid requires that immunization and administration codes must be on the claim. Make corrections to the field(s) below. CMS-1500 CLAIM: Procedure code (field 24D unshaded) |
| 357 | MAXIMUM OF THREE ADMINISTRATION UNITS CAN BE BILLED PER DATE OF SERVICE | 272 – Coverage/program guidelines were not met. | | Claim exceeds administration units. If there are unit errors, make the appropriate corrections to the field(s) below. If there are no unit errors, the claim will not be considered for payment. CMS-1500 CLAIM: Units (field 24G unshaded) |
| 358 | SECONDARY ADMINISTRATION CPT CODE NOT ALLOWED PRIOR TO PRIMARY CODE | B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. | N20 – Service not payable with other service rendered on the same date. | If the qualifying “primary” service/procedure has been rendered, complete or enter accurately the required information in the field(s) below. CMS-1500 CLAIM: Procedure code (field 24D unshaded) |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|---|
| 361 | SECONDARY PROC CODE NOT ALLOWED PRIOR TO PRIMARY PROC CODE | B15 – This service/ procedure requires that a qualifying service/ procedure be received and covered. The qualifying other service/ procedure has not been received/adjudicated. | N20 – Service not payable with other service rendered on the same date. | If the qualifying “primary” service/procedure has been rendered, complete or enter accurately the required information in the field(s) below. CMS-1500 CLAIM: Procedure code (field 24D unshaded) |
| 367 | ADMISSION DATE/START OF CARE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | MA40 – Missing/incomplete/ invalid admission date. | The admission date/start of care date is invalid. Date must be six digits and numeric. Make corrections to the field(s) below. UB CLAIM: Admission date (field 12) |
| 368 | TYPE OF ADMISSION NOT VALID | 16 – Claim/service lacks information which is needed for adjudication. | MA41 – Missing/incomplete/ invalid admission type. | Refer to the most current edition of the NUBC manual for valid type of admission. Enter a valid Medicaid type of admission code in the field(s) below. UB CLAIM: Admission type (field 14) |
| 369 | MONTHLY INCURRED EXPENSES MUST BE VALID | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Missing/incomplete/invalid charge. | This claim contains an invalid monthly expense. Enter the corrected information on a new claim. |
| 370 | SOURCE OF ADMISSION INVALID | 16 – Claim/service lacks information which is needed for adjudication. | MA42 – Missing/incomplete/ invalid admission source. | Refer to the most current edition of the NUBC manual for valid source of admission. Enter a valid Medicaid source of admission code in the field below. UB CLAIM: Admission source (field 15) |
| 373 | PRINCIPAL SURG PROCEDURE DATE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | MA66 – Missing/incomplete/ invalid principal procedure code. | The principal surgical procedure date is invalid. Date must be six digits and numeric. Make corrections to the field(s) below. UB CLAIM: Principal procedure date (field 74) |
| 375 | OTHER SURGICAL PROCEDURE DATE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | M67 – Missing/incomplete/invalid other procedure code(s). | The other surgical procedure date is invalid. Date must be six digits and numeric. Make corrections to the field(s) below. UB CLAIM: Other procedure date (field 74 A-E) |
| 376 | TYPE OF BILL NOT VALID FOR MEDICAID | 16 – Claim/service lacks information which is needed for adjudication. | MA30 – Missing/incomplete/ invalid type of bill. | Refer to the most current edition of the NUBC manual for valid type of bill. Enter a valid Medicaid type of bill in the field(s) below. UB CLAIM: Type of bill (field 4) |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|--|
| 377 | FIRST DATE OF SERVICE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Missing/incomplete/invalid "from" date(s) of service. | The first date of service is invalid. Date must be six digits and numeric. Make corrections to the field(s) below. UB CLAIM: Date (field 6) |
| 378 | LAST DATE OF SERVICE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | M59 – Missing/incomplete/invalid "to" date(s) of service. | The last date of service is invalid. Date must be six digits and numeric. Make corrections to the field(s) below. UB CLAIM: Date (field 6) |
| 379 | VALUE CODE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Missing/incomplete/invalid value code(s) and/or amount(s). | This claim contains an invalid value code. Refer to the most current edition of the NUBC manual for valid value codes. Make corrections to the field(s) below. UB CLAIM: Value code (fields 39 – 41 A-D) |
| 380 | VALUE AMOUNT INVALID | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Missing/incomplete/invalid value code(s) and/or amount(s). | This claim contains an invalid value amount. Make corrections to the field(s) below UB CLAIM: Value amount (fields 39 – 41 A-D) |
| 381 | OCCURRENCE DATE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | N299 – Missing/incomplete/invalid occurrence date(s). | This claim contains invalid occurrence date(s). Dates must be six digits and numeric. Make corrections to the field(s) below UB CLAIM: Occurrence date (fields 31 – 34 A-B) |
| 382 | PATIENT STATUS NOT VALID FOR MEDICAID | 16 – Claim/service lacks information which is needed for adjudication. | MA43 – Missing/incomplete/invalid patient status. | UB CLAIM: Refer to the most current edition of the NUBC manual for valid status codes. Enter a valid Medicaid patient status code (field 17). |
| 383 | OCCURR.CODE, INCL. SPAN CODES, INVALID | 16 – Claim/service lacks information which is needed for adjudication. | M45 – Missing/incomplete/invalid occurrence codes. | UB CLAIM: Refer to the most current edition of the NUBC manual for valid occurrence codes and occurrence span codes. Enter the valid Medicaid occurrence codes (fields 31 – 34, A – B) and the occurrence span codes (fields 35-36, A – B). |
| 384 | CONDITION CODE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | M44 – Missing/incomplete/invalid condition code. | UB CLAIM: Refer to the most current edition of the NUBC manual for valid condition codes. Enter a valid Medicaid condition code (fields 18 – 28). |
| 385 | TOTAL CHARGE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Missing/incomplete/invalid total charges. | UB CLAIM: Total charge must be numeric. Enter the correct numeric total charge (field 47). |
| 387 | NON COVERED CHARGE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Missing/incomplete/invalid total charges. | UB CLAIM: Charges must be numeric. Enter the correct charge (field 48). |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 390 | TPL PAYMENT AMT NOT NUMERIC | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Missing/incomplete/invalid value code(s) and/or amount(s). | <p>Enter the numeric payment amount from all primary insurance companies in the field(s) below. Enter 0.00 if no payment was received. If the claim denied by the other insurance company, put a "1" (denial indicator) – see field below. If no third party was involved, delete information entered in the field(s).</p> <p>CMS 1500 CLAIM: Third party payment amount (fields - 9C, 11B and 29). If payment is denied by other insurance, put a "1" (denial indicator) (field 10D).</p> <p>UB CLAIM: Third party payment amount (field 54). If payment is denied, enter 0.00 (field 54) and also enter code 24 and the date of denial in the Occurrence Code (fields 31-34 A and B).</p> |
| 391 | PATIENT PRIOR PAYMENT AMT NOT NUMERIC | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Missing/incomplete/invalid value code(s) and/or amount(s). | <p>UB CLAIM: Verify the payment amount and enter the correct numeric amount (field 54).</p> |
| 394 | OCCURRENCE SPAN CODES"FROM"DATE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | N300– Missing/incomplete/invalid occurrence span dates. | <p>The claim contains an invalid occurrence span code "from" date. Dates must be six digits and numeric. Make corrections to the field(s) below.</p> <p>UB CLAIM: Occurrence span date (fields 35 – 36 A-B)</p> |
| 395 | OCCURRENCE SPAN CODES"THRU"DATE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | N300– Missing/incomplete/invalid occurrence span dates. | <p>The claim contains an invalid occurrence span code "thru" date. Date must be six digits and numeric. Make corrections to the field(s) below.</p> <p>UB CLAIM: Occurrence span date (fields 35 – 36 A-B)</p> |
| 400 | TPL CARR and POLICY # MUST BOTH BE PRESENT | 22 – This care may be covered by another payer per coordination of benefits. | | <p>Enter a valid carrier code and a valid policy number. Make sure to indicate whether the primary insurance denied or paid the claim as noted in the 150 resolution.</p> <p>CMS-1500 CLAIM: Carrier code (fields 9D and 11C), policy number (fields 9A and 11) and denial indicator (field 10D)</p> <p>UB CLAIM: Carrier code (field 50), policy number (field 60) and denial indicator (field 31 A-34 B).</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 401 | AMT IN OTHER SOURCES/NO TPL CARRIER CODE | 22 – This care may be covered by another payer per coordination of benefits. | | <p>Enter the applicable third party insurance information for the carrier code, policy number and amount paid. If there are more than two other insurance companies that have paid, enter the total combined amounts paid by all insurance companies. The total combined amounts should be equal to all amounts received from insurance. Make sure to indicate whether the primary insurance denied or paid the claim as noted in the 150 resolution. If the insurance company denied payment, put the denial indicator "1" in the TPL field. If there is no third party involved, be sure all third party fields are deleted of information.</p> <p>Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Carrier code (fields 9D and 11C), policy number (fields 9A and 11), amount insurance paid (fields 9C and 11B), total combined insurance amount received (field 29), TPL indicator (field 10D)</p> |
| 402 | DEDUCTIBLE EXCEEDS CALENDAR YEAR LIMIT | 1 - Deductible amount | | <p>UB CLAIM: Refer to the EOMB for the deductible amount (including blood deductible). If the amount entered is incorrect, submit a new claim with the corrected information. If it matches, attach the EOMB/Medicare electronic printout to the new claim for review and consideration of payment. Do not add professional fees in the deductible amount. Professional fees should be filed separately on a CMS-1500 form under the hospital-based physician provider number.</p> |
| 403 | INCURRED EXPENSES NOT ALLOWED | 45 – Charge exceeds fee schedule/maximum allowable or contracted/ legislated fee arrangement. | | <p>Verify the requested charge amount. If the charge amount is incorrect, submit a new claim with the corrected information.</p> |
| 411 | ANESTHESIA PROC REQUIRES ANES. MODIFIER | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | N519 – Invalid combination of HCPCS modifiers. | <p>An anesthesia procedure requires an anesthesia modifier. Refer to the current list of anesthesia modifiers found in section 2 of your provider manual. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Modifier (field 24D unshaded)</p> |
| 412 | SURG PROC NOT VALID W/ANES. MODIFIER | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | N519 – Invalid combination of HCPCS modifiers. | <p>Enter the appropriate anesthesia procedure when an anesthesiologist administers anesthesia during a surgical procedure. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Procedure code (field 24D unshaded)</p> <p>UB CLAIM: Procedure code (field 44)</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 450 | ASD SRVC/PROV OR RECIP DOES NOT MATCH | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Recipient is not designated for ASD state plan services. Verify that the Medicaid ID number matches the patient served. Check the procedure code(s) to ensure the correct codes were billed. Submit a new claim with the corrected information. CMS-1500 CLAIM: Medicaid ID (field 1A), procedure code (field 24D unshaded) |
| 460 | PROCEDURE CODE / INVOICE TYPE INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | MA30 – Missing/incomplete/invalid type of bill. | Oral & Maxillofacial Surgeons must file CPT procedure codes on the CMS-1500 and CDT procedure codes on the ADA Claim Form. |
| 463 | INVALID TOTAL DAYS | 16 – Claim/service lacks information which is needed for adjudication. | M59 – Missing/incomplete/invalid "to" date(s) of service. | The total days entered on the claim are invalid. Submit a new claim with the corrected information. |
| 468 | CARRIER CODE 619 (MEDICAID) LISTED TWICE | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Missing/incomplete/invalid payer identification. | UB CLAIM: Carrier code 619 is listed twice on either the first or second "other payer" line (field 50). Submit a new claim with the corrected information. Do not remove the 619 after "Medicaid Carrier ID." |
| 469 | INVALID LINE NET CHARGE | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Missing/incomplete/invalid value code(s) and/or amount(s). | This claim contains an invalid line net charge. Submit a new claim with the corrected information. |
| 501 | INVALID DATE ON REVENUE LINE | 16 – Claim/service lacks information which is needed for adjudication. | N301 – Missing/incomplete/invalid procedure date(s). | UB CLAIM: This claim contains an invalid date on the revenue line. Enter the correct date (field 45). |
| 502 | DOS AFTER THE ENTRY DATE/ JULIAN DATE | 110 – Billing date predates service date. | | Verify the date of service. A claim cannot be submitted prior to the date of service. Make corrections to the field(s) below. CMS-1500 CLAIM: Date of service (field 24A unshaded) |
| 504 | PROVIDER TYPE AND INVOICE INCONSISTENT | 170 – Payment is denied when performed/billed by this type of provider. | N95 – This provider type/provider specialty may not bill this service. | Provider has filed the wrong claim form. Please refer to your provider manual for information on claims filing. |
| 505 | MISSING DATE ON REVENUE LINE | 16 – Claim/service lacks information which is needed for adjudication. | N301 – Missing/incomplete/invalid procedure date(s). | UB CLAIM: The date is missing from the revenue line. Enter the date (field 45). |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|---|
| 506 | PANEL CODE and REVENUE CODE BILLED | 16 – Claim/service lacks information which is needed for adjudication. | M50 – Missing/incomplete/ invalid revenue code(s). | UB CLAIM: Individual panel code and procedure codes included in the panel cannot be billed in combination on the claim for the same dates of service. Submit a new claim with the corrected information. |
| 507 | MANUAL PRICING REQUIRED | 133 - The disposition of the claim/service is pending further review. | | Submit a new claim and attach appropriate clinical documentation (i.e., QIO prior authorization, manufacture pricing, invoices, etc.). Please refer to the appropriate section in your provider manual. |
| 508 | NO LINE ITEM RECORD | 16 – Claim/service lacks information which is needed for adjudication. | N34 – Incorrect claim form/ format for this service. | This claim cannot be processed because there is no line item information. Submit a new claim with the corrected information. |
| 509 | DOS OVER 2 YRS XOVER/ EXT CARE CLM ONLY | 29 – The time limit for filing has expired. | N30 – Patient ineligible for this service. | <p>Claims for payment of Medicare cost sharing amounts must be received and entered into the claims processing system within two years from the date of service or date of discharge, or up to six months following the date of Medicare payment, whichever is later. Attach appropriate documentation (Medicare EOMB) to each claim</p> <p>NURSING HOME PROVIDERS: Submit claim and appropriate documentation to :</p> <p style="padding-left: 40px;">MCCS Nursing Facility Claims Post Office Box 100112 Columbia, SC 29202</p> <p>Refer to the timely filing guidelines in the appropriate section of your provider manual.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|---|
| 510 | DOS IS MORE THAN 1 YEAR OLD | 29 – The time limit for filing has expired. | N30 – Patient ineligible for this service. | <p>Claims for retroactive eligibility must be received and entered into the claims processing system within six months of the recipient's eligibility being added to the Medicaid eligibility system AND be received within three years from the date of service or date of discharge (for hospital claims). If the above time frames are met, attach one of the following documents listed below with each claim.</p> <p>1) DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or</p> <p>2) The computer generated Medicaid eligibility approval letter notifying the recipient that Medicaid benefits have been approved.</p> <p>This can be furnished by the recipient or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)</p> <p>For NURSING HOME PROVIDERS: Submit claim and appropriate documentation to:</p> <p style="text-align: center;">MCCS Nursing Facility Claims Post Office Box 100112 Columbia, SC 29202</p> <p>Refer to the timely filing guidelines in the appropriate section of your provider manual.</p> |
| 513 | INCONSISTENT MEDICARE CARRIER CODE | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Missing/incomplete/invalid payer identification. | <p>Enter the correct Medicare Part A or Part B carrier code in the field(s) below.</p> <p>CMS-1500 CLAIM: Carrier code (fields 9D and 11C)</p> <p>UB CLAIM: Carrier code (field 50)</p> |
| 514 | PROC RATE/MILE X MILES NOT=SUBMIT CHRG | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Missing/incomplete/invalid charge. | <p>Check the calculations for the rates, miles and submitted charges. Submit a new claim with the corrected information.</p> |
| 515 | AMBUL/ITP TRANS. MILEAGE LIMITATION | 16 – Claim/service lacks information which is needed for adjudication. | M22-Missing/incomplete/invalid number of miles traveled. | <p>Check the mileage entered on the claim. If corrections are needed, submit a new claim with the corrected information. For review and consideration of payment, attach clinical documentation to the new claim to substantiate the mileage being billed.</p> |
| 517 | WAIVER SERVICE BILLED. RECIPIENT NOT IN A WAIVER. | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | <p>The claim was submitted for a waiver-specific procedure code, but the recipient was not a participant in a Medicaid waiver. Verify that the correct procedure code and Medicaid ID were billed. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1A), procedure code (field 24D unshaded)</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
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| 518 | PROCEDURE CODE COMBINATION NON-COVERED OR INVALID | 16 – Claim/service lacks information which is needed for adjudication. | N56 – Procedure code billed is not correct/valid for the services billed or the date of service billed. | For further assistance, contact DentaQuest at 1-888-307-6553. |
| 519 | CMS REBATE TERM DATE HAS EXPIRED/ENDED | 29 – The time limit for filing has expired. | N30 – Patient ineligible for this service. | If the National Drug Code (NDC) end date <u>has not</u> expired for that particular date of service, make the appropriate correction and attach a copy of drug label indicating the NDC number billed, as well as the expiration date of the drug administered. Make corrections to the field(s) below. CMS-1500 CLAIM: NDC (field 24A shaded) |
| 527 | WAIVER RECIPIENT/REQUIRES WAIVER CASE MANAGEMENT (WCM) PROVIDER | A1 – Claims/service denied. | N30 – Patient ineligible for this service | This claim was submitted for a waiver recipient, but the provider is not a Waiver Case Management (WCM) provider. Verify that the Medicaid ID, Provider ID and/or NPI and procedure code(s) were billed correctly. Make corrections to the field(s) below. CMS-1500 CLAIM: Medicaid ID (field 1A), procedure code (field 24D unshaded), Provider ID# (field 24J/field 33) |
| 528 | PRTF WAIVER RECIPIENT BUT NOT WAIVER SERVICE | A1 – Claim/service denied. | N379 – Claim level information does not match line level information. | The claim was submitted with a procedure code/service that is not in the PRTF service array. Enter the correct procedure code in the field(s) below. CMS-1500 CLAIM: Procedure code (field 24D unshaded) |
| 529 | REVENUE CODE BEING BILLED OVER 15 TIMES PER CLAIM | A1 – Claim/service denied. | M50 – Missing/incomplete/invalid revenue code(s). | UB CLAIM: This edit code cannot be manually corrected. A new claim must be submitted. |
| 532 | RECIPIENT NOT ELIGIBLE FOR NFP WAIVER SERVICES | A1 – Claims/service denied. | N30 – Patient ineligible for this service | The claim was submitted with a Nurse Family Partnership (NFP) Waiver specific procedure code, but the recipient was not eligible for NFP Waiver services. Verify that the correct procedure code and Medicaid ID were billed. Make corrections to the field(s) below. CMS-1500 CLAIM: Medicaid ID (field 1A), procedure code (field 24D unshaded) |
| 533 | DOS IS MORE THAN 3 YEARS OLD | 29 – The time limit for filing has expired. | N30 – Patient ineligible for this service. | Claim exceeds timely filing limits and will not be considered for payment. Refer to the timely filing guidelines in the appropriate section of your provider manual. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 534 | PROVIDER/CCN DO NOT MATCH FOR ADJUSTMENT | 16 – Claim/service lacks information which is needed for adjudication. | M47 –Missing/incomplete/invalid internal or document control number. | Review the original claim and verify the provider number from that claim. Make sure that the correct original provider number is entered on the adjustment claim. |
| 536 | PROCEDURE-MODIFIER NOT COVERED ON DOS | 182 – Procedure modifier was invalid on the date of service. | N517 – Resubmit a new claim with the requested information. | <p>The procedure code and the modifier are not covered for the date of service billed on the claim. Verify that the correct date of service, procedure code and modifier combination were entered. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Date of service (field 24A unshaded), procedure code and modifier (field 24D unshaded)</p> |
| 537 | PROC-MOD COMBINATION NON-COVERED/INVALID | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | N519 – Invalid combination of HCPCS modifiers. | <p>The procedure code and modifier combination are not covered or invalid. Verify that the correct procedure code and modifier combination were entered. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Procedure code and modifier (field 24D unshaded) Note: If reimbursement is for an assistant surgeon OR multiple births ONLY use the Modifier (GB or CG) on the applicable line(s); attach appropriate clinical documentation (i.e., discharge summary, operative notes, etc.) to the NEW claim for review and consideration for payment.</p> |
| 538 | PATIENT PAYMENT EXCEEDS MED NON-COVERED | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | <p>Verify that the prior payment and the total non-covered amounts were entered correctly. A Medicaid recipient is not liable for charges unless they are non-covered services. Make corrections to the field(s) below.</p> <p>UB CLAIM: Prior payments (field 54), Non-covered charges (field 48)</p> |
| 539 | MEDICAID NOT LISTED AS PAYER | 31 – Patient cannot be identified as our insured. | | UB CLAIM: Enter Medicaid payer code 619 (field 50 A - C) which corresponds with the line on which you entered the Medicaid ID number (field 60 A – C). |
| 540 | ACCOM REVENUE CODE/OP CLAIM INCONSIST | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Missing/incomplete/invalid payer identification. | UB CLAIM: Room accommodation revenue codes cannot be used on an outpatient claim. If the room accommodation revenue codes are correct, check the bill type (field 4) and the Health Plan ID (field 51). |
| 541 | MISSING LINE ITEM/REVENUE CODE | 16 – Claim/service lacks information which is needed for adjudication. | M50 – Missing/incomplete/invalid revenue code (s). | UB CLAIM: The revenue code for the line item is missing. The two digits before the edit code tell you on which line the revenue code is missing. Enter the correct revenue code (field 42) for that line. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|--|
| 542 | BOTH OCCUR CODE and DATE NEC INC SPAN CODE | 16 – Claim/service lacks information which is needed for adjudication. | M46 – Missing/incomplete/invalid occurrence span codes. | UB CLAIM: If you have entered an occurrence code (fields 31 – 36 A and B), an occurrence date must be entered. If you have entered an occurrence date in any of these fields, an occurrence code must also be entered. |
| 543 | VALUE CODE/AMOUNT MUST BOTH BE PRESENT | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Missing/incomplete/invalid value code(s) and/or amount(s). | UB CLAIM: If you have entered a value code (fields 39 through 41 A - D), a value amount must also be entered. If you have entered a value amount in these fields, a value code must also be entered. |
| 544 | NURSING HOME CLAIMS SUBMITTED VIA 837 | 16 – Claim/service lacks information which is needed for adjudication. | N34 – Incorrect claim form/format for this service. | For further assistance, contact South Carolina Medicaid EDI Support Center at 1-888-289-0709. |
| 545 | NO PROCESSABLE LINES ON CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N34 – Incorrect claim form/format for this service. | All lines on the claim have been rejected or deleted. This edit cannot be manually corrected. Submit a new claim with the corrected information. |
| 546 | SURGICAL PROCEDURE MUST BE REPORTED AT THE REVENUE CODE LINE LEVEL | 16 – Claim/service lacks information which is needed for adjudication. | M20 – Missing/incomplete/invalid HCPCS. | UB CLAIM: This claim is incomplete. Enter the surgical procedure code(s) on the claim at the revenue code line level (field 44). |
| 547 | PRINCIPAL SURG PROC AND DTE REQUIRED | 16 – Claim/service lacks information which is needed for adjudication. | MA66 – Missing/incomplete/invalid principal procedure code. | UB CLAIM: This claim is incomplete. Enter the surgical procedure code and date (field 74). |
| 548 | OTHER SURG PROC AND DATE MUST BE PRESENT | 16 – Claim/service lacks information which is needed for adjudication. | M67 – Missing/incomplete/invalid other procedure code(s). | UB CLAIM: This claim is incomplete. Enter the other surgical procedure codes and dates (fields 74 A – E). |
| 550 | REPLACE/VOID BILL/ORIGINAL CCN MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M47 – Missing/incomplete/invalid internal or document control number. | UB CLAIM: Check the remittance advice for the paid claim you are trying to replace or cancel to find the CCN. Enter the CCN (field 64). |
| 551 | TYPE ADMISSION/SOURCE CODE INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | MA41 – Missing/incomplete/invalid admission type. | Check the most current edition of the NUBC manual for valid codes for the type of admission and source of admission. Enter the valid Medicaid codes in the field(s) below and submit a new claim. UB CLAIM: Admission type (field 14), admission source (field 15) |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
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| 552 | MEDICARE INDICATED/NO MEDICAID LIABILITY | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | <p>Medicare coverage was indicated on the claim form. Enter the correct and complete insurance information in the field(s) below.</p> <p>CMS-1500 CLAIM: Insurance carrier code (fields 9D and 11C), policy number (field 9A and 11), insurance amount paid (fields 9C and 11B)</p> <p>UB CLAIM: Insurance carrier code (field 50), policy number (field 60), insurance amount paid (field 54)</p> |
| 553 | ALLOW AMT=ZERO/UNABLE TO DETERMINE PYMT | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Missing/incomplete/invalid charge. | <p>UB CLAIM: Information is incorrect or missing which is necessary to allow the Medicaid system to calculate the payment for the claim. Check for errors in the following fields: revenue codes (field 42), CPT codes (field 44), ICD surgical codes (field 74), diagnosis codes (field 67), condition codes (fields 18 – 28) and value codes (fields 39-41 A-D) as applicable. If this edit code appears with other edit codes, it may be resolved by correcting the other edit codes first</p> |
| 554 | VALUE CODE/3RD PARTY PAYMENT INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | MA92 – Missing plan information for other insurance. | <p>UB CLAIM: If you have entered value code 14 (fields 39 through 41 A – D), you must also enter a prior payment (field 54).</p> |
| 555 | TPL PAYMENT > PAYMENT DUE FROM MEDICAID | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | <p>UB CLAIM: Correct the payment amount you have entered in prior payment (field 54). If the amount is correct, no payment from Medicaid is due. Do not submit a new claim.</p> |
| 557 | CARR PYMTS MUST = OTHER SOURCES PYMTS | 22 – This care may be covered by another payer per coordination of benefits. | | <p>If any amount appears in the amount received from insurance field, you must indicate a third party payment. If there is no third party insurance involved, delete information entered in the insurance fields. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Insurance amount paid (fields 9C and 11B), amount rec'd insurance (field 29)</p> |
| 558 | REVENUE CHGS NOT WITHIN +- \$1 OF TOTAL | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Missing/incomplete/invalid total charges. | <p>UB CLAIM: Recalculate your revenue charges (field 47). If a line has been deleted by you on a previous claim submission the charges on these lines should no longer be added into the total charges.</p> |
| 559 | MEDICAID PRIOR PAYMENT NOT ALLOWED | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | <p>UB CLAIM: Prior payment from Medicaid (field 54 A - C) should never be indicated on a claim. Make the appropriate correction.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|---|
| 560 | REVENUE CODES INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | M50 – Missing/incomplete/invalid revenue code(s). | UB CLAIM: Check for revenue code errors (field 42). Revenue code 100 is an all-inclusive revenue code and cannot be used with any other revenue code except 001, which is the total charges revenue code. |
| 561 | CLAIM ALREADY DEBITED (RETRO-MEDICARE), CANNOT ADJUST | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | Retroactive Medicare claim already debited or scheduled for debit. Cannot adjust this claim. Contact the PSC. |
| 562 | CLAIM ALREADY DEBITED (HEALTH CLAIM), CANNOT ADJUST | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | Retroactive Healthcare claim already debited or scheduled for debit. Cannot adjust this claim. Contact the PSC. |
| 563 | CLAIM ALREADY DEBITED (PAY & CHASE CLAIM), CANNOT ADJUST | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | Medicaid Pay & Chase claim already debited or scheduled for debit. Cannot adjust this claim. Contact the PSC. |
| 564 | OP REV 450,459,510,511 COMB NOT ALLOWED | 16 – Claim/service lacks information which is needed for adjudication. | M50- Missing/incomplete/invalid revenue code(s). | <p>UB CLAIM: These revenue codes should never appear in combination on the same claim. If a recipient was seen in the emergency room, clinic, and treatment room (field 14) on the same date of service for the same or related condition, charges for both visits should be combined under either revenue code 450, 510, or 761 (field 42).</p> <p>If the recipient was seen in the ER and clinic on the same date of service for unrelated conditions, both visits should be billed on separate claims using the correct revenue code.</p> <p>If the recipient is a PEP member, and was triaged in the ER, the submitted claim should be filed with only revenue code 459. No other revenue codes should be filed with revenue code 459.</p> |
| 565 | THIRD PARTY PAYMENT/NO 3RD PARTY ID | 22 - This care may be covered by another payer per coordination of benefits. | | UB CLAIM: If a prior payment is entered (field 54), information in all other TPL-related fields (50 and 60) must also be entered. |
| 567 | NONCOV CHARGES > OR = TOTAL CHARGES | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Missing/incomplete/invalid total charges. | UB CLAIM: Check the total of non-covered charges (field 48) and total charges (field 47) to see if they were entered correctly. If they are correct, no payment from Medicaid is due. If incorrect, submit a new claim. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|---|---|
| 568 | CORRESPONDING ADJUSTMENT (VOID) IS SUSPENDED OR DENIED | 107 –The related or qualifying claim/service was not previously paid or identified on this claim. | | Review the edit code assigned to the void adjustment claim to determine if it can be corrected. If the void adjustment claim can be corrected, make the necessary changes and submit a new claim |
| 569 | ORIGINAL CCN IS INVALID OR ADJUSTMENT CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | M47 – Missing/incomplete/invalid internal or document number. | Check the original CCN on the Form 130 as it is either invalid or a CCN for an adjustment claim. Correct the Form 130 and resubmit. |
| 570 | OP REV 760 762, 769 COMB NOT ALLOWED | 16 – Claim/service lacks information which is needed for adjudication. | M50- Missing/incomplete/invalid revenue code(s). | UB CLAIM: These revenue codes (field 42) cannot be used in combination for the same day (field 45); bill either revenue code 762 or 769 on an outpatient claim. |
| 575 | REPLACE/VOID CLM/CCN INDICATED NOT FOUND | 16 – Claim/service lacks information which is needed for adjudication. | M47 – Missing/incomplete/invalid internal or document control number. | <p>NOTE: Only paid claims can be replaced or voided.</p> <p>Review the original claim and verify the claim control number (CCN) and recipient Medicaid ID number from that claim. Make sure that the correct original CCN and recipient Medicaid ID number are on the new claim.</p> <p>UB CLAIM: Check the CCN you have entered (field 64 A – C) with the CCN on the remittance advice of the paid claim you want to replace or void. If this edit appears with other edits, it may be corrected by correcting the other edit codes. If edit code 575 and 863 are the only edits on the replacement claim (new claim), the replacement claim criteria have not been met (see Section 3 on replacement claims).</p> |
| 576 | TYPE OF BILL AND PROVIDER TYPE INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | MA30 – Missing/incomplete invalid type of bill. | UB CLAIM: If the bill type you have entered (field 4) is 131 or 141, you must use your outpatient number (field 51). If the bill type is 111 (field 4), you must use your inpatient number. |
| 584 | NATIVE AMERICAN HEALTH SERVICE PROCEDURE-MODIFIER COMBINATION NON-COV/INVALID | 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing. | N519 – Invalid combination of HCPCS modifiers. | <p>The procedure code and modifier combination are not covered or invalid. Verify that the correct procedure code and modifier combination were entered. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Procedure code and modifier (field 24D unshaded)</p> |
| 587 | 1ST DATE OF SERV SUBSEQUENT TO LAST DOS | 16 – Claim/service lacks information which is needed for adjudication. | MA31- Missing/incomplete/invalid beginning and ending dates of the period billed. | UB CLAIM: Correct the "from" and "through" dates (field 6). "From" date must be before "through" date. Be sure you check the year closely. |

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| 588 | 1ST DOS SUBSEQUENT TO ENTRY DATE | 16 – Claim/service lacks information which is needed for adjudication. | MA31- Missing/incomplete/invalid beginning and ending dates of the period billed. | UB CLAIM: Correct the "from" date of service (field 6). Be sure to check the year closely. |
| 589 | LAST DOS SUBSEQUENT TO DATE OF RECEIPT | 16 – Claim/service lacks information which is needed for adjudication. | MA31- Missing/incomplete/invalid beginning and ending dates of the period billed. | UB CLAIM: Correct the "through" date of service (field 6). Be sure to check the year closely. |
| 590 | NO DISCHARGE DATE ON FINAL BILL | 16 – Claim/service lacks information which is needed for adjudication. | N50 – Missing/incomplete/invalid discharge information. | UB CLAIM: Enter the discharge date (field 6). Submit a new claim with the corrected information. |
| 591 | NCCI – PROCEDURE CODE COMBINATION NOT ALLOWED | 236 - This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative. | | <p>This procedure code combination is not allowed on the same date of service. Therefore, only one procedure code was paid.</p> <p>Note: The National Correct Coding Initiative (NCCI) does not allow the rendering or payment of certain procedure codes on the same date of service. For NCCI guidelines and specific code combinations; please refer to Medicaid bulletins about NCCI edits or the CMS website.</p> |
| 594 | FINAL BILL/DISCHRG DTE BEFORE LAST DOS | 16 – Claim/service lacks information which is needed for adjudication. | N50 – Missing/incomplete/invalid discharge information. | UB CLAIM: Check the occurrence code 42 and date (fields 31 through 34 A and B), and the "through" date (field 6). These dates must be the same. |
| 597 | ACCOMODATION UNITS/STMT PERIOD INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | MA31- Missing/incomplete/invalid beginning and ending dates of the period billed. | UB CLAIM: Check the dates entered (field 6); the covered days calculated (field 7); the discharge date (fields 31 through 34 A – B) and the units entered for accommodation revenue codes (field 42) the discharge date and "through" date must be the same). If the dates (field 6) are correct, the system calculated the correct number of days, so the units for accommodation revenue codes should be changed. If the dates are incorrect, correcting the dates will correct the edit. |
| 598 | QIO INDICATOR 3/ APPROVAL DATES REQUIRED | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Missing/incomplete/invalid "from" date(s) of service. | UB CLAIM: If condition code C3 is entered (fields 31 through 34 A – B), the approved dates must be entered in occurrence span, (fields 35-36 A or B). |
| 599 | QIO DATES/OCCUR SPAN DATES N/SEQUENCED | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Missing/incomplete/invalid "from" date(s) of service. | UB CLAIM: The dates which have been entered (fields 35 - 36 A or B) (occurrence span), do not coincide with any date in the statement covers dates (field 6). There must be at least one date in common in these two fields. |

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| 600 | QIO DATE/STATEMENT COVERS DATES DON'T OVERLAP | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Missing/incomplete/invalid "from" date(s) of service. | UB CLAIM: The date(s) of service do not coincide with statement covers dates (field 6). Verify the approved date(s) received from the QIO are correct. |
| 603 | REVENUE/CONDITION/VALUE CODES INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Missing/incomplete/invalid value code(s) and/or amount(s). | Medicaid only sponsors a semi-private room. When a private room revenue code is used, condition code 39 or value codes 01 or 02 and value amounts must be on the claim. See current NUBC manual for definition of codes. Make corrections to the field(s) below. UB CLAIM: Condition codes (fields 18-28), value codes (39-41 A-D), revenue codes (field 42) |
| 605 | NCCI - UNITS OF SERVICE EXCEED LIMIT | 273 – Coverage/program guidelines were exceeded. | | The number of units billed on the specified line exceeds the allowable limit based on NCCI guidelines. Note: For NCCI guidelines, please refer to Medicaid bulletins about NCCI edits or the CMS website. |
| 606 | CASE MANAGEMENT PROVIDER/SERVICE NOT CASE MANAGEMENT | 170 – Payment is denied when performed/billed by this type of provider. | N95 – This provider type/provider specialty may not bill this service. | Verify that the correct taxonomy code has been entered on the claim. Submit a new claim with the corrected information. Make corrections to the field below: CMS-1500 CLAIM: Taxonomy code (field 24J shaded) |
| 636 | COPAYMENT AMOUNT EXCEEDS ALLOWED AMOUNT | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | The Medicaid recipient is responsible for a Medicaid copayment for this service/date of service. The allowed payment amount is less than the recipient's copayment amount; therefore no payment is due from Medicaid. Please collect the copayment from the Medicaid recipient. Do not submit a new claim. |
| 637 | COINS AMT GREATER THAN PAY AMT | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | UB CLAIM: Correct the coinsurance amount (fields 39 A-41 D). If the coinsurance amount is correct, attach a copy of the Medicare EOMB. |
| 642 | MEDICARE COST SHARING REQUIRES COINS/DEDUCTIBLE | 16 – Claim/Service lacks information which is needed for adjustment. | N479 – Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer). | UB CLAIM: For Medicaid to consider payment of the claim, the Medicare coinsurance and deductible (fields 39 – 41 A-D) must be present. |
| 672 | NET CHRG/TOTAL DAYS X DAILY RATE UNEQUAL | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Missing/incomplete/invalid total charges. | Make the appropriate correction(s) to calculations on the claim. |

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| 673 | REJECT LOC 6 - EXCLUDES SWING BEDS | 96 – Non-covered charge(s). | N188 – The approved level of care does not match the procedure code submitted. | If there is a recurring income change that impacts the coinsurance payment, submit a new claim and attach appropriate documentation (Form 181, EOMB). |
| 674 | NH RATE - PAT DAY INC NOT = PAT DAY RATE | 16 – Claim/service lacks information which is needed for adjudication. | N153 – Missing/incomplete/invalid room and board rate. | Make the appropriate corrections to the rate amounts on the claim. |
| 690 | OTHER SOURCES AMT MORE THAN MEDICAID AMT | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | Verify and correct the dollar amounts entered in the insurance payment field(s) below. If the amounts are correct, no payment is due from Medicaid. Do not submit a new claim. CMS-1500 CLAIM: Insurance amount paid (fields 9C and 11B), amount rec'd insurance (field 29) |
| 693 | MENTAL HEALTH VISIT LIMIT EXCEEDED | 273 – Coverage/ program guidelines were exceeded. | | Additional services require Prior Authorization from the QIO. If the authorization number is incorrect, submit a new claim with the corrected information. Contact the QIO for review and consideration of authorization for additional visits. |
| 700 | PRIMARY/PRINCIPAL DIAG CODE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Missing/incomplete/ invalid principal diagnosis. | Medicaid requires the complete diagnosis code as specified in the current edition of Volume I of the ICD-CM manual, (including fifth digit sub-classification when listed). Check for valid diagnosis code in Volume I of the ICD-CM manual and make corrections to the field (s) below. CMS-1500 CLAIM: Diagnosis code (field 21) UB CLAIM: Diagnosis code (field 67) |
| 701 | SECONDARY/ OTHER DIAG CODE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | M64 – Missing/incomplete/invalid other diagnosis. | Follow the resolution for edit code 700 and submit a new claim. The secondary diagnosis code appears in the fields below. CMS-1500 CLAIM: Diagnosis code (field 21) UB CLAIM: Diagnosis code (fields 67 A-Q) |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|---|---|
| 703 | RECIP AGE/PRIM/PRINCIPAL DIAG INCONSISTENT | 9 – The diagnosis is inconsistent with the patient's age. | N517 – Resubmit a new claim with the requested information. | <p>The recipient's age is not consistent with the diagnosis code being billed. Check the patient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the patient served. Verify that the correct diagnosis code and date of birth are entered on the claim. The date of birth in our system is based on the claim run date. Contact your county Medicaid Eligibility office if your records indicate a different date of birth. After the county Medicaid Eligibility office has updated the system, submit a new claim. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1A), date of birth (field 3), diagnosis code (field 21)</p> <p>UB CLAIM: Medicaid ID (field 60), date of birth (field 10), diagnosis code (field 67)</p> |
| 704 | RECIP AGE/SECONDARY/OTHER DIAG INCONSISTENT | 9 – The diagnosis is inconsistent with the patient's age. | N517 – Resubmit a new claim with the requested information. | <p>Follow the resolution for edit code 703 and submit a new claim with corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1A), date of birth (field 3), diagnosis code (field 21)</p> <p>UB CLAIM: Medicaid ID (field 60), date of birth (field 10), diagnosis code (fields 67 A-Q)</p> |
| 705 | RECIP SEX/PRIM/PRINCIPAL DIAG INCONSISTENT | 10 – The diagnosis is inconsistent with the patient's gender. | N517 – Resubmit a new claim with the requested information. | <p>The recipient's sex is not consistent with the diagnosis code being billed. Check the patient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the patient served. Verify that the correct diagnosis code and sex are entered on the claim. Contact your county Medicaid Eligibility office if your records indicate a different sex. After the county Medicaid Eligibility office has updated the system, submit a new claim. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1A), sex (field 3), diagnosis code (field 21)</p> <p>UB CLAIM: Medicaid ID (field 60), sex (field 11), diagnosis code (field 67)</p> |
| 706 | RECIP SEX/SECONDARY/OTHER DIAG INCONSISTENT | 10 – The diagnosis is inconsistent with the patient's gender. | N517 – Resubmit a new claim with the requested information. | <p>Follow the resolution for edit code 705 and submit a new claim with corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1A), sex (field 3), diagnosis code (field 21)</p> <p>UB CLAIM: Medicaid ID (field 60), sex (field 11), diagnosis code (fields 67 A-Q)</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|---|---|
| 707 | PRIN. DIAG. NOW REQUIRES 4TH OR 5TH DIGIT | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Missing/incomplete/ invalid principal diagnosis. | Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-CM manual. The diagnosis code requires a fourth or fifth digit. Make corrections to the field(s) below. CMS-1500 CLAIM: Diagnosis code (field 21) UB CLAIM: Diagnosis code (field 67) |
| 708 | SEC. DIAG. NOW REQUIRES 4TH OR 5TH DIGIT | 16 – Claim/service lacks information which is needed for adjudication. | M64 – Missing/incomplete/invalid other diagnosis. | Follow the resolution for edit code 707 with corrections to the field(s) below. CMS-1500 CLAIM: Diagnosis code (field 21) UB CLAIM: Diagnosis code (fields 67 A-Q) |
| 709 | SERV/PROC CODE NOT ON REFERENCE FILE | 16 – Claim/service lacks information which is needed for adjudication. | N65 – Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider. | Check the most current applicable provider manual to verify that the correct procedure code is being billed. If the procedure code is incorrect, submit a new corrected claim. If the code is correct, attach appropriate documentation to your new claim for review and consideration for payment. |
| 710 | SERV/PROC/DRUG REQUIRES PA-NO NUM ON CLM | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | The claim is missing the required prior authorization number. Make corrections to the field(s) below. CMS-1500 CLAIM: Prior authorization number (field 23) UB CLAIM: Treatment authorization code (field 63) NOTE: If the prior authorization number was not obtained prior to rendering the service, you will not be considered for payment. |
| 711 | RECIP SEX - SERV/PROC/DRUG INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | MA39 – Missing/incomplete/ invalid gender. | The recipient's sex is not consistent with the procedure code being billed. Check the patient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the patient served. Verify that the correct procedure code and sex are entered on the claim. Contact your county Medicaid Eligibility office if your records indicate a different sex. After the county Medicaid Eligibility office has updated the system, submit a new claim. Make corrections to the field(s) below. CMS-1500 CLAIM: Medicaid ID (field 1A), sex (field 3), procedure code (field 24D unshaded) UB CLAIM: Medicaid ID (field 60), sex (field 11), procedure code (field 44) |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|--|
| 712 | RECIP AGE-PROC INCONSIST/NOT ID/RD RECIP | 6 – The procedure/ revenue code is inconsistent with the patient's age. | N517 – Resubmit a new claim with the requested information. | <p>The recipient's age is not consistent with the procedure code being billed. Check the patient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the patient served. Verify that the correct procedure code and date of birth are entered on the claim. Contact your county Medicaid Eligibility office if your records indicate a different date of birth. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1A), date of birth (field 3), procedure code (field 24D unshaded)</p> <p>UB CLAIM: Medicaid ID (field 60), date of birth (field 10), procedure code (field 44)</p> |
| 713 | NUM OF BILLINGS FOR SERV EXCEEDS LIMIT | 151 – Payment adjusted because the payer deems the information submitted does not support this many/ frequency of services. | | <p>Check the number of units on the specified line to be sure the correct number of units has been entered for service being billed. If the number of units is correct, check the procedure code to be sure it is correct. For review and consideration for payment of additional units, submit a new claim and attach appropriate clinical documentation to substantiate the services being billed. Please refer to the applicable provider policy manual for the specific documentation requirements.</p> <p>Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Procedure code (field 24D unshaded), units (field 24G unshaded)</p> <p>UB CLAIM: Procedure code (field 44), units (field 46).</p> |
| 714 | SERV/PROC/DRUG REQUIRES DOC-MAN REVIEW | 133 – The disposition of the claim/service is pending further review. | | <p>The service/procedure has to be reviewed by Medicaid prior to payment. Attach appropriate clinical documentation (i.e., Sterilization Consent Form 1723, medical records, etc.) to the new claim for manual review. Please refer to the applicable provider policy manual for the specific documentation requirements.</p> |
| 715 | PLACE OF SERVICE/PROC CODE INCONSISTENT | 5 – The procedure code/bill type is inconsistent with the place of service. | M77 – Missing/incomplete/invalid place of service. | <p>Check the procedure code and the place of service code to be sure that they are correct. If incorrect, make corrections to the field(s) below. If the procedure code is correct, attach appropriate clinical documentation to the new claim for review and consideration for payment verifying where the procedure/service was provided.</p> <p>CMS-1500 CLAIM: Place of service (field 24B unshaded), procedure code (field 24D unshaded)</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|--|---|
| 716 | PROV TYPE INCONSISTENT WITH PROC CODE | 8 – The procedure code is inconsistent with the provider type/ specialty (taxonomy). | N95 – This provider type/provider specialty may not bill this service. | The type of provider rendering this service/procedure code is NOT authorized. If the provider type is correct, attach appropriate clinical documentation to the new claim for review and consideration for payment. |
| 717 | SERV/PROC/DRUG NOT COVERED ON DOS | A1 – Claim/service denied. | N56 – Procedure code billed is not correct/valid for the services billed or the date of service billed. | The service/procedure is not covered for the date of service billed on the claim. Check the procedure code and the date of service on the indicated line to be sure both are correct. The procedure code may have been deleted from the program or changed to another procedure code. |
| 718 | PROC REQUIRES TOOTH NUMBER/SURFACE INFO | 16 – Claim/service lacks information which is needed for adjudication. | N37 – Missing/incomplete/ invalid tooth number/letter. | The procedure requires either a tooth number and/or surface information (fields 15 and 16). |
| 719 | SERV/PROC/DRUG ON PREPAYMENT REVIEW | 133 – The disposition of this claim/service is pending further review. | | Check the prior authorization number, procedure code(s) and modifier(s) to ensure that the information on the claim matches the information on the prior approval letter. Attach appropriate documentation to the claim for review and consideration for payment. Refer to the applicable provider policy manual for the specific documentation requirements. |
| 720 | MODIFIER 22 REQUIRES ADD'L DOCUMENT | 251 – The attachment content received did not contain the content required to process the claim or service. | N29 – Missing documentation/ orders/notes/summary/report/ chart. | For review and consideration for payment, attach appropriate clinical documentation (i.e., medical records, radiology reports, operative notes, anesthesia records, etc.) to the new claim to justify the unusual procedural services, increased intensity indications, difficulty of procedure or severity of patient's condition for review and consideration for payment. |
| 721 | CROSSOVER PRICING RECORD NOT FOUND | A1 – Claim/service denied. | N8 - Crossover claim denied by previous payer and complete claim data not forwarded. Resubmit this claim to this payer to provide adequate data to adjudication. | <p>Pricing record not found for the specific procedure code and modifier being billed. Please verify that the correct procedure code and modifier were submitted.</p> <p>If the provider has knowledge that the specific procedure code and modifier being billed is valid and a covered service by Medicaid, submit a new claim, and attach the appropriate clinical documentation (i.e., medical records and pricing information) to have the procedure code/modifier considered for payment and added to the system.</p> <p>Note: If the procedure code/modifier is not valid and non-covered by Medicaid, the claim will not be considered for payment. Do not submit a new claim.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|--|
| 722 | PROC MODIFIER and SPEC PRICING NOT ON FILE | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | N517 – Resubmit a new claim with the requested information. | <p>Verify that the correct procedure code and modifier were submitted. If the provider has knowledge that the specific procedure code and modifier being billed is valid and a covered service by Medicaid, submit a new claim, and attach the appropriate clinical documentation (i.e., medical records and pricing information) to have the procedure code/modifier considered for payment and added to the system.</p> <p>Note: The Medicaid pricing system is programmed specifically for procedure codes, modifiers, and provider specialties. If these are submitted in the wrong combination, the system searches but cannot “find” a price, and the line will automatically reject with edit code 722.</p> <p>Attaching documentation for review and consideration for payment or system updates is not applicable to <u>all</u> provider types. Please refer to the appropriate policy manual for procedure codes and modifiers that are applicable to your provider type/specialty to ensure that you are using the correct procedure code and modifier. A common error is entering the incorrect modifier or entering no modifier.</p> <p>If the code/modifier is not valid and non-covered by Medicaid, the claim will not be considered for payment.</p> |
| 724 | PROCEDURE CODE REQUIRES BILLING IN WHOLE UNITS | 16 – Claim/service lacks information which is needed for adjudication. | M53 –Missing/incomplete/invalid days or unit(s) of service. | <p>Verify that the units were billed correctly for the procedure code. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Procedure code (field 24D unshaded), units (field 24G unshaded)</p> <p>UB CLAIM: Procedure code (field 44), units (field 46).</p> |
| 725 | INCONTINENCE MODIFIER INCONSISTENT | 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing. | N517 – Resubmit a new claim with the requested information. | <p>Correct the procedure code and modifier. Check the Web Tool for the RSP status of the recipient. Contact the Service Coordinator to verify the correct procedure code and modifier were authorized.</p> <p>Make corrections to the field(s) below.</p> <p>CMS 1500 CLAIM: Procedure code (field 24D unshaded) and modifier (24D unshaded)</p> |
| 727 | DELETED PROCEDURE CODE/CK CPT MANUAL | 16 – Claim/service lacks information which is needed for adjudication. | M51 – Missing/incomplete/invalid, procedure code(s). | <p>Check the procedure code and the date of service to verify their accuracy. Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Date of service (field 24A unshaded), procedure code (field 24D unshaded)</p> <p>UB CLAIM: Procedure code (field 44), date of service (field 45)</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 732 | PAYER ID NUMBER NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Missing/incomplete/invalid provider payer identifier. | <p>Verify that the correct insurance carrier code information is entered on the claim. To view a complete listing of carrier codes, visit the Provider Information webpage on the DHHS website http://provider.scdhhs.gov. The carrier code listing is also included in the provider manuals.</p> <p>Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Insurance carrier number (field 9D and 11C)</p> <p>UB CLAIM: Insurance carrier number (field 50)</p> |
| 733 | INS INFO CODED, PYMT OR DENIAL MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA83 – Did not indicate whether we are the primary or secondary payer. | <p>CMS-1500 CLAIM: If any third-party insurer has not made a payment, there should be a TPL denial indicator. If all carriers have made payments, there should be no TPL denial indicator. If payment is denied (<i>i.e.</i>, applied to the deductible, policy lapsed, etc.) by either primary insurance carrier, put a “1” (denial indicator) and 0.00 for the amount insurance paid. If there are multiple insurers and any payer made a 0.00 payment, put a “1” (denial indicator) and 0.00 for the amount the insurance paid. If payment is made, remove the “1” from the TPL indicator field and enter the amount(s) insurance paid and total combined amount received. Adjust the net charge in the balance due. If no third party insurance was involved, delete all information entered in the insurance fields.</p> <p>Make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Carrier code (fields 9D and 11C), policy number (fields 9A and 11), amount insurance paid (fields 9C and 11B), total combined insurance amount received (field 29), TPL indicator (field 10D)</p> <p>UB CLAIM: If any third-party insurer has not made a payment, there should be a TPL occurrence code and date (fields 31-34 A-B). If payment is denied show 0.00 (field 54). If payment is made enter the amount (field 54) and TPL indicator (fields 31 A-34 B).</p> |
| 734 | REVENUE CODE REQUIRES UNITS | 16 – Claim/service lacks information which is needed for adjudication. | M53 -Missing/incomplete/invalid days or unit(s) of service. | <p>UB CLAIM: The revenue code listed (field 42) requires units of service (field 46).</p> |
| 735 | REVENUE CODE REQUIRES AN ICD SURGICAL PROCEDURE OR DELIVERY DIAGNOSIS CODE | 16 – Claim/service lacks information which is needed for adjudication. | M76 – Missing/incomplete/invalid diagnosis or condition. | <p>UB CLAIM: On inpatient claims w/ revenue codes 360 OR, 361 OR-Minor, or 369 OR-Other, an ICD surgical code is required (fields 74 A-E). On inpatient claims w/ revenue codes 370 Anesthesia, 710 Recovery Room, 719 Other Recovery Room or 722 Delivery Room, a delivery diagnosis code is required (fields 67 A-Q) or an ICD surgical code is required (fields 74 A-E).</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 736 | PRINCIPAL SURGICAL PROCEDURE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | MA66 – Missing/incomplete/invalid principal procedure code. | UB CLAIM: Verify the correct procedure code was submitted (field 74). The two digits in front of the edit code on the remittance advice identify which surgical procedure code is not on file. |
| 737 | OTHER SURGICAL PROCEDURE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | M67 – Missing/incomplete/invalid other procedure code(s). | UB CLAIM: Follow the resolution for edit code 736, except the procedure code (fields 74 A-E). |
| 738 | PRINCIPAL SURG PROC REQUIRES PA/NO PA # | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | UB CLAIM: Enter the prior authorization number (field 63). If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. |
| 739 | OTHER SURG PROC REQUIRES PA/NO PA NUMBER | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | UB CLAIM: Follow the resolution for edit code 738. |
| 740 | RECIP SEX/PRINCIPAL SURG PROC INCONSIST | 7 – The procedure/revenue code is inconsistent with the patient's gender. | N517 – Resubmit a new claim with the requested information. | <p>The recipient's sex is not consistent with the principal surgical procedure code being billed. Check the patient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the patient served. Verify that the correct principal surgical procedure code and sex are entered on the claim. Contact your county Medicaid Eligibility office if your records indicate a different sex. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>Make corrections to the field(s) below.</p> <p>UB CLAIM: Medicaid ID (field 60), sex (field 11), procedure code (field 74)</p> |
| 741 | RECIP SEX/OTHER SURG PROC INCONSISTENT | 7 – The procedure/revenue code is inconsistent with the patient's gender. | N517 – Resubmit a new claim with the requested information. | Follow resolution for edit code 740. The two digits in front of the edit code on the remittance advice identify which other surgical procedure code (fields 74 A - E) is inconsistent with the recipient's sex. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|--|---|
| 742 | RECIP AGE/PRINCIPAL SURG PROC INCONSIST | 6 – The procedure/ revenue code is inconsistent with the patient's age. | N517 – Resubmit a new claim with the requested information. | <p>The recipient's age is not consistent with the principal surgical procedure code being billed. Check the patient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the patient served. Verify that the correct principal surgical procedure code and date of birth are entered on the claim. Contact your county Medicaid Eligibility office if your records indicate a different date of birth. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>Make corrections to the field(s) below.</p> <p>UB CLAIM: Medicaid ID (field 60), date of birth (field 10), procedure code (field 74)</p> |
| 743 | RECIPIENT AGE/OTHER SURG PROC INCONSIST | 6 – The procedure/ revenue code is inconsistent with the patient's age. | N517 – Resubmit a new claim with the requested information. | Follow the resolution for edit code 742. The two digits in front of the edit code on the remittance advice identify which other surgical procedure code (fields 74 A - E) is inconsistent with the recipient's age. |
| 746 | PRINCIPAL SURG PROC EXCEEDS FREQ LIMIT | 96 – Non-covered charge(s). | N435 – Exceeds number/ frequency approved /allowed within time period without support documentation. | <p>UB CLAIM: The system has already paid for the procedure entered (field 74). Verify the procedure code is correct. If there is a correction needed; submit a new claim. If this is a replacement claim (new claim), attach appropriate clinical documentation to the claim for review and consideration for payment.</p> <p>If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment.</p> |
| 747 | OTHER SURG PROC EXCEEDS FREQ LIMIT | 96 – Non-covered charge(s). | N435 – Exceeds number/ frequency approved /allowed within time period without support documentation. | Follow the resolution for edit code 746. The two digits in front of the edit code on the remittance advice identify which other surgical procedure (fields 74 A - E) exceeded the frequency limitation. |
| 748 | PRINCIPAL SURG PROC REQUIRES DOC | 251 – The attachment content received did not contain the content required to process the claim or service. | N29 – Missing documentation /orders/notes/summary/ report/chart. | UB CLAIM: The principal surgical procedure (field 74) requires documentation. Attach appropriate clinical documentation (i.e., discharge summary, operative note, etc.) to the new claim for review and consideration for payment. Documentation will not be reviewed or retained by Medicaid until the provider corrects all other edits. Refer to the appropriate policy manual for specific Medicaid coverage guidelines and documentation requirements. |
| 749 | OTHER SURG PROC REQUIRES DOC/MAN REVIEW | 251 – The attachment content received did not contain the content required to process the claim or service. | N29 – Missing documentation /orders/notes/summary/ report/chart. | Follow the resolution for edit code 748. The two digits in front of the edit code on the remittance advice identify which other surgical procedure (fields 74 A - E) requires documentation for manual review. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|--|
| 750 | PRIN SURG PROC NOT COV OR NOT COV ON DOS | 96 – Non-covered charge(s). | N56 – Procedure code billed is not correct/valid for the services billed or the date of service billed. | UB CLAIM: Check the principal surgical procedure code and date (field 74) to verify their accuracy. Check to see if the principal surgical procedure code is listed on the non-covered surgical procedures list in the appropriate provider policy manual. Check the most recent edition of the ICD-CM manual to be sure the code you are using has not been deleted or changed to another code. If corrections are needed; submit a new claim. |
| 751 | OTHER SURG PROC NOT COV/NOT COV ON DOS | 96 – Non-covered charge(s). | N56 – Procedure code billed is not correct/valid for the services billed or the date of service billed. | Follow the resolution for edit code 750. The two digits in front of the edit code on the remittance advice identify which other surgical procedure code (fields 74 A – E) is not covered on the date of service. |
| 752 | PRINCIPAL SURGICAL PROCEDURE ON REVIEW | 133 – The disposition of this claim/service is pending further review. | | UB CLAIM: For review and consideration for payment, attach appropriate clinical documentation (i.e., discharge summary, operative notes, etc.) to the new claim which supports the principal surgical procedure (field 74). |
| 753 | OTHER SURGICAL PROCEDURE ON REVIEW | 133 – The disposition of this claim/service is pending further review. | | Follow the resolution for edit code 752. The two digits in front of the edit code on the remittance advice identify which other surgical procedure code (fields 74 A – E) is on review. |
| 754 | REVENUE CODE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | M50 – Missing/incomplete/invalid revenue code(s). | UB CLAIM: The revenue code is invalid. Correct the revenue code (field 42). |
| 755 | REVENUE CODE REQUIRES PA/PEND FOR REVIEW | 133 – The disposition of this claim/service is pending further review. | | UB CLAIM: A revenue code (field 42) requires a prior authorization number. Enter the prior authorization number (field 63). |
| 757 | OTHER DIAG REQUIRES PA/NO PA NUMBER | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | UB CLAIM: The other diagnosis (fields 67 A-Q) requires a prior authorization number. Enter the prior authorization number (field 63). |
| 758 | PRIM/PRINCIPAL DIAG REQUIRES DOC | 251 – The attachment content received did not contain the content required to process the claim or service. | N29 – Missing documentation/orders/notes/summary/report/chart. | The primary/principal diagnosis requires documentation. If the primary/principal diagnosis is correct, attach appropriate clinical documentation (i.e., operative report, chart notes, etc.) to the new claim along with the PA letter if prior authorization was obtained for review and consideration for payment. Refer to the applicable provider policy manual for documentation requirements. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|---|--|
| 759 | SEC/OTHER DIAG REQUIRES DOC/MAN REVIEW | 251 – The attachment content received did not contain the content required to process the claim or service. | N29 – Missing documentation/ orders/ notes/summary/report/ chart. | The secondary/other diagnosis requires documentation. Follow the resolution for edit code 758 using the secondary/other diagnosis code. |
| 760 | PRIMARY DIAG CODE NOT COVERED ON DOS | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Missing/incomplete/ invalid principal diagnosis. | Check the current ICD-CM manual to verify that the primary diagnosis is correctly coded and correct date of service was billed. If there are corrections needed; submit a new claim. If the diagnosis code and the date of service are correct, then it is not covered and will not be considered for payment. |
| 761 | SEC/OTHER DIAG CODE NOT COVERED ON DOS | 16 – Claim/service lacks information which is needed for adjudication. | M64 – Missing/incomplete/invalid other diagnosis. | The secondary/other diagnosis code is not covered for the date of service billed. Follow the resolution for edit code 760 using the secondary/other diagnosis code. |
| 762 | PRINCIPAL DIAG ON REVIEW/MANUAL REVIEW | 133 – The disposition of this claim/service is pending further review. | | UB CLAIM: The principal diagnosis code (field 67) requires manual review. Attach appropriate clinical documentation (i.e., history, physical, and discharge summary, etc.) to the new claim for review and consideration for payment. Refer to the applicable provider policy manual for documentation requirements. |
| 763 | OTHER DIAG ON REVIEW/MANUAL REVIEW | 133 – The disposition of this claim/service is pending further review. | | Follow the resolution for edit code 762. The two digits before the edit code on the remittance advice identify which other diagnosis code (fields 67 A-Q) requires manual review. |
| 764 | REVENUE CODE REQUIRES DOC/MANUAL REVIEW | 133 – The disposition of this claim/service is pending further review. | | UB CLAIM: The revenue code (field 42) requires manual review. Attach appropriate clinical documentation to the new claim for review and consideration for payment. Refer to the applicable provider policy manual for documentation requirements. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|---|
| 765 | RECIPIENT AGE/REVENUE CODE INCONSIST | 6 – The procedure/ revenue code is inconsistent with the patient's age | N517 – Resubmit a new claim with the requested information. | <p>The recipient's age is not consistent with the revenue code being billed. Check the patient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the patient served. Verify that the correct revenue code and date of birth are entered on the claim. Contact your county Medicaid Eligibility office if your records indicate a different date of birth. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>Make corrections to the field(s) below.</p> <p>UB CLAIM: Medicaid ID (field 60), date of birth (field 10), revenue code (field 42)</p> |
| 766 | NEED TO PRICE OP SURG | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Missing/incomplete/invalid charge. | <p>UB CLAIM: Verify that the correct procedure code was entered (field 44). If the code is correct, attach appropriate clinical documentation (i.e., discharge summary, operative notes, etc.) to the new claim for review and consideration for payment.</p> |
| 768 | ADMIT DIAGNOSIS CODE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | MA65 – Missing/incomplete/invalid admitting diagnosis. | <p>UB CLAIM: Verify and correct the admit diagnosis code that was entered on the claim. Medicaid requires the complete diagnosis code as specified in the current edition of the ICD-CM manual, (including fifth digit sub-classification when listed).</p> |
| 769 | ASST. SURGEON NOT ALLOWED FOR PROC CODE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | <p>Procedure does not allow reimbursement for an assistant surgeon. If the edit appears unjustified or an assistant surgeon was medically necessary due to unforeseen circumstances, attach clinical documentation (i.e., operative report, chart notes, etc.) to the new claim to justify the assistant surgeon.</p> <p>Refer to the applicable provider policy manual for documentation requirements.</p> |
| 771 | PROV NOT CERTIFIED TO PERFORM THIS SERV | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | <p>Medicaid does not have an FDA certificate on file for the rendering provider. Verify that the procedure code is correctly coded and make corrections to the field(s) below. If applicable, attach the FDA certificate to the new claim. If you are not a certified mammography provider, or a lab provider, this edit code is not correctable.</p> <p>CMS-1500 CLAIM: Procedure code (field 24D unshaded)</p> |
| 773 | INAPPROPRIATE PROCEDURE CODE USED | 16 – Claim/service lacks information which is needed for adjudication. | M51 – Missing/incomplete/invalid procedure code(s). | <p>Verify that an appropriate procedure code is used and make corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Procedure code (field 24D unshaded)</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|---|--|
| 774 | LINE ITEM SERV CROSSES STATE FISCAL YEAR | 16 – Claim/service lacks information which is needed for adjudication. | N63 – Rebill services on separate claim lines. | Change the units in the field(s) below to reflect days billed on or before 6/30. Add a line to the claim to reflect days billed on or after 07/01. CMS-1500 CLAIM: Units (field 24G unshaded) |
| 775 | EARLY DELIVERY < 39 WEEKS NOT MEDICALLY NECESSARY | 50 – These are non- covered services because this is not deemed a “medical necessity” by the payer. | N180 – This item or service does not meet the criteria for the category under which it was billed. | CMS 1500 CLAIM: Verify that the correct procedure code and modifier were billed. For review and consideration for payment, attach appropriate clinical documentation (i.e., medical necessity, entire obstetrical records, radiology, laboratory, and pharmacy records, ACOG Patient Safety Checklist or comparable patient safety justification form, etc.) to the new claim to substantiate the services being billed. Refer to the applicable provider policy manual for documentation requirements. |
| 778 | SEC CARRIER PRIOR PAYMENT NOT ALLOWED | 16 – Claim/service lacks information which is needed for adjudication. | MA04 – Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. | UB CLAIM: Prior payment for a carrier secondary to Medicaid should not appear on claim. Correct prior payment (field 54). |
| 780 | REVENUE CODE REQUIRES PROCEDURE CODE | 16 – Claim/service lacks information which is needed for adjudication. | M51 – Missing/incomplete/invalid procedure code(s). | UB CLAIM: Some revenue codes require a CPT/HCPCS code. Enter the appropriate revenue code (field 42) and CPT/HCPCS code (field 44). A list of revenue codes that require a CPT/HCPCS code is located in Section 4 of the applicable provider manual. |
| 786 | ELECTIVE ADMIT, PROC REQ PRE-SURG JUSTIFY | 197 – Precertification/ authorization/ notification/ pretreatment absent. | | UB CLAIM: When type of admission (field 14) is elective, and the procedure requires prior authorization, a prior authorization number from QIO must be entered (field 63). If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Contact the QIO for consideration for payment for retroactive eligibility and emergency services. |
| 790 | TB RECIP / SERVICE IS NOT TB | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Recipient is eligible for TB services only. Verify that the Medicaid ID number matches the patient served. Check the procedure code(s) and/or modifier to ensure the correct codes were billed. Submit a new claim with the corrected information. |

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| Edit Code | Description | CARC | RARC | Resolution |
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| 794 | PRINCIPAL MINOR SURGICAL PROCEDURE REQUIRES QIO APPROVAL | A1 – Claim/service denied. | N175 – Missing review organization approval. | UB CLAIM: Prior authorization is required from QIO. Enter PA number (field 63). If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Contact the QIO for consideration for payment for retroactive eligibility and emergency services. |
| 795 | SURG RATE CLASS/NOT ON FILE-NOT COV DOS | 16 – Claim/service lacks information which is needed for adjudication. | N65 – Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider. | UB CLAIM: Verify that the procedure code (field 44) and date of service (field 45) were entered correctly. If correct, attach appropriate clinical documentation (i.e., discharge summary, operative notes, etc.) to the new claim for review and consideration for payment. |
| 796 | PRINC DIAG NOT ASSIGNED LEVEL-MAN REVIEW | 133 – The disposition of this claim/service is pending further review. | | UB CLAIM: Verify that the diagnosis code (field 67) was submitted correctly. If correct, attach appropriate clinical documentation to support the diagnosis to the new claim for review and consideration for payment. |
| 797 | OTHER DIAG NOT ASSIGNED LEVEL-MAN REVIEW | 133 – The disposition of this claim/service is pending further review. | | Follow the resolution for edit code 796. The two digits in front of the edit code on the remittance advice identify which other diagnosis code (fields 67 A-Q) has not been assigned a level. |
| 798 | SURGERY PROCEDURE REQUIRES PA# FROM QIO | A1 – Claim/service denied. | N175 – Missing review organization approval. | A prior authorization from the QIO is required for the surgery procedure billed. Contact the QIO for the authorization number and submit a new claim. If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Make corrections to the field(s) below. CMS-1500 CLAIM: Prior authorization number (field 23) UB CLAIM: Treatment authorization code (field 63) Contact the QIO for consideration for payment for retroactive eligibility and emergency services. |
| 799 | OP PRIN/OTHER PROC REQ QIO APPROVAL | A1 – Claim/service denied. | N175 – Missing review organization approval. | Follow the UB claim resolution for edit code 798. The two digits in front of the edit code on the remittance advice identify which principal/other procedure requires QIO prior authorization (field 63). |
| 801 | PROCEDURE CODE COMBINATION NOT ALLOWED – SAME DOS/CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N56 – Procedure code billed is not correct/valid for the services billed or the date of service billed. | The provider should review the remittance advice for the procedure codes not allowed on the same date of service. If two or more of the RBHS Community Support Services (CSS) procedure codes were rendered on the same date of service, Medicaid will only reimburse one of the procedures rendered. Submit a new claim with one procedure code rendered, per one date of service, provided that the |

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| Edit Code | Description | CARC | RARC | Resolution |
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| | | | | clinical documentation supports the service billed. CMS-1500 CLAIM: Procedure code (field 24D unshaded), date of service (field 24A) Refer to the Same Day Service Restrictions policy for Community Support Services in Section 2 of the RBHS provider manual. |
| 802 | PROCEDURE CODE COMBINATION NOT ALLOWED – SAME DOS/DIFFERENT CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N56 – Procedure code billed is not correct/valid for the services billed or the date of service billed. | Medicaid will not reimburse the same or multiple providers for rendering RBHS Community Support Services (CSS) procedure codes on the same day. If another provider was paid for the same or another RBHS CSS for the same date of service, the second billing provider will not be paid. CMS-1500 CLAIM: Procedure code (field 24D unshaded), date of service (field 24A) Refer to the Same Day Service Restrictions policy for Community Support Services in Section 2 of the RBHS provider manual. |
| 808 | HEALTH OPPORTUNITY ACCOUNT (HOA) IN DEDUCTIBLE PERIOD | 119 – Benefit maximum for this time period or occurrence has been reached. | N435 – Exceeds number/frequency approved/allowed within time period without support documentation. | Attach supporting documentation to the new claim to indicate the recipient's HOA status and deductible payments for review and consideration for payment. |
| 820 | SERVICES REQUIRE ICORE PA - PA MISSING OR NOT ON FILE | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | Service Requires Prior Authorization from ICORE prior to rendering the service. No prior authorization number is on the claim or the prior authorization number on the claim is not on file for the recipient. If the prior authorization number is missing, submit a new claim with the prior authorization number provided by ICORE. If a valid prior authorization number is on the claim, contact ICORE for the system to be updated. After ICORE has updated the system, submit a new claim with the valid prior authorization number and attach a copy of the ICORE PA letter for review and consideration for payment. Make corrections to the field(s) below. CMS-1500 CLAIM: Prior authorization number (field 23) Notes: If Medicaid is primary and the prior authorization number was not obtained from ICORE prior to rendering the service, you will not be considered for payment. If Medicaid is Secondary, a prior authorization does not need to be obtained from ICORE prior to rendering the service. Contact ICORE for consideration for payment for retroactive eligibility and emergency services. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|---|
| 821 | SERVICES REQUIRE ICORE PA – PA ON CLAIM NOT VALID | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | <p>Service Requires Prior Authorization from ICORE and the Prior Authorization information on the claim is not valid. Compare the Prior Authorization information received from ICORE to the claim to determine if there are any differences. For example, verify the PA number, check the date(s) of service to see if they are within the service authorization dates for the PA, and verify the NPI of the rendering provider, the procedure codes billed and that the units billed do not exceed the limit ICORE has authorized. If changes are needed, submit a new claim with the corrected information in the field(s) below.</p> <p>If you have verified that all prior authorization information on the claim matches the information on the ICORE PA letter, contact ICORE for further assistance. After ICORE has resolved the validity issue, submit a new claim with the valid prior authorization information.</p> <p>CMS-1500 CLAIM: Prior authorization number (field 23), date of service (field 24A unshaded), procedure code (field 24D unshaded), units (field 24G unshaded), line provider NPI (field 24J unshaded).</p> <p>Notes: If Medicaid is primary and the prior authorization number was not obtained from ICORE prior to rendering the service, you will not be considered for payment.</p> <p>If Medicaid is Secondary, a prior authorization does not need to be obtained from ICORE prior to rendering the service. If the service is denied, a request must be submitted to ICORE for prior authorization. A new claim with the corrected information must be submitted.</p> <p>Contact ICORE for consideration for payment for retroactive eligibility and emergency services.</p> |
| 837 | SERVICE REQUIRES QIO PA-PA MISSING OR NOT ON FILE | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | <p>Service Requires Prior Authorization from the QIO prior to rendering the service. No authorization number is on the claim or the authorization number is not on file for the recipient on the claim. If the authorization number is missing, make corrections to the field(s) below. If an authorization number is on the claim, the number needs to be reviewed and updated; contact the QIO. After the QIO has updated the system, submit a new claim.</p> <p>CMS-1500 CLAIM: Prior authorization number (field 23)</p> <p>UB CLAIM: Treatment authorization code (field 63)</p> <p>Notes: If Medicaid is primary and the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment.</p> <p>If Medicaid is Secondary, a prior authorization does not need to be</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
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| | | | | <p>obtained from the QIO prior to rendering the service. If the service is denied, a request must be submitted to QIO for prior authorization. A new claim with the corrected information must be submitted.</p> <p>For UB claims (Inpatient only): If beneficiary is partially eligible for the dates of service on the claim; attach the DHHS Form 945 Verification of Medicaid Eligibility Letter to the NEW claim for review and consideration for payment.</p> <p>Contact the QIO for consideration for payment for retroactive eligibility and emergency services.</p> |
| 838 | SERVICE REQUIRES QIO PA – PA ON CLAIM NOT VALID | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | <p>Service Requires Prior Authorization from the QIO and the Prior Authorization on claim is not valid. Compare the Prior Authorization received from the QIO to the claim to determine if there are any differences. For example, verify that the PA number on the claim matches PA number on the QIO letter, check the date(s) of service/date of admission to see if they are within the service authorization dates for the PA, and verify the NPI of the rendering provider, the procedures codes billed and that the units billed do not exceed the limit authorized. If changes are needed, submit a new claim with the corrected information in the field(s) below. If you have verified that all prior authorization information on the claim matches the information on the QIO PA letter, attach the QIO PA letter to the new claim for review and consideration for payment.</p> <p>CMS-1500 CLAIM: Prior authorization number (field 23), date of service (field 24A unshaded), procedure code (field 24D unshaded), units (field 24G unshaded), line provider NPI (field 24J unshaded)</p> <p>UB CLAIM: Treatment authorization code (field 63), date of admission (field 12), procedure code (field 44 or 74), units (field 46)</p> <p>Notes: If Medicaid is primary and the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment.</p> <p>If Medicaid is Secondary, a prior authorization does not need to be obtained from the QIO prior to rendering the service. If the service is denied, a request must be submitted to QIO for prior authorization. A new claim with the corrected information must be submitted</p> <p>For UB claims (Inpatient only): If beneficiary is partially eligible for the dates of service on the claim; attach the DHHS Form 945 Verification of Medicaid Eligibility Letter to the NEW claim for review and consideration for payment.</p> <p>Contact the QIO for consideration for payment for retroactive eligibility and emergency services.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
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| 839 | IP ADMISSION REQUIRES QIO PA – PA MISSING OR NOT ON FILE | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | <p>UB CLAIM: IP Admission Requires Prior Authorization (field 63) from the QIO. No prior authorization number on the claim or authorization number is not on file for the recipient. If the authorization number is missing, add it to a new claim and resubmit. If an authorization number is on the claim, the number needs to be reviewed and updated. Contact the QIO. After the QIO has updated the system, submit a new claim.</p> <p>Notes: If Medicaid is primary or the beneficiary has Medicare PART B ONLY and the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment.</p> <p>If Medicaid is Secondary, a prior authorization does not need to be obtained from the QIO prior to rendering the service. If the service is denied, a request must be submitted to QIO for prior authorization. A new claim with the corrected information must be submitted.</p> <p>For UB claims (Inpatient only): If beneficiary is partially eligible for the dates of service on the claim; attach the DHHS Form 945, Verification of Medicaid Eligibility Letter, to the NEW claim for review and consideration for payment.</p> <p>For retroactive eligibility, contact the QIO for authorization.</p> |
| 843 | RTF SERVICES REQUIRE PA | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | <p>UB CLAIM: RTF services require Prior Authorization (field 63) from the QIO. If the authorization number is missing, add it to a new claim and resubmit. If an authorization is on the claim, the number needs to be reviewed and updated. Contact the QIO. After the QIO has updated the system, submit a new claim.</p> <p>Notes: If Medicaid is primary and the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment.</p> <p>If Medicaid is Secondary, a prior authorization does not need to be obtained from the QIO prior to rendering the service.</p> <p>For UB claims (Inpatient only): If beneficiary is partially eligible for the dates of service on the claim; attach the DHHS Form 945 Verification of Medicaid Eligibility Letter to the NEW claim for review and consideration for payment.</p> <p>For retroactive eligibility, contact the QIO for authorization.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
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| 844 | IMD SERVICES REQUIRE PA | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | <p>UB CLAIM: IMD services require Prior Authorization (field 63) from the QIO. If the authorization number is missing, add it to a new claim and resubmit. If an authorization is on the claim, the number needs to be reviewed and updated. Contact the QIO. After the QIO has updated the system, submit a new claim.</p> <p>Notes: If Medicaid is primary and the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment.</p> <p>If Medicaid is Secondary, a prior authorization does not need to be obtained from the QIO prior to rendering the service.</p> <p>For UB claims (Inpatient only): If beneficiary is partially eligible for the dates of service on the claim; attach the DHHS Form 945 Verification of Medicaid Eligibility Letter to the NEW claim for review and consideration for payment.</p> <p>For retroactive eligibility, contact the QIO for authorization.</p> |
| 850 | HOME HEALTH VISITS FREQUENCY EXCEEDED | B1 – Non-Covered visits. | N30 – Patient ineligible for this service. | <p>CMS 1500 CLAIM: The frequency for visits has exceeded the allowed amount and prior authorization is required by the QIO. If there is an error, make the appropriate correction to the claim. Refer to the applicable provider policy manual.</p> <p>If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment.</p> |
| 851 | DUP SERVICE, PROVIDER SPEC and DIAGNOSIS | 18 – Exact duplicate claim/ service. | N522 – Duplicate of a claim processed, or to be processed, as a crossover claim. | <p>Verify that the procedure code and the diagnosis code were billed correctly. If incorrect, make corrections to the field(s) below. If correct, the first provider will be paid. The second provider of the same practice specialty will not be reimbursed for services rendered for the same diagnosis. If the 2nd provider should be reviewed and considered for payment, attach appropriate clinical documentation to the new claim which substantiates the services rendered.</p> <p>CMS-1500 CLAIM: Diagnosis code (field 21), procedure code (field 24D unshaded)</p> |

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| 852 | DUPLICATE PROV/ SERV FOR DATE OF SERVICE | B13 – Previously paid. Payment for this claim/ service may have been provided in a previous payment. | | <ol style="list-style-type: none"> 1. Review the remittance advice for the duplicate payment date. 2. Check the patient's financial record to see whether payment was received. 3. If two or more of the same procedures were performed on the same date of service and you only received payment for the first date of service, initiate a void to void the original paid claim. Submit a new claim (replacement claim) with the corrected information. 4. If two or more of the same procedures were performed on the same date of service by different individual providers, attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the claim for review and consideration for payment. <p>When applicable if two or more of the same procedure were performed on the same date of service and only one procedure was paid, make the appropriate correction to the modifier (field 24D unshaded) on the claim to indicate a repeat procedure. Refer to your manual for applicable repeat modifiers.</p> <p>For further instructions on Void and Replacement claims, refer to Section 3 of the applicable provider policy manual.</p> |
| 853 | DUPLICATE SERV/DOS FROM MULTIPLE PROV | B20 – Procedure/ service was partially or fully furnished by another provider. | | <p>Medicaid will not reimburse a physician if the procedure was also performed by a laboratory, radiologist, or a cardiologist. If none of the above circumstances apply, attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the new claim for review and consideration for payment.</p> <p>Verify that the procedure code (field 24D unshaded on the claim) and date of service (field 24A on the claim) were billed correctly. If incorrect, make the appropriate corrections and submit a new claim. If correct, this indicates that the first provider was paid and additional providers should attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the new claim for review and consideration for payment.</p> |
| 854 | VISIT WITHIN SURG PKG TIME LIMITATION | A1 – Claim/service denied. | M144 – Pre-/post-operative care payment is included in the allowance for the surgery/procedure. | <p>If the visit is related to the surgery and is the only line on the claim. The visit will not be paid.</p> <p>If the visit is related to the surgery and is on the claim with other payable lines, remove the line with the 854 edit and submit a new claim. This indicates you do not expect payment for this line. If the visit is unrelated to the surgical package, enter the appropriate modifier, 24 or 25, on the new claim (field 24D unshaded).</p> |

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| 855 | SURG PROC/PAID VISIT/TIME LIMIT CONFLICT | 151 – Payment adjusted because the payer deems the information submitted does not support this many/ frequency of services. | | If the visit and surgery are related, request recoupment of the visit to pay the surgery. If the visit and surgery are non-related, attach clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the new claim to justify the circumstances for review and consideration of payment. |
| 856 | 2 PRIM SURGEON BILLING FOR SAME PROC/DOS | B20 – Procedure/ service was partially or fully furnished by another provider. | | Check to see if individual provider number is correct, and the appropriate modifier is used to indicate different operative session, assistant surgeon, surgical team, etc. Make appropriate changes to the field(s) below and submit a new claim. If no modifier is applicable, and field is correct, attach appropriate clinical documentation (i.e., operative notes, etc.) to the new claim for review and consideration for payment. CMS-1500 CLAIM: Procedure code (field 24D unshaded), modifier (field 24D unshaded), line provider NPI (field 24J unshaded) |
| 857 | DUP LINE – REV CODE, DOS, PROC CODE, MODIFIER | 18 – Exact duplicate claim/service. | N522 – Duplicate of a claim processed, or to be processed, as a crossover claim. | UB CLAIM: The two-digit number in front of the edit code on the remittance advice identifies which line of field 42 or 44 contains the duplicate code. Make the appropriate correction to the new claim. Duplicate revenue or CPT/HCPCS codes should be combined into one line by deleting the whole duplicate line and adding the units and charges to the other line. |
| 858 | TRANSFER TO ANOTHER INSTITUTION DETECTED | B20 –Procedure/ service was partially or fully furnished by another provider. | | Check to make sure the dates of service are correct. If there are errors, make the appropriate correction to the new claim. |
| 859 | DUPLICATE PROVIDER FOR DATES OF SERVICE | B20 – Procedure/ service was partially or fully furnished by another provider. | | UB CLAIM: Check the remittance advice for the dates of previous payments that conflict with this claim. If this is a duplicate claim or if the additional charges do not change the payment amount, disregard the rejection. If additional services were performed on the same day and will result in a different payment amount, complete a replacement claim (new claim). If services were not done on the same date of service, a new claim should be filed with the correct date of service. Attach clinical documentation (i.e., operative notes, physician orders, etc.) for both the paid claim and new claim(s) explaining the situation. |

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| 860 | RECIP SERV FROM MULTI PROV FOR SAME DOS | B20 – Procedure/ service was partially or fully furnished by another provider. | | <p>UB CLAIM: This edit most frequently occurs with a transfer from one hospital to another. One or both of the hospitals entered the wrong "from" or "through" dates (field 6). Verify the date(s) of service. If incorrect, enter the correct dates of service the new claim. If the dates are correct, attach appropriate clinical documentation (i.e., discharge summary, transfer document, ambulance document, etc.) to the new claim for review and consideration for payment.</p> <p>If the claim has a 618 carrier code (field 50), the claim may be duplicating against another provider's Medicare primary inpatient or outpatient claim, or against the provider's own Medicare primary inpatient or outpatient claim. If either situation occurs, attach the Medicare EOMB to the new claim for review and consideration for payment.</p> |
| 863 | DUPLICATE PROV/SERV FOR DATES OF SERVICE | B13 – Previously paid. Payment for this claim/ service may have been provided in a previous payment. | | <p>UB CLAIM: Check the remittance advice for the dates of service for the paid claims that conflict with this claim. If all charges are paid for the date(s) of service, disregard the rejection. Submit a new claim, if it will result in a different payment amount.</p> <p>Note: Payment changes usually occurs when there is a change in the inpatient DRG or reimbursement type, or a change in the outpatient reimbursement type.</p> |
| 865 | DUP PROC/SAME DOS/DIFF ANES MOD | B13 – Previously paid. Payment for this claim/ service may have been provided in a previous payment. | | <p>You have been paid for this procedure with a different modifier. Verify by the anesthesia record the correct modifier. Make appropriate corrections, if applicable, and submit a new claim. If the paid claim is correct, discard the rejection. If this procedure should be paid, attach appropriate clinical documentation to the new claim for review and consideration for payment.</p> <p>CMS-1500 CLAIM: Procedure code (field 24D unshaded), modifier (field 24D unshaded)</p> |
| 866 | NURS HOME CLAIM DATES OF SERVICE OVERLAP | B13 – Previously paid. Payment for this claim/ service may have been provided in a previous payment. | | <p>Check the remittance advice for the dates of service for the paid claims that conflict with this claim. If all charges are paid for the date(s) of service, discard the claim.</p> <p>Submit a new DHHS Form 181 with monthly billing, if it will result in a different payment amount and different dates of service.</p> |
| 867 | DUPLICATE ADJ - ORIGINAL CLM ALRDY VOIDED | 18 – Exact duplicate claim/service. | N522 – Duplicate of a claim processed, or to be processed, as a crossover claim. | Provider has submitted an adjustment claim for an original claim that has already been voided. An adjustment cannot be made on a previously voided claim. Discard the claim. |

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| 877 | SURGICAL PROCS ON SEPERATE CLMS/SAME DOS | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | <p>This edit indicates payment has been made for a primary surgical procedure at 100%. The system has identified that another surgical procedure for the same date of service was paid after manual pricing and approval.</p> <p>This indicates a review is necessary to ensure correct payment of the submitted claim. Make corrections to the claim by entering appropriate modifiers to indicate different operative sessions, assistant surgeon, surgical team, etc., and attach appropriate clinical documentation to the new claim for review and consideration for payment.</p> <p>CMS-1500 CLAIM: Procedure code (field 24D unshaded), date of service (field 24A unshaded)</p> |
| 883 | CARE CALL SERVICE BILLED OUTSIDE THE CARE CALL SYSTEM | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | This edit cannot be manually corrected. The provider needs to submit billing through the Care Call System. |
| 884 | OVERLAPPING PROCEDURES (SERVICES) SAME DOS/SAME PROVIDER | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | <p>Check the remittance advice for the dates of service for the paid claims that conflict with this claim. Check the patient's financial records to see whether payment was received. If payment was received, discard the rejection. If the claim/service is incorrect, void the claim and submit a new claim with the corrected information. If the procedures (services) overlap, attach appropriate clinical documentation to the new claim to substantiate the services being billed for review and consideration for payment.</p> |
| 885 | PROVIDER BILLED AS ASST and PRIMARY SURGEON | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | <p>Verify which surgeon was primary and which was the assistant. Check the individual provider number. The modifier may need correcting to indicate different operative sessions, surgical team, etc. Attach applicable clinical documentation to the new claim for review and consideration for payment, if applicable, to determine which surgeon was primary and which was the assistant surgeon.</p> <p>If you have been paid incorrectly as a primary and/or assistant surgeon, void the paid claim and submit a new claim with the corrected information.</p> <p>Make appropriate corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Individual provider ID (field 24J unshaded), modifier (field 24D unshaded)</p> |

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| 887 | PROV SUBMITTING MULT CLAIMS FOR SURGERY | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment | | CMS 1500 CLAIM: First check your records to see if this claim has been paid. If it has, discard the rejection. If multiple procedures were performed and some have been paid, attach appropriate clinical documentation (i.e., Medicare EOB, sterilization consent forms, etc.), and remittance advice from original claim to the new claim for review and consideration for payment. If two surgical procedures were performed at different times on this DOS (two different operative sessions), enter the modifier 78 or 79 (field 24D unshaded) on the new claim. |
| 888 | DUP DATES OF SERVICE FOR EXTENDED NH CLM | B13 – Previously Paid. Payment for this claim/service may have been provided in a previous payment. | | Check your records to see if this claim has been paid. If this is a duplicate claim, disregard the rejection. If dates of service are different or payment amount is different, submit a corrected DHHS Form 181 and EOMB with a new claim. |
| 889 | PROVIDER PREVIOUSLY PD AS AN ASST SURGEON | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | CMS 1500 CLAIM: Verify which surgeon was primary and which was the assistant. If the surgeon has been paid as the assistant, and was the primary surgeon, void the paid claim and submit a new claim with the corrected information. If a review is needed, attach applicable clinical documentation (i.e., operative notes, surgical team, etc.) to the new claim for review and consideration for payment. |
| 892 | DUP DATE OF SERVICE, PROC/MOD ON SAME CLM | 18 – Exact duplicate claim/service. | N522 – Duplicate of a claim processed, or to be processed, as a crossover claim. | If duplicate services were not provided, delete the duplicate line from the claim. If duplicate services were provided and the correct duplicate modifier was billed, attach support clinical documentation to the new claim for review and consideration for payment. Make the corrections to the field(s) below. CMS-1500 CLAIM: Modifier (field 24D unshaded) Note: If reimbursement is for an assistant surgeon OR multiple births; use the Modifier (GB or CG) on the applicable lines(s). |
| 893 | CONFLICTING AA/QK MOD SUBMITTED SAME DOS | B20 – Procedure/service was partially or fully furnished by another provider. | | Claims are conflicting for the same date of service regardless of the procedure code, one with AA modifier and one with QK/QY modifier. Verify the correct modifier and/or procedure code for the date of service by the anesthesia record. Attach applicable clinical documentation to the new claim for review and consideration for payment. Make the corrections to the field(s) below. CMS-1500 CLAIM: Date of service (field 24A unshaded), Procedure code (field 24D unshaded), Modifier (field 24D unshaded), |

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| 894 | CONFLICTING QX/QZ MOD SUBMITTED SAME DOS | B20 – Procedure/ service was partially or fully furnished by another provider. | | <p>Claims are conflicting for the same date of service regardless of the procedure code, one with QX modifier and one with QZ modifier. Verify by the anesthesia record if the procedure was rendered by a supervised or independent CRNA. Attach applicable clinical documentation to the new claim for review and consideration for payment.</p> <p>Make the corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Date of service (field 24A unshaded), Procedure code (field 24D unshaded), Modifier (field 24D unshaded),</p> |
| 895 | CONFLICTING AA and QX/QZ MOD SAME PROC/DOS | B20 – Procedure/ service was partially or fully furnished by another provider. | | <p>Claims have been submitted by an anesthesiologist as personally performed anesthesia services and a CRNA has also submitted a claim. Verify by the anesthesia record the correct modifier for the procedure code on the date of service. Attach applicable clinical documentation to the new claim for review and consideration for payment.</p> <p>Make the corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Date of service (field 24A unshaded), Procedure code (field 24D unshaded), Modifier (field 24D unshaded),</p> |
| 897 | MULT. SURGERIES ON CONFLICTING CLM/DOS | 59 – Processed based on multiple or concurrent procedure rules. | | <p>CMS 1500 CLAIM: First check your records to see if this claim has been paid. If it has, discard the rejection. If multiple procedures were performed and some have been paid, attach appropriate clinical documentation (i.e., operative note and remittance from original claim, etc.) to the new claim for review and consideration for payment. If two surgical procedures were performed at different times on this DOS (two different operative sessions), enter the correct modifier 78 or 79 (field 24D unshaded) on the new claim.</p> |
| 899 | CONFLICTING QK/QZ MOD FOR SAME DOS | B20 – Procedure/ service was partially or fully furnished by another provider. | | <p>Verify by the anesthesia record the correct modifier and procedure code for the date of service. If this procedure was rendered by an anesthesia team, the supervising physician should bill with QK modifier and the supervised CRNA should bill with the QX modifier.</p> <p>The QY modifier indicates the physician was supervising a single procedure. Attach applicable clinical documentation to the new claim for review and consideration for payment. Refer to the applicable policy manual for clinical documentation guidelines.</p> <p>Make the corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Date of service (field 24A unshaded), Procedure code (field 24D unshaded), Modifier (field 24D unshaded),</p> |

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| 900 | PROVIDER ID IS NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | N77 – Missing/incomplete/invalid designated provider number. | Check your records to make sure that the provider ID number on the claim is correct. Make the appropriate correction to the new claim. For assistance, contact Provider Enrollment at 1-888-289-0709. |
| 901 | INDIVIDUAL PROVIDER ID NUM NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | N77 – Missing/incomplete/invalid designated provider number. | Check your records to make sure that the individual provider ID number is correct. Submit a new claim with the corrected information. For assistance, contact Provider Enrollment at 1-888-289-0709. Make the corrections to the field(s) below. CMS-1500 CLAIM: Individual provider ID (field 24J unshaded), |
| 902 | PROVIDER NOT ELIGIBLE ON DATE OF SERVICE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Pay-to-provider was not eligible for date of service or was not enrolled when service was rendered. Verify whether the date of service on claim is correct. Submit a new claim with the corrected information. For provider's eligibility status, contact Provider Enrollment at 1-888-289-0709. Note: If the provider was not eligible on the date of service, you will not be considered for payment. Discard the rejection. |
| 903 | INDIV PROVIDER INELIGIBLE ON DTE OF SERV | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Verify whether the date of service on the claim is correct. Submit a new claim with the corrected information. For provider's eligibility status, contact Provider Enrollment at 1-888-289-0709. Note: If the provider was not eligible on the date of service, you will not be considered for payment. Discard the rejection. |
| 904 | PROVIDER SUSPENDED ON DATE OF SERVICE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Verify whether the date of service on the claim is correct. If not, correct and submit a new claim. Direct further questions to SCDHHS Program Integrity at (803) 898-2640. |
| 905 | INDIVIDUAL PROVIDER SUSPENDED ON DOS | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Follow the resolution for edit 904. |

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| 906 | PROVIDER ON PREPAYMENT REVIEW | A1 – Claim/service denied. | N35 – Program Integrity/ utilization review decision. | Provider is on Prepayment Review. All claims must be submitted with documentation attached to substantiate the billed service. See document requirements outlined in the applicable provider policy manual. In some instances the provider may be required to submit paper claims. Refer to the Provider Prepayment Claims Review Notice. If you have not yet received notice or have questions regarding the notice, contact Program Integrity at 803-898-2640. |
| 907 | INDIVIDUAL PROVIDER ON PREPAYMENT REVIEW | A1 – Claim/service denied. | N35 – Program Integrity/ utilization review decision. | Provider is on Prepayment Review. All claims must be submitted with documentation attached to substantiate the billed service. See document requirements outlined in the applicable provider policy manual. In some instances the provider may be required to submit paper claims. Refer to the Provider Prepayment Claims Review Notice. If you have not yet received notice or have questions regarding the notice, contact Program Integrity at 803-898-2640. |
| 908 | PROVIDER TERMINATED ON DATE OF SERVICE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Follow the resolution for edit 903 |
| 909 | INDIVIDUAL PROVIDER TERMINATED ON DOS | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Follow the resolution for edit 903. |
| 911 | INDIV PROV NOT MEMBER OF BILLING GROUP | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | CMS 1500 CLAIM: Verify whether the provider number entered (field 24J) on the claim is correct. If incorrect, submit a new claim with the corrected information. If the provider number is correct, contact Provider Enrollment at 1-888-289-0709 to have the individual provider number added to the billing group ID number. After the system has been updated, submit a new claim. |
| 912 | PROV REQUIRES PA/NO PA NUMBER ON CLAIM | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | Prior authorization approval is required. If the authorization number is missing, enter the correct PA number on the new claim. If you do not have a PA number, attach the authorization approval letter to the new claim. For emergency services, attach the appropriate clinical documentation to the new claim for review and consideration for payment. |

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| 914 | INDIV PROV REQUIRES PA/NO PA NUM ON CLM | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | Prior authorization approval is required. If the authorization number is missing, enter the correct PA number on the new claim. If you do not have a PA number, attach the authorization approval letter to the new claim. For emergency services, attach the appropriate clinical documentation to the new claim for review and consideration for payment. |
| 915 | GROUP PROV ID/NO INDIV ID ON CLAIM/LINE | 16 – Claim/service lacks information which is needed for adjudication. | N77 – Missing/incomplete/invalid designated provider number. | Verify the rendering individual physician and enter his or her provider ID number in the field(s) below and submit a new claim. CMS-1500 CLAIM: Provider ID number (field 24J) |
| 916 | CRD PRIM DIAG CODE/PROV NOT CERTIFIED | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | CMS 1500 CLAIM: Verify and enter the correct primary diagnosis code (field 21) on the new claim. If correct, attach clinical documentation/certification for review and consideration for payment to the new claim, if applicable. |
| 917 | CRD SEC DIAG CODE/PROV NOT CERTIFIED | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Follow the resolution for edit 916 according to the secondary diagnosis code. |
| 918 | CRD PROCEDURE CODE/PROV NOT CERTIFIED | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | CMS 1500 CLAIM: Verify and enter the correct procedure code (field 24D unshaded) and submit a new claim. If correct, attach clinical documentation/certification for review and consideration for payment to the new claim, if applicable. |
| 919 | NO PA# ON CLM/PROV OUT OF 25 MILE RADIUS | 40 – Charges do not meet qualifications for emergent/urgent care. | | Prior authorization approval is required for services outside of the SC Medicaid service area. If the authorization number is missing, enter the correct PA number on the new claim. If you do not have a PA number, attach the authorization approval letter to the new claim. For emergency services, attach the appropriate clinical documentation to the new claim for review and consideration for payment. |
| 920 | Transportation Service is covered by Contractual Transportation Broker / not covered fee-for-service | 109 – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor. | N381 – Consult our contractual agreement for restrictions/billing/payment information related to these changes. | The transportation service is covered by a Contractual Transportation Broker and not fee-for-service by Medicaid. Contact the recipient's contracted provider for payment. |

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| 921 | Ambulance service is payable by Contractual Transportation Broker / not covered fee-for-service | 109 – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor. | N381 – Consult our contractual agreement for restrictions/billing/payment information related to these changes. | The ambulance service is covered by a Contractual Ambulance Broker and not fee-for-service by Medicaid. Contact the recipient's contracted provider for payment. |
| 922 | URGENT SERVICE/OOS PROVIDER | 133 – The disposition of the claim/service is pending further review. | | Verify the urgent service/out-of-state provider requirements were followed. Attach the appropriate clinical documentation to the new claim for review and consideration for payment. |
| 923 | PROVIDER TYPE / CAT. INCONSIST W/ LEVEL OF CARE | 150 – Payer deems the information submitted does not support this level of service. | | Verify that the provider information, procedure code and level of care are correct. If there are errors, submit a new claim with the corrected information. Refer to the applicable provider manual for appropriate provider type and level of care. |
| 924 | RCF PROV/RECIP PAY CAT NOT 85 OR 86 | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Check the recipient's eligibility to verify the payment category for the date of service that was rendered. If there are errors, submit a new claim with corrected DHHS CRCF-01 Form with the monthly billing and other applicable documentation. If the recipient's payment category has been updated to 85 or 86, submit a new claim with the DHHS CRCF-01 Form with the monthly billing. |
| 925 | AGES > 21 & < 65 / IMD HOSPITAL NON-COVERED | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Check the claim to make sure the recipient's age is from 21-64. Submit a new claim with the corrected information. If correct, attach appropriate clinical documentation (i.e., admission forms/ psychiatric prior authorizations, etc.), to the new claim for review and consideration for payment. |
| 926 | AGE 21-22/MENTAL INST SERV N/C - MAN REV | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Check the claim to make sure the recipient's age is from 21-22. Submit a new claim with the corrected information. If correct, attach appropriate clinical documentation (i.e., admission forms/ psychiatric prior authorizations, etc.), to the new claim for review and consideration for payment. |

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| 927 | PROVIDER NOT AUTHORIZED AS HOSPICE PROV | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Provider was not authorized or enrolled as a hospice provider when service was rendered and will not be considered for payment. For provider's enrollment or eligibility status, contact Provider Enrollment at 1-888-289-0709. |
| 928 | RECIP UNDER 21/HOSP SERVICE REQUIRES PA | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | UB CLAIM: No authorization number from the referring state agency is on the claim. Make the appropriate correction and submit a new claim. Attach appropriate clinical documentation to the new claim for review and consideration for payment, if applicable. |
| 929 | NON QMB RECIPIENT | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Provider is Medicare only provider attempting to bill for a non-QMB (Medicaid only) recipient. Medicaid does not provide reimbursement to QMB providers for non-QMB recipients. |
| 932 | PAY TO PROV NOT GROUP/LINE PROV NOT SAME | 16 – Claim/service lacks information which is needed for adjudication. | N77 – Missing/incomplete/invalid designated provider number. | Verify and correct the provider ID and/or NPI to ensure it is the same as the Provider ID and/or NPI on the line(s). Make the corrections to the field(s) below. CMS-1500 CLAIM: Provider ID (field 24J) NPI (field 33 A & B) |
| 933 | REV CODE 172 OR 175/NO NICU RATE ON FILE | 147 – Provider contracted/ negotiated rate expired or not on file. | | UB CLAIM: Verify the correct revenue code (field 42) was billed. If the revenue code is incorrect, make the appropriate correction to the new claim. If the provider was not contracted when the service was rendered, the negotiated rate expired, or the codes were not on file, the edit is valid and will not be considered for payment. |
| 934 | PRIOR AUTHORIZATION NH PROV ID NOT AUTHORIZED | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | Enter the correct Nursing Facility Provider number in the Prior Authorization field(s) below. CMS-1500 CLAIM: Prior Authorization (field 23) |
| 935 | PROVIDER WILL NOT ACCEPT TITLE 18 (MEDICARE) ASSIGNMENT | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Provider cannot bill for services on a beneficiary who is dually eligible. Services can only be billed for beneficiaries who are Medicaid only. Contact Provider Enrollment at 1-888-289-0709 regarding changes to enrollment status. |

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| 936 | NON EMERGENCY SERVICE/OOS PROVIDER | 40 – Charges do not meet qualifications for emergent/urgent care. | | UB CLAIM: If diagnosis code (field 67) and surgical procedure codes (field 44 or 74) have been coded correctly, this outpatient service is not covered for out-of-state providers. No payment is due from Medicaid. |
| 938 | PROV WILL NOT ACCEPT TITLE 19 (MEDICAID) ASSIGNMENT | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Provider cannot bill for services on a beneficiary who is Medicaid only. Services can only be billed for a beneficiary who is dually eligible. Contact Provider Enrollment at 1-888-289-0709 regarding changes to enrollment status. |
| 939 | IND PROV WILL NOT ACCEPT T-19 (MEDICAID) ASSIGNMENT | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N570 – Missing/incomplete/invalid credentialing data. | Provider cannot bill for services on a beneficiary who is Medicaid only. Services can only be billed for a beneficiary who is dually eligible. Contact Provider Enrollment at 1-888-289-0709 regarding changes to enrollment status. |
| 940 | BILLING PROV NOT RECIP IPC PHYSICIAN | 170 - Payment is denied when performed/billed by this type of provider. | N95 – This provider type/provider specialty may not bill this service. | Contact that recipient's IPC physician to obtain the authorization for the service. Submit the IPC/OSCAP authorization form or IPC/OSCAP termination form with the monthly billing. |
| 941 | NPI ON CLAIM NOT FOUND ON PROVIDER FILE | 208 – National Provider Identifier – Not matched. | | Check the NPI that was entered on the claim to ensure it is correct. If correct, register the NPI with Provider Enrollment. Medicaid Provider Enrollment Mailing address: PO Box 8809, Columbia, SC 29202-8809 Phone: 1-888-289-0709 Fax: (803) 870-9022 |
| 942 | INVALID NPI | 207 – National Provider Identifier – invalid format. | N257 – Missing/incomplete/invalid billing provider/supplier primary identifier. | The NPI used on the claim is inconsistent with numbering scheme utilized by NPPES. Submit a new claim with the corrected information. |
| 943 | TYPICAL PROVIDER, NO NPI ON CLAIM | 206 – National Provider Identifier – missing. | | Typical providers must use the NPI and six-character Medicaid Legacy Provider Number or NPI only for each rendering and billing/pay-to provider. When billing with NPI only, the taxonomy code for each rendering and billing/pay-to provider must also be included. Submit a new claim with the corrected information. |

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| 944 | TAXONOMY ON CLAIM HAS NOT BEEN REGISTERED WITH PROVIDER ENROLLMENT FOR THE NPI USED ON THE CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N255 – Missing/incomplete/invalid billing provider taxonomy. | Correct the taxonomy on the claim so that it is one that the provider registered with SCDHHS the claim or contact Provider Enrollment to add the taxonomy that is being used on the claim. Once Provider Enrollment has updated the system, submit a new claim. Medicaid Provider Enrollment Mailing address: PO Box 8809, Columbia, SC 29202-8809 Phone: 1-888-289-0709 Fax: (803) 870-9022 |
| 945 | PROFESSIONAL COMPONENT REQUIRED FOR PROV | A1 – Claim/service denied. | N13 – Payment based on professional/technical component modifier(s). | The services were rendered on an inpatient or outpatient basis. Enter a "26" modifier in field(s) below. Services described in this manual do not require a modifier. CMS-1500 CLAIM: Modifier (field 24D unshaded) |
| 946 | UNABLE TO CROSSWALK TO LEGACY PROVIDER NUMBER | 16 – Claim/service lacks information which is needed for adjudication. | N77 – Missing/incomplete/invalid designated provider number. | The NPI, taxonomy code, and/or zip code + 4 must be entered on the claim and must match the NPI information that the provider registered with SC Medicaid. Submit a new claim with the corrected information. Contact Provider Enrollment at 1-888-289-0709 to verify the NPI information which was registered or to make any updates to the NPI information contained on the provider's file. |
| 947 | ATYPICAL PROVIDER AND NPI UTILIZED ON THE CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N77 – Missing/incomplete/invalid designated provider number. | Atypical providers must continue to use their legacy number on the claim. Do not include an NPI if you are an atypical provider. Submit a new claim with the corrected information |
| 948 | CONTRACT RATE NOT ON FILE/SERV NC ON DOS | 147 – Provider contracted/negotiated rate expired or not on file. | | Review your contract to verify if the correct procedure code/rate and date of service were billed. Submit a new claim with the corrected information. If the procedure code/rate needs to be added, attach appropriate documentation to the claim for review and consideration for payment. |
| 949 | CONTRACT NOT ON FILE FOR ELECTRONIC CLAIMS | A1 – Claim/service denied. | N51 – Electronic interchange agreement not on file for provider/submitter. | Contact the EDI Support Center at 1-888-289-0709 for further assistance. |

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| 950 | RECIPIENT ID NUMBER NOT ON FILE | 31 – Patient cannot be identified as our insured. | | <p>Check the patient's Medicaid ID number to make sure it was entered correctly. Remember, the patient's Medicaid numbers is 10 digits (no alpha characters). If there is a discrepancy with the patient's Medicaid ID number, contact the Medicaid Eligibility office in the patient's county of residence to correct the number on the patient's file. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>Make the corrections to the field(s) below.</p> <p>CMS-1500 CLAIM: Medicaid ID (field 1A)</p> <p>UB CLAIM: Medicaid ID (field 60)</p> |
| 951 | RECIPIENT INELIGIBLE ON DATES OF SERVICE | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | <p>Always check the patient's Medicaid eligibility on each date of service. Medicaid eligibility may change. If the patient was eligible, contact your county Medicaid Eligibility office and have them update the patient's Medicaid eligibility on the system. After the county Medicaid Eligibility office has updated, submit a new claim.</p> <p>If the patient was not eligible for Medicaid on the date of service, the patient is responsible for your charges. If the patient was eligible for some but not all of your charges, submit a new claim with the corrected information.</p> |
| 952 | RECIPIENT PREPAYMENT REVIEW REQUIRED | 16 – Claim/service lacks information or has submission/billing error(s). | M62 – Missing/incomplete/invalid treatment authorization code. | <p>Verify the correct prior authorization number. If the authorization number is incorrect, make the appropriate correction to the new claim.</p> <p>Attach appropriate documentation to the new claim for review and consideration for payment, if applicable.</p> |

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| 953 | BUYIN INDICATED - POSSIBLE MEDICARE | 22 - This care may be covered by another payer per coordination of benefits. | | <p>File with Medicare first. If this has already been done, enter the Medicare carrier code, Medicare number, and Medicare payment in field(s) below and submit a new claim. If no payment was made, on the new claim, enter '1' in the TPL field.</p> <p>CMS-1500 CLAIM: Medicare carrier code (field 9D & 11C), Medicare number (field 9A & 11), Medicare payment (fields 9C, 11B & 29), and TPL indicator (field 10 D)</p> <p>UB CLAIM: (Inpatient/Outpatient): Medicare carrier code (field 50), Medicare number (field 60), and Medicare payment (field 54). If no payment was made, enter 0.00 (field 54) and occurrence code 24 or 25 (fields 31-34 A-B) and the date Medicare denied.</p> <p>UB CLAIM: (Inpatient Only): Attach the Medicare EOMB to the claim, if Medicare (Part A) benefits are exhausted or non-existent, prior to admission and patient is still in the same spell of illness, enter the 620 carrier code (field 50), enter the Medicare ancillary payment(s) (field 54 A) and enter the recipient's Medicare ID (field 60 A) the claim with the corrected information.</p> <p>Click here for additional resolutions tips at MedicareLearning.com.</p> |
| 957 | DIALYSIS PROC CODE/PAT NOT CIS ENROLLED | 16 – Claim/service lacks information which is needed for adjudication. | N188 – The approved level of care does not match the procedure code submitted. | Attach the ESRD enrollment form (Form 218) for the first date of service to the new claim. Please refer to the applicable policy manual for documentation submission guidelines. |
| 958 | IPC DAYS EXCEEDED OR NOT AUTH ON DOS | 273 – Coverage/ program guidelines were exceeded. | | <p>Integrated Personal Care services/OSCAP are authorized with start and end dates of service. If the start and end dates of service are incorrect, submit a new IPC/OSCAP form with the corrected information on the new claim.</p> <p>If correct, attach a copy of the service provision form and/or any applicable DHHS forms to the new claim for review and consideration for payment.</p> <p>Please refer to the applicable policy manual for documentation submission guidelines</p> |
| 960 | EXCEEDS ESRD M'CARE 90 DAY ENROLL PERIOD | 16 – Claim/service lacks information which is needed for adjudication. | MA92 – Missing plan information for other insurance. | <p>For review and consideration for payment, attach the denial letter or document from the Social Security Administration (SSA) and Medicare letter denying benefits to the new claim.</p> <p>Please refer to the applicable policy manual for documentation submission guidelines.</p> |

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| 964 | FFS CLAIM FOR SLMB/QDWI RECIP NOT CVRD | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Medicaid pays Medicare premiums only for recipients in these Medicaid payment categories. Fee-for-service Medicaid claims are not reimbursed. |
| 965 | PCCM RECIP/PROV NOT PCP-PROC REQ REFERRAL | 243 - Services not authorized by network/primary care providers. | N95 – This provider type/provider specialty may not bill this service. | Contact the recipient's primary care physician (PCP) and obtain authorization for the procedure. Enter the authorization number provided by the PCP in the field(s) below and submit the new claim. CMS-1500 CLAIM: (field 19) UB CLAIM: Treatment authorization code (field 63) |
| 966 | RECIP NOT ELIG FOR VENT WAIVER SERV | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | CMS 1500 CLAIM: The claim was submitted with a Mechanical Ventilator Dependent Waiver (MVDW) specific procedure code, but the patient was not a participant in the MVDW. Verify the procedure code (field 24D unshaded) and Medicaid ID number (field 1A). Make the appropriate corrections on the new claim. If the patient Medicaid ID number is correct, the procedure code is correct and a MVDW form has been obtained, contact the service coordinator listed at the bottom of the waiver form. Once the system has been updated, submit a new claim. |
| 967 | RECIP NOT ELIG FOR HD and SPINAL SERVICES | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | The claim was submitted with a Head and Spinal Cord Injured (HASCI) waiver-specific procedure code, but the patient was not a participant in the HASCI waiver. Verify the procedure code (field 24D unshaded) and Medicaid ID number (field 1A). If incorrect, make the appropriate corrections to the new claim. If the patient Medicaid ID number is correct, the procedure code is correct and the HASCI waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form. Once the system has been updated, submit a new claim. |
| 970 | HOSPICE SERV/RECIP NOT ENROLLED FOR DOS | 96 – Non-covered charges. | N143 – The patient was not in a hospice program during all or part of the service dates billed. | Service is hospice. Recipient is not enrolled in hospice for the date of service. |
| 974 | RECIP IN MCO/MCO COVERS FIRST 90 DAYS | 24 – Charges are covered under a capitation agreement/managed care plan. | | If you are a provider with the MCO plan, bill the MCO for the first 90 days. |

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| Edit Code | Description | CARC | RARC | Resolution |
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| 975 | PACE PARTICIPANT/ALL SERVICES PROVIDED BY PACE | 109 – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor. | N381 – Consult our contractual agreement for restrictions/billing/payment information related to these charges. | Contact recipient's PACE organization. |
| 976 | HOSPICE RECIPIENT/ SERVICE REQUIRES PA | B9 – Patient is enrolled in a Hospice. | | <p>Use the SCDHHS Web Tool to determine who the Hospice provider is. Contact the hospice provider to obtain the prior authorization number. Enter the authorization number in the field(s) below and submit a new claim.</p> <p>CMS 1500 CLAIM: Prior authorization number/MHN referral Number (field 19)</p> <p>UB CLAIM: Prior authorization number (field 63)</p> |
| 977 | FREQUENCY FOR AMBULATORY VISITS EXCEEDED | 151 – Payment adjusted because the payer deems the information submitted does not support this many/ frequency of services. | | <p>Medicaid recipients are allowed 12 ambulatory care visits per year. The ambulatory care visits for this recipient have been exhausted. Verifying the availability of the recipient's ambulatory care visits on the date of service being billed or the day before will reflect the estimated visits remaining at the time of service, but should not be considered a guarantee of payment. Please refer to the Ambulatory Care Visit Guidelines in the applicable provider manual for more information. All timely filing requirements must be met.</p> <p><u>Provider options:</u></p> <p>Submit a request to Medicaid for additional ambulatory care visit(s), including appropriate documentation stating the medical reason(s) for the request. Once the authorization is obtained, submit a new claim along with the SCDHHS approval letter, or</p> <p>Bill the patient for the non-covered office visit only. Medicaid will reimburse lab work, injections, x-rays, etc., done in addition to the office visit, or</p> <p>Change the office visit code to the minimal established office E/M code, 99211, and accept the lower reimbursement. This code does not count toward the ambulatory care visit limit.</p> <p><u>Exceptions to the 977 edit:</u></p> <p>Medicaid recipients residing in a nursing home or long-term care facility are exempt from the ACV limit of 12 visits. This applies to claims with a place of service of 31, 32, 33 and 54. A new claim must be submitted within six months of the rejection with a copy of verification of coverage attached indicating ambulatory care visits were available for the date of service being billed. The availability of</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|--|---|
| | | | | <p>ambulatory visits must have been verified on the actual date of service being billed or the day before.</p> <p>If the visit code was a line item rejection and other services paid on the claim, the provider must file a new claim within six months of the rejection with a copy of verification of coverage indicating ambulatory care visits were available for the date of service being billed. The availability of ambulatory visits must have been verified on the actual date of service being billed or the day before.</p> <p>All timely filing requirements must be met.</p> |
| 978 | FREQUENCY FOR IP HOSPITAL VISITS EXCEEDED | 151 – Payment adjusted because the payer deems the information submitted does not support this many/ frequency of services. | | <p>UB CLAIM: The frequency for visits has exceeded the allowed amount. If there is an error, make the appropriate correction to the new claim.</p> <p>If correct, for review and consideration for payment of additional visits, attach appropriate clinical documentation to the new claim to substantiate the services being billed.</p> |
| 979 | FREQ. FOR CHIROPRACTIC VISITS EXCEEDED | 151 – Payment adjusted because the payer deems the information submitted does not support this many/ frequency of services. | | <p>The frequency for visits has exceeded the allowed amount. If there is an error, make the appropriate correction to the new claim.</p> <p>CMS-1500 CLAIM: Unit(s) (field 24G)</p> |
| 980 | H HLTH NURS CARE N/C FOR DUAL ELIG RECIP | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | File your claim with the Medicare intermediary. |
| 984 | RECIP LIVING ARR INDICATES MEDICAL FAC | 5 – The procedure code/bill type is inconsistent with the place of service. | M77 – Missing/incomplete/invalid place of service. | <p>Verify patient's place of residence on date of service. If there are errors, submit a new claim with the corrected information.</p> <p>If correct, for review and consideration for payment, attach applicable documentation (i.e., insurance EOB) to the new claim which verifies the place of residence.</p> |
| 985 | RECIP NOT ELIG FOR CHILDREN'S PCA SERV | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Check to make sure you have billed the correct Medicaid ID number, procedure code and that this client is in the CHPC program. If you have not billed the correct Medicaid ID number or procedure code, or the client is not in the CHPC program, submit a new claim with the corrected information. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 987 | RECIP NOT ELIG FOR HIV/AIDS WAIVER SERV | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | <p>The claim was submitted with a HIV/AIDS Waiver-specific procedure code, but the patient was not a participant in the HIV/AIDS Waiver. Check the procedure code and Medicaid ID number. If incorrect, make the appropriate corrections to the new claim.</p> <p>If the patient Medicaid number is correct, the procedure code is correct, and a HIV/AIDS Waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form. Once the system has been updated, submit a new claim.</p> |
| 988 | CRD PROCEDURE/DOS PRIOR TO COVERAGE | 26 – Expenses incurred prior to coverage. | N30 – Patient ineligible for this service. | <p>Call PSC representative to see what the recipient's first date of treatment is. If dates of service on the claim are prior to enrollment date, verify enrollment date. If enrollment date is correct, change dates on the new claim</p> <p>If enrollment date is wrong, the recipient's file will need to be updated. Attach a new enrollment form (DHHS Form 218) to the new claim</p> |
| 989 | RECIP IN MCO/SERV COVERED BY MCO | 24 – Charges are covered under a capitation agreement/ managed care plan. | | <p>Recipient is enrolled with a Managed Care Organization (MCO), the MCO is responsible for management of this recipient's medical services. If you are a provider with the MCO, bill the MCO for the medical service. Discard the rejection. SCDHHS Fee for Service (FFS) Medicaid is not responsible for claim payment for this recipient.</p> <p>UB CLAIM Only: Attach EOB denial from the MCO, to the NEW claim for review and consideration for payment.</p> <p>Click here for additional resolution tips at MedicaidLearning.com.</p> |
| 990 | FP RECIP/SERVICE IS NOT FP | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | <p>Make sure the Medicaid ID number matches the patient served. Check the diagnosis code(s), procedure code(s), and/or modifier to ensure the correct codes were billed. If incorrect, make the appropriate changes by adding a family planning diagnosis code, procedure code, and/or FP modifier to the new claim. If this service was not directly related to family planning it is non-covered under the Family Planning Waiver and by Medicaid, therefore the patient is responsible for the charges.</p> <p>Click here for additional resolution tips at MedicaidLearning.com.</p> |
| 991 | RECIP ISCEDC/COSY-LIMITED SERVS. COVERED | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Limited services are covered for this recipient. This is not a covered service. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|----------------------------|--|---|
| 993 | RECIP NOT ELIG FOR PACE SERV | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | The recipient was not eligible for PACE when the service was rendered. Verify that the information on the claim is correct. If not correct, submit a new claim with the corrected information. If the recipient's PACE eligibility status has been updated in the system, submit a new claim. |
| 994 | RECIP ELIG FOR EMERGENCY SVCS ONLY | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Recipient is eligible for “emergency medical services” only. Transportation services and/or any other non-emergent medical services are non-covered for these recipients and will not be considered for payment. |
| 995 | INMATE RECIP ELIG FOR INSTIT. SVCS ONLY | A1 – Claim/service denied. | N30 – Patient ineligible for this service. | Recipient eligible for institutional services only. Review the claim to determine if the services were directly related to institutional services. If there are errors, submit a new claim with the corrected information. If the services are not directly related to institutional services, the services are non-covered and will not be considered for payment. UB CLAIM: Only inpatient claims will be reimbursed. |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Effective 01/01/19

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---------------|---------------|----|-----------|------------|-----------------------|
| CO5 | | | | | | | |
| 700 | | | | | | | |
| X1T | | | | | | | |
| C53 | | | | | | | |
| X2C | | | | | | | |
| X21 | | | | | | | |
| X20 | | | | | | | |
| X2D | | | | | | | |
| C67 | | | | | | | |
| X25 | | | | | | | |
| C69 | | | | | | | |
| X2E | | | | | | | |
| X2Q | | | | | | | |
| A60 | | | | | | | |
| X1Z | | | | | | | |
| X2N | | | | | | | |
| C23 | | | | | | | |
| X2I | | | | | | | |
| X2R | | | | | | | |
| 102 | | | | | | | |
| X0G | | | | | | | |
| 754 | 1199 SEIU NATIONAL BENEFIT FUND | PO BOX 1007 | NEW YORK | NY | 101081007 | 6464739200 | |
| 462 | 1ST MEDICAL NETWORK | PO BOX 724317 | ATLANTA | GA | 31139 | 8889806676 | CODE ASSIGNED BY SCHA |
| 710 | 21ST CENTURY HEALTH AND BENEFITS, INC. | PO BOX 5037 | CHERRY HILL | NJ | 08034 | 8003234890 | |
| F27 | 3PADMINISTRATORS | PO BOX 247 | ONALASKA | WI | 54650 | 6087793000 | DENTAL ONLY |
| B14 | A.C.S. CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 271022000 | 3367592013 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---|-------------------|----|-----------|------------|---|
| B14DN | A.C.S. CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 271022000 | 3367592013 | DENTAL ONLY |
| 650 | ABBEVILLE COUNTY | | | | | | |
| 543 | ACHA/CAREINGTON INTERNATIONAL CORP | PO BOX 2568 | FRISCO | TX | 75034 | 8002900523 | CODE ASSIGNED BY SCHA |
| 266 | ACMG ADMINISTRATORS OF SOUTH CAROLINA | 2570 TECHNICAL DR. | MIAMISBURG | OH | 45342 | 8002326242 | |
| 786 | ACS BENEFIT SERVICES, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 271022000 | 8008495370 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C49 | ACS CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 27102 | 8008495370 | WAS PENN WESTERN |
| 355 | ACTIVA HEALTH GROUP | 4350 E. CAMELBACK RD. # 200 | PHOENIX | AZ | 85018 | 6024689500 | |
| 341 | ADMINISTRATIVE CONCEPTS, INC. | 994 OLD EAGLE SCHOOL RD., STE. 1005 | WAYNE | PA | 19087 | 8882939229 | |
| 563 | ADMINISTRATIVE SERVICE CONSULTANTS | 3301 E ROYALTON RD. BLDG. D | BROADVIEW HEIGHTS | OH | 44147 | | |
| 346 | ADMINISTRATIVE SERVICES, INC. | 2187 NORTHLAKE PARKWAY STE. 106 BLDG #9 | TUCKER | GA | 30084 | 7709343953 | |
| 829 | ADMINISTRATIVE SOLUTIONS | PO BOX 2490 | ALPHARETTA | GA | 30023 | 6783390211 | |
| 731 | ADOVA HEALTH | PO BOX 725549 | ATLANTA | GA | 31139 | 8664704959 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C15 | ADVANCE PCS | PO BOX 52188 | PHOENIX | AZ | 850722196 | 4803914600 | SEE CARRIER 471 |
| D11 | ADVANCED BENEFIT SOLUTIONS | PO BOX 71490 | PHOENIX | AZ | 85050 | 8884191094 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA MEDICARE SUPPLEMENTAL PLAN |
| 310 | ADVANCED DATA SOLUTIONS | PO BOX 723097 | ATLANTA | GA | 31139 | 8007425246 | |
| C72 | ADVANCED INSURANCE ADMINISTRATION | 125 MERRILL DR., STE. 2000 | LITTLE ROCK | AR | 72211 | 8882424800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D33 | ADVANTRA FREEDOM | PO BOX 7154 | LONDON | KY | 407427154 | 8007135095 | MEDICARE ADVANTAGE PLAN |
| C88 | ADVENTIST RISK MANAGEMENT | PO BOX 1928 | GRAPEVINE | TX | 76099 | 8006380589 | |
| 899 | AETNA HEALTH PLANS OF THE CAROLINAS, INC. | 3 CENTERVIEW DR. | GREENSBORO | NC | 27407 | 8004591466 | HMO PLAN ONLY |
| A55 | AETNA LIFE AND CASUALTY | PO BOX 36890 | LOUISVILLE | KY | 40232 | 8004233289 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D16 | AETNA MEDICARE OPEN PLAN | PO BOX 14079 | LEXINGTON | KY | 405124079 | 8006240756 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------------------|--------------|----|-----------|------------|---|
| 100RX | AETNA PHARMACY | PO BOX 52444 | PHOENIX | AZ | 850722444 | 8002386279 | |
| 100 | AETNA US HEALTHCARE | PO BOX 14079 | LEXINGTON | KY | 40512 | 8003334432 | |
| 100DN | AETNA US HEALTHCARE | PO BOX 14094 | LEXINGTON | KY | 40512 | 8004517715 | |
| B43 | AFFINITY HEALTH PLAN | PO BOX 981726 | EL PASO | TX | 799981726 | 8662475678 | |
| 776 | AFID (ASSO. OF FRANCHISE AND INDEPENDENT DIST.) | 1 S. LIMESTONE ST., STE. 301 | SPRINGFIELD | OH | 45502 | 8667669016 | CODE IN OPEN STATUS BY SCHA |
| 595 | AFLAC-AMERICAN FAMILY LIFE ASSO CO | 1932 WYNNTON RD. | COLUMBUS | GA | 31999 | 8009923522 | |
| 289 | AFTRA HEALTH FUND | 261 MADISON AVE. | NEW YORK | NY | 10016 | 8005624690 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| E55 | AG ADMINISTRATORS | PO BOX 979 | VALLEY FORGE | PA | 19482 | 8006348628 | |
| 651 | AIKEN COUNTY | | | | | | |
| 455 | ALASKA TEAMSTER TRUST | 520 E 34TH AVE., STE. 107 | ANCHORAGE | AK | 995034116 | 8004784450 | CODE ASSIGNED BY SCHA |
| 344 | ALIA CLAIMS DEPARTMENT | PO BOX 9060 | PHOENIX | AZ | 850689060 | 8008825707 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 299 | ALICARE | PO BOX 1447 | NEW YORK | NY | 10116 | 2125395115 | |
| 200 | ALL AMERICAN LIFE INSURANCE CO. | 8501 WEST HIGGINS RD. | CHICAGO | IL | 60631 | 7733996645 | |
| 199 | ALL OTHER CARRIERS | | | | | | |
| F54 | ALLEGIANCE | PO BOX 3018 | MISSOULA | MT | 59806 | 8559992271 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |
| E54 | ALLEGIANCE BENEFIT PLAN MANAGEMENT | PO BOX 3018 | MISSOULA | MT | 598063018 | 8008771122 | |
| 560 | ALLEN MEDICAL CLAIMS ADMINISTRATORS | PO BOX 978 | FT. VALLEY | GA | 310300978 | 8008255406 | |
| 652 | ALLENDALE COUNTY | | | | | | |
| 272 | ALLIANCE HEALTH BENEFIT PLAN | PO BOX 6443 | ROCKVILLE | MD | 20850 | 8003423289 | |
| 521 | ALLIANCE PPO, INC. | PO BOX 934 | FREDERICK | MD | 21705 | 8002350123 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A33 | ALLIANT HEALTH PLANS, INC. | PO BOX 21109 | ROANOKE | VA | 24108 | 8002834927 | |
| 413 | ALLIED BENEFITS SYSTEM | PO BOX 909786-60690 | CHICAGO | IL | 606909786 | 8002882078 | |
| 135 | ALLIED NATIONAL, INC. | PO BOX 419233 | KANSAS CITY | MO | 641416233 | 8008257531 | CARRIER WAS ALLIED GROUP INSURANCE TRUST |
| 115 | ALLSTATE INSURANCE | PO BOX 7068 | COLUMBIA | SC | 29202 | 8003668997 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-------------------------------------|-------------------|----|-----------|------------|--|
| 193 | ALLSTATE WORKPLACE DIVISION | PO BOX 853916 | RICHARDSON | TX | 750853916 | 8009377039 | |
| 581 | ALTA RX | PO BOX 30081 | SALT LAKE CITY | UT | 84130 | 8009985033 | |
| A02 | ALTERNATIVE BENEFITS PLANS, INC. | 2920 BRANDYWINE RD., STE. 106 | ATLANTA | GA | 30341 | 8002417319 | |
| E44 | ALTERNATIVE INSURANCE RESOURCE, INC. | PO BOX 680787 | BIRMINGHAM | AL | 352660787 | 8004514318 | |
| B96 | ALTERNATIVE RISK MANAGERMENTS (ARM LTD) | 814 N.W. HIGHWAY | ARLINGTON HEIGHTS | IL | 60004 | 8003921770 | |
| 234 | ALWAYS CARE BENEFITS, INC. | PO BOX 80139 | BATON ROUGE | LA | 70898 | 8887295433 | DENTAL PLAN |
| 161 | AMA INSURANCE AGENCY, INC. | PO BOX 804238 | CHICAGO | IL | 60680 | 8004585736 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 297 | AMALGAMATED LIFE INSURANCE | PO BOX 1451 | NEW YORK | NY | 101161451 | 2124735700 | |
| F57 | AMBETTER PEACH STATE HEALTH PLAN | PO BOX 5010 | FARMINGTON | MD | 636405010 | 8776871180 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |
| C07 | AMERIBEN SOLUTIONS | PO BOX 7186 | BOISE | ID | 83707 | 8007867930 | |
| 309 | AMERICAN ADMINISTRATIVE GROUP | PO BOX 5227 | LISLE | IL | 605325227 | 6304939252 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 910 | AMERICAN ADMINISTRATIVE GROUP | PO BOX 5227 | LISLE | IL | 605325227 | 8003545112 | WAS GALLAGER & BASSETT SERVICES |
| 469 | AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP) | PO BOX 740819 | ATLANTA | GA | 30374 | 8005235880 | |
| B61 | AMERICAN BEHAVIORAL | 3680 GRANDVIEW PARKWAY STE. 100 | BIRMINGHAM | AL | 35243 | 8009258327 | |
| 968 | AMERICAN BENEFIT ADMINISTRATIVE SERVICES | PO BOX 0928 | BROOKFIELD | WI | 53008 | 6304161111 | |
| 271 | AMERICAN BENEFIT PLAN ADMINISTRATOR | 2200-B ROSSELLE ST. | JACKSONVILLE | FL | 32204 | 8004685126 | |
| 488 | AMERICAN BENEFITS MANAGEMENT | 8310 PORT JACKSON AVE. NORTHWEST | NORTH CANTON | OH | 44720 | 3309665500 | |
| B44 | AMERICAN CHOICE HEALTH PLAN, LLC | PO BOX 922043 | HOUSTON | TX | 77292 | 8006334226 | |
| B44DN | AMERICAN CHOICE HEALTH PLAN, LLC | PO BOX 922009 | HOUSTON | TX | 77292 | 8005989799 | |
| A93 | AMERICAN COLLEGE OF SURGEONS | PO BOX 2522 | FORT WORTH | TX | 761132522 | 8004331672 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 778 | AMERICAN CONTINENTAL INSURANCE CO | PO BOX 14770 | LEXINGTON | KY | 40512 | 8002644000 | |
| D48 | AMERICAN CONTINENTAL INSURANCE CO | PO BOX 2368 | BRENTWOOD | TN | 37024 | 6153371300 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-------------------------------------|---------------|----|-----------|------------|--|
| 106 | AMERICAN FIDELITY ASSURANCE BENEFITS | PO BOX 25160 | OKLAHOMA CITY | OK | 731250160 | 8006548489 | |
| 150 | AMERICAN GENERAL LIFE AND ACCIDENT INS CO | PO BOX 1500 | NASHVILLE | TN | 372021500 | 8008882452 | |
| 951 | AMERICAN GROUP ADMINISTRATORS | 101 CONVENTION CENTER DR., STE. 200 | LAS VEGAS | NE | 89109 | 8008424742 | |
| A57 | AMERICAN GROUP ADMINISTRATORS, INC. | 101 CONVENTION CENTER DR., STE. 200 | LAS VEGAS | NV | 89109 | 8008424742 | CODE ASSIGNED BY SCHA |
| 118 | AMERICAN HEALTH & LIFE INSURANCE | 300 ST. PAUL PLACE | BALTIMORE | MD | 21202 | 3013323000 | |
| C92 | AMERICAN HEALTH CARE | 3850 AHERTON RD. | ROCKLIN | CA | 95765 | 8008728276 | |
| C92DN | AMERICAN HEALTH CARE | 3001 DOUGLAS ST. | ROSEVILLE | CA | 95661 | 8008728276 | |
| 919 | AMERICAN HEALTH GROUP, INC. | PO BOX 1500 | MAUMEE | OH | 43537 | 8008728276 | |
| 383 | AMERICAN HEALTHCARE ALLIANCE | PO BOX 8530 | KANSAS CITY | MO | 641140530 | 8772840102 | |
| 119 | AMERICAN HERITAGE LIFE INSURANCE | 1776 AMERICAN HERITAGE LIFE DR. | JACKSONVILLE | FL | 32224 | 8005358086 | |
| 840 | AMERICAN, INCOME LIFE INSURANCE COMPANY | PO BOX 2608 | WACO | TX | 76797 | 8177723050 | |
| B69 | AMERICAN INSURANCE ADMINISTRATORS | PO BOX 2348 | COLUMBUS | OH | 432162348 | 8009221245 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| D38 | AMERICAN INSURANCE ADMINISTRATORS | PO BOX 2348 | COLUMBUS | OH | 43216 | 8009221245 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 369 | AMERICAN INTERNATIONAL GROUP | PO BOX 25050 | WILMINGTON | DE | 19899 | 8004687077 | |
| 167 | AMERICAN INTERNATIONAL GROUP (AIG) ACCIDENT | PO BOX 26050 | OVERLAND PARK | KS | 66225 | 8887221668 | |
| A62 | AMERICAN MEDICAL AND LIFE INSURANCE (AMLI) | PO BOX 1353 | CHICAGO | IL | 60690 | 8882641512 | |
| 532 | AMERICAN MEDICAL SECURITY | PO BOX 19032 | GREEN BAY | WI | 543079032 | 8002325432 | |
| 120 | AMERICAN NATIONAL INSURANCE COMPANY | PO BOX 1790 | GALVESTON | TX | 77553 | 8008996803 | |
| B98 | AMERICAN PIONEER LIFE INSURANCE COMPANY | PO BOX 130 | PENSACOLA | FL | 32591 | 8005381053 | |
| 321 | AMERICAN POSTAL WORKERS UNION HEALTH PLAN | PO BOX 188004 | CHATTANOOGA | TN | 37422 | 8002222798 | |
| 321DN | AMERICAN POSTAL WORKERS UNION HEALTH PLAN | PO BOX 1358 | GLEN BURNIE | MD | 21060 | 8002222798 | |
| 164 | AMERICAN PROGRESSIVE INSURANCE | PO BOX 130 | PENSACOLA | FL | 325910130 | 8006268913 | |
| A05 | AMERICAN PUBLIC LIFE INSURANCE CO. | PO BOX 925 | JACKSON | MS | 39205 | 8002568606 | |
| 722 | AMERICAN REPUBLIC INSURANCE COMPANY | PO BOX 21670 | EAGAN | MN | 55121 | 8002472190 | |
| C70 | AMERICAN RETIREMENT LIFE | PO BOX 30010 | AUSTIN | TX | 757553010 | 8664591755 | REQUESTED BY THE SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------------------|-----------------|----|-----------|------------|---|
| 875 | AMERICAN SENTINEL | PO BOX 61140 | HARRISBURG | PA | 171061140 | 8006927338 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 503 | AMERICAN SPECIAL RISK MANAGEMENT | 509 SOUTH LENOLA RD., BLDG. TWO | MOORESTOWN | NJ | 08057 | 8003597475 | |
| C82 | AMERICAN STANDARD LIFE & ACCIDENT INS. CO. | PO DRAWER 3248, 224 NORTH INDEPENDENT | ENID | OK | 73701 | 4052334000 | CODE IN OPEN STATUS BY SCHA |
| 253 | AMERICAN STERLING INSURANCE SERVICES | PO BOX 26103 | OVERLAND PARK | KS | 66225 | 8772926037 | |
| 125 | AMERICAN TRAVELERS LIFE INSURANCE COMPANY | 3220 TILLMAN DR. | BEN SALEM | PA | 19020 | 2152441600 | |
| 275 | AMERICAN TRUST ADMINISTRATORS | PO BOX 87 | SHAWNEE MISSION | KS | 66201 | 9134514900 | |
| 496 | AMERICAN VETERINARIAN MEDICINE ASSN. | PO BOX 909720 | CHICAGO | IL | 606049720 | 8006216360 | |
| D61 | AMERICA'S 1ST CHOICE | PO BOX 210769 | COLUMBIA | SC | 29210 | 8663213947 | MEDICARE ADVANTAGE PLAN |
| D23 | AMERICA'S HEALTH CHOICE MEDICAL PLANS,(HMO) | 762 SOUTH US HWY. ONE PMB 224 | VERO BEACH | FL | 32962 | 8003089823 | MEDICARE ADVANTAGE PLAN |
| 557 | AMERICORP INS. CO | PO BOX 3430 | CARMEL | IN | 46082 | 8666994186 | |
| D51 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | MEDICAID HMO |
| D94 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | MEDICAID HMO |
| D60 | AMERIGROUP COMMUNITY CARE OF SC | PO BOX 31789 | VIRGINIA BEACH | VA | 234661789 | 8006004441 | CODE ASSIGNED BY SCHA |
| 284 | AMERIHEALTH ADMINISTRATORS | 720 BLAIR RD. | HORSHAM | PA | 19044 | 8003454017 | |
| 110 | AMERIHEALTH HMO, INC. | PO BOX 41574 | PHILADELPHIA | PA | 191011574 | 8886323862 | CODE ASSIGNED BY SCHA |
| 894 | AMERIHEALTH MERCY HEALTH PLAN | PO BOX 7118 | LONDON | KY | 40742 | 8889917200 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A10 | AMERISCRIP | 4301 DARROW RD., STE. 4200 | STOW | OH | 44224 | 8006816912 | |
| 210 | AMERITAS LIFE INSURANCE | PO BOX 82520 | LINCOLN | NE | 68501 | 8002559678 | |
| B08 | AMFIRST INSURANCE CO | PO BOX 16708 | JACKSON | MS | 39236 | 8888882519 | |
| 653 | ANDERSON COUNTY | | | | | | |
| 330 | ANNUITY BOARD OF SOUTHERN BAPTIST CONVENTION | PO BOX 2190 | NASHVILLE | TN | 37234 | 2147200511 | |
| X0Y | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 105187 | ATLANTA | GA | 30348 | 8005529159 | |
| X0YDN | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 659444 | SAN ANTONIO | TX | 78265 | 8006224822 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------|---------------|----|-----------|------------|--|
| X0YRX | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 37010 | LOUISVILLE | KY | 40233 | 8006224822 | |
| 529 | ANTHEM HEALTH | 3575 KROGER BLVD., STE. 400 | DULUTH | GA | 30316 | 8008881966 | |
| 579 | ANTHEM PRESCRIPTION MANAGEMENT | PO BOX 145433 | CINCINNATI | OH | 45250 | 8006620210 | USE CARRIER A24 |
| D65 | ANTHEM SENIOR ADVANTAGE | PO BOX 37690 | LOUISVILLE | KY | 402337180 | 8882909160 | MEDICARE ADVANTAGE PLAN |
| 171 | AON | PO BOX 66 | WINSTON-SALEM | NC | 27102 | 8003683804 | |
| 523 | APA PARTNERS, INC. | PO BOX 1506 | LATHAM | NY | 121108006 | 8008333650 | |
| 705 | APS HEALTHCARE, INC. | PO BOX 1307 | ROCKVILLE | MD | 20849 | 8002218699 | |
| D13 | ARCADIAN | PO BOX 4946 | COVINA | CA | 91723 | 8007756490 | CODE ORIGINALLY ASSIGNED AS MA IN ERROR USE CODE 816 FOR MA PLAN |
| 816 | ARCADIAN MEMBER CARE | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | MEDICARE ADVANTAGE PLAN |
| 981 | ARGUS HEALTH SYSTEMS | PO BOX 419019 | KANSAS CITY | MO | 64141 | 8005227487 | |
| A49 | ARIZONA FOUNDATION FOR MEDICAL CARE | PO BOX 2909 | PHOENIX | AZ | 850622909 | 6022318855 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| X11 | ARKANSAS BLUE CROSS AND BLUE SHIELD, INC. | PO BOX 2181 | LITTLE ROCK | AR | 72203 | 5013782010 | |
| B78 | ARM GROUP (OMNICARE) | 340 QUADRANGLE DR. | BOLINGBROOK | IL | 60440 | 8009687222 | |
| 972 | ASR CORP (ADMINISTRATION SYSTEM RESEARCH) | PO BOX 6392 | GRAND RAPIDS | MI | 49516 | 8009682449 | |
| 505 | ASSOCIATED ADMINISTRATORS | PO BOX 27806 | BALTIMORE | MD | 212857806 | 8006382972 | |
| 898 | ASSOCIATION & SOCIETY INS. CORP | PO BOX 2510 | ROCKVILLE | MD | 20847 | 8006382610 | |
| 934 | ASSOCIATION & SOCIETY INS. CORP | PO BOX 2510 | ROCKVILLE | MD | 20847 | 8006382610 | |
| 458 | ASSOCIATION BENEFIT PLAN (MEDICARE) | PO BOX 668587 | CHARLOTTE | NC | 282668587 | 8006340069 | CODE ASSIGNED BY SCHA |
| 386 | ASSURANT HEALTH | PO BOX 624 | MILWAUKEE | WI | 532010624 | MILWAUKEE | WAS FORTIS INSURANCE COMPANY |
| 386DN | ASSURANT HEALTH | PO BOX 2940 | CLINTON | IA | 527332940 | 8004427742 | DHHS INTERNAL RECOVERY CLAIMS BILLING MUST BE FAX TO: 414-224-0472 |
| 448 | ASSURANT HEALTH INSURANCE | PO BOX 42033 | HAZELWOOD | MD | 63042 | 8005537654 | CODE ASSIGNED BY SCHA |
| 451 | ASSURECARE RISK MANAGEMENT | 340 QUADRANGLE BLVD. | BOLINGBROOK | IL | 60440 | 8007597422 | |
| 105 | ATHENE ANNUITY AND LIFE ASSURANCE COMPANY | PO BOX 19038 | GREENVILLE | SC | 29602 | 8646091000 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|----------------------------------|-------------|----|-----------|------------|---|
| 971 | ATLANTA ADMINISTRATIONS | 135 BEAVER ST. | WALTHAM | MA | 02452 | 8005481256 | |
| B34 | ATLANTA LIFE INSURANCE COMPANY | 100 AUBURN AVE., NE | ATLANTA | GA | 30303 | 4046592100 | |
| 122 | ATLANTIC COAST LIFE INSURANCE COMPANY | PO BOX 20010 | CHARLESTON | SC | 294130010 | 8437638680 | |
| B45 | ATLANTICARE | PO BOX 613 | HAMMONTON | NJ | 08037 | 8883282287 | |
| 526 | AULTCARE | PO BOX 6910 | CANTON | OH | 44706 | 8003448858 | |
| 588 | AUTOMATED BENEFIT SERVICES, INC. | PO BOX 321223 | DETROIT | MI | 482321223 | 8002751896 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B82 | AVANTE HEALTH | 1111 E. HERNDON AVE., STE. 308 | FRESNO | CA | 93720 | 8664163617 | |
| C40 | AVERA HEALTH PLANS | PO BOX 381506 | BIRMINGHAM | AL | 35238 | 8883222115 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 494 | AVESIS PHARMACY NETWORK | 3724 N 3RD ST., STE. 300 | PHOENIX | AZ | 85012 | 6022413400 | |
| B58 | AVMED HEALTH | PO BOX 569000 | MIAMI | FL | 332569000 | 8004528633 | |
| A72 | BABB, INC. | 850 RIDGE AVE. | PITTSBURGH | PA | 15212 | 8002456102 | |
| 358 | BAKERY & CONFECTIONERY UNION | 10401 CONNECTICUT AVE., STE. 300 | KENSINGTON | MD | 208953960 | 3014683742 | |
| 654 | BAMBERG COUNTY | | | | | | |
| 987 | BANKERS FIDELITY LIFE INS CO | PO BOX 105652 | ATLANTA | GA | 30348 | 4042665500 | |
| 815 | BANKERS FIDELITY LIFE INSURANCE COMPANY | PO BOX 260040 | PLANO | TX | 75026 | 8664587499 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 123 | BANKERS LIFE & CASUALTY | PO BOX 66927 | CHICAGO | IL | 606660927 | 8006213724 | |
| 655 | BARNWELL COUNTY | | | | | | |
| 644 | BCBS OF GEORGIA | PO BOX 9907 | COLUMBUS | GA | 31908 | 8004412273 | MEDICARE INTERMEDIARY |
| X0BDN | BCBS OF GEORGIA DENTAL | PO BOX 659444 | SAN ANTONIO | TX | 78265 | 4048428000 | |
| X0MDN | BCBS OF MASSACHUSETTS | PO BOX 986005 | BOSTON | MA | 02298 | 8002535210 | DENTAL ONLY |
| 867 | BCBS OF NC | PO BOX 30087 | DURHAM | NC | 27702 | 9194897431 | |
| C62 | BCBS OF SC MEDICARE BLUE PRIVATE (PFFS) | PO BOX 100133 | COLUMBIA | SC | 29202 | 8006053256 | MEDICARE ADVANTAGE PLAN |
| C63 | BCBS OF SC MEDICARE BLUE&MEDICARE BLUE PLUS (PPO) | PO BOX 100133 | COLUMBIA | SC | 29202 | 8006053256 | MEDICARE ADVANTAGE PLAN |
| 643 | BCBS OF TENNESSEE | 730 CHESTNUT ST. | CHATTANOOGA | TN | 37402 | 8772966189 | MEDICARE INTERMEDIARY |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|------------------------------------|-----------------------------------|-------------------|----|-----------|------------|---|
| 656 | BEAUFORT COUNTY | | | | | | |
| 881 | BEHAVIORAL HEALTH SYSTEMS | PO BOX 830724 | BIRMINGHAM | AL | 352830724 | 8002451150 | |
| C08 | BENECARD | PO BOX 2187 | CLIFTON | NJ | 07015 | 8007379528 | |
| 750 | BENEFIT ADMINISTRATIVE SERVICES | PO BOX 4509 | ROCKFORD | IL | 61110 | 8159699663 | |
| C79 | BENEFIT ADMINISTRATIVE SYSTEM, LTD | PO BOX 17475 JOVANNA DR., STE. 1B | HOMEWOOD | IL | 60430 | 7087997400 | |
| E87 | BENEFIT ADMINISTRATIVE SYSTEMS | PO BOX 2920 | MILWAUKEE | WI | 53201 | 8005250582 | |
| B37 | BENEFIT ADMINISTRATORS | PO BOX 21308 | COLUMBIA | SC | 29221 | 8778400936 | |
| B37DN | BENEFIT ADMINISTRATORS | PO BOX 1957 | BEATTYVILLE | KY | 41311 | 8003258424 | |
| 300 | BENEFIT ADMINISTRATORS, INC. | PO BOX 6279 | ERIE | PA | 16512 | 8007772524 | |
| 300DN | BENEFIT ADMINISTRATORS, INC. | PO BOX 6279 | ERIE | PA | 16512 | 8007772524 | |
| 475 | BENEFIT ASSISTANCE CORP. | PO BOX 950 | HURRICANE | WV | 25526 | 3045621913 | |
| 319 | BENEFIT CONCEPTS | PO BOX 60608 | KING OF PRUSSIA | PA | 19406 | 8002202600 | |
| F29DN | BENEFIT COORDINATORS | PO BOX 210546 | COLUMBIA | SC | 29221 | 8037220110 | DENTAL |
| F29 | BENEFIT COORDINATORS | PO BOX 210546 | COLUMBIA | SC | 29221 | 8037220110 | |
| A86 | BENEFIT MANAGEMENT CO | PO BOX 269000 | WESTON | FL | 333269000 | 8002629175 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C12 | BENEFIT MANAGEMENT, INC. | PO BOX 1090 | GREAT BEND | KS | 66210 | 8002901368 | |
| 301 | BENEFIT PLAN ADMINISTRATORS | PO BOX 21392 | EAGEN | MN | 55121 | 8002778973 | |
| C28 | BENEFIT PLAN MANAGEMENT | PO BOX 536 | ROCKLYN | MA | 02370 | 8776427500 | |
| 311 | BENEFIT PLANNERS, INC. | PO BOX 682010 | SAN ANTONIO | TX | 78269 | 2106991872 | |
| 980 | BENEFIT SUPPORT, INC. | PO BOX 2977 | GAINESVILLE | GA | 30503 | 8007774782 | |
| 772 | BENEFIT SYSTEMS, INC. | PO BOX 6001 | INDIANAPOLIS | IN | 462066001 | 8008243216 | |
| 127 | BENEFITSOURCE, INC. | PO BOX 240 | MONROE | MI | 48161 | 8004231028 | CODE ASSIGNED BY SCHA |
| A25 | BENESCRIPIT | 8300 E. MAPLEWOOD AVE. | GREENWOOD VILLAGE | CO | 80111 | 8003453189 | |
| 985 | BENESIGHT | PO BOX 340 | PUEBLO | CO | 81002 | 8003621116 | |
| A81 | BENESYS | PO BOX 90082 | LUBBOCK | TX | 79402 | 3372341789 | |
| 256 | BENICOMP | 8310 CLINTON PARK DR. | FT. WAYNE | IN | 46825 | 8008377400 | CODE ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------------|-----------------|----|-----------|------------|--|
| 380 | BENCHMARK, INC. | PO BOX 16767 | JACKSON | MS | 39236 | 6013660596 | |
| 481 | BENOVATION | 3481 CENTRAL PARKWAY, STE. 200 | CINCINNATI | OH | 45223 | 8006816912 | CODE ASSIGNED BY SCHA |
| 657 | BERKELEY COUNTY | | | | | | |
| 904 | BEST CHOICE HEALTH PLAN | PO BOX 21128 | FORT LAUDERDALE | FL | 33335 | 8008674446 | |
| E29 | BEST LIFE AND HEALTH INSURANCE CO. | PO BOX 890 | MERIDIAN | ID | 836800890 | 8004330088 | |
| D08 | BIG LOTS ASSOCIATE BENEFIT PLAN | PO BOX 9071 | DUBLIN | OH | 430170971 | 8772542363 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| X2X | BLUE CROSS BLUE SHIELD OF HAWAII | PO BOX 44500 | HONOLULU | HI | 96801 | 8007764672 | |
| 902 | BLUE CARE NETWORK OF MI | PO BOX 68710 | GRAND RAPID | MI | 49516 | 8006588878 | CODE ASSIGNED BY SCHA. THIS IS THE HMO TO CC 504 WHICH IS THE POS |
| C64 | BLUE CHOICE HEALTH PLAN (PPO) | PO BOX 6170 | COLUMBIA | SC | 29260 | 8772753256 | MEDICARE ADVANTAGE (PPO) |
| 922 | BLUE CHOICE HEALTHPLAN | PO BOX 6170 | COLUMBIA | SC | 292606170 | 8037868466 | WAS COMPANION HEALTHCARE NAME CHANGE EFFECTIVE 7/1/05 |
| 403 | BLUE CHOICE/MEDICAID | PO BOX 6170 | COLUMBIA | SC | 29260 | 8772753256 | MEDICAID HMO |
| X2G | BLUE CROSS & BLUE SHIELD CENTRAL NEW YORK, INC. | PO BOX 4809 | SYRACUSE | NY | 132214809 | 3154483801 | |
| X2W | BLUE CROSS & BLUE SHIELD OF ARIZONA, INC. | PO BOX 13466 | PHOENIX | AZ | 850023466 | 6028644100 | |
| X1V | BLUE CROSS & BLUE SHIELD OF COLORADO | 700 BROADWAY | DENVER | CO | 80273 | 3038312131 | |
| X1H | BLUE CROSS & BLUE SHIELD OF CONNECTICUT, INC. | PO BOX 533 | NORTH HAVEN | CT | 06473 | 2032394961 | |
| X0L | BLUE CROSS & BLUE SHIELD OF DELAWARE, INC. | PO BOX 1991 | WILMINGTON | DE | 19899 | 3024210260 | |
| X0B | BLUE CROSS & BLUE SHIELD OF GEORGIA/ATLANTA, INC. | PO BOX 9907 | COLUMBUS | GA | 319086007 | 4048428000 | FOR GEORGIA STATE EMPLOYEES USE CARRIER 419 GEORGIA STATE HEALTH BENEFIT PLAN |
| X1M | BLUE CROSS & BLUE SHIELD OF KANSAS | 1133 SOUTHWEST TOPEKA BLVD. | TOPEKA | KS | 66629 | 7852914180 | |
| X2B | BLUE CROSS & BLUE SHIELD OF KANSAS CITY | PO BOX 419169 | KANSAS CITY | MO | 641416169 | 8008926048 | |
| X0U | BLUE CROSS & BLUE SHIELD OF KENTUCKY, INC. | 9901 LINN STATION RD. | LOUISVILLE | KY | 40223 | 5024232011 | |
| X1L | BLUE CROSS & BLUE SHIELD OF LOUISIANA | PO BOX 98029 | BATON ROUGE | LA | 708989029 | 5042915370 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---|------------------|----|-----------|------------|-------------------------------------|
| X1Q | BLUE CROSS & BLUE SHIELD OF MAINE | 2 GANNETT DR. | SOUTH PORTLAND | ME | 041066911 | 2077751550 | |
| X01 | BLUE CROSS & BLUE SHIELD OF MARYLAND, INC. | PO BOX 14115 | LEXINGTON | KY | 40512 | 8005244555 | |
| X0I | BLUE CROSS & BLUE SHIELD OF MARYLAND, INC. | PO BOX 9836 | BALTIMORE | MD | 21204 | 8005244555 | USE CARRIER X01 |
| X1K | BLUE CROSS & BLUE SHIELD OF MEMPHIS | 85 NORTH DANNY THOMAS BLVD. | MEMPHIS | TN | 38103 | 9015293111 | |
| X0Q | BLUE CROSS & BLUE SHIELD OF MICHIGAN | PO BOX 312500 | DETROIT | MI | 48231 | 8004820898 | |
| X0QDN | BLUE CROSS & BLUE SHIELD OF MICHIGAN | PO BOX 49 | DETROIT | MI | 48231 | 8888268152 | |
| X1P | BLUE CROSS & BLUE SHIELD OF MINNESOTA | PO BOX 64338 | ST. PAUL | MN | 55164 | 8003822000 | |
| X0Z | BLUE CROSS & BLUE SHIELD OF MISSISSIPPI, INC. | PO BOX 1043 | JACKSON | MS | 39215 | 6016644590 | |
| X2U | BLUE CROSS & BLUE SHIELD OF MISSOURI | 1831 CHESTNUT ST. | ST. LOUIS | MO | 63103 | 3149234444 | AKA ALLIANCE BLUE CROSS BLUE SHIELD |
| X1U | BLUE CROSS & BLUE SHIELD OF NEBRASKA | PO BOX 3248, MAIN PO STATION | OMAHA | NE | 681800001 | 4023901820 | |
| X0S | BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC. | PO BOX 1219 | NEWARK | NJ | 07101 | 8006241110 | AKA HORIZON BCBS OF NEW JERSEY |
| X0SDN | BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC. | PO BOX 1311 | MINNEAPOLIS | MN | 55440 | 8003552583 | AKA HORIZON BCBS OF NEW JERSEY |
| X0C | BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA | PO BOX 35 | DURHAM | NC | 27702 | 8002144844 | |
| X0CDN | BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA | PO BOX 2100 | WINSTON-SALEM | NC | 271022100 | 9194897431 | |
| X2J | BLUE CROSS & BLUE SHIELD OF NORTH DAKOTA | 4510 13TH AVE. SW | FARGO | ND | 581210001 | 8003682312 | |
| X2T | BLUE CROSS & BLUE SHIELD OF OKLAHOMA | PO BOX 3283 | TULSA | OK | 74102 | 9185603535 | |
| X1F | BLUE CROSS & BLUE SHIELD OF RHODE ISLAND | 500 EXCHANGE ST. | PROVIDENCE | RI | 02903 | 4018317300 | |
| X0P | BLUE CROSS & BLUE SHIELD OF TENNESSEE | 1 CAMERON HILL CIRCLE | CHATTANOOGA | TN | 374020002 | 8004689736 | |
| X0PDN | BLUE CROSS & BLUE SHIELD OF TENNESSEE | 1 CAMERON HILL CIRCLE STE. 0002 | CHATTANOOGA | TN | 374020002 | 8005659140 | |
| X1W | BLUE CROSS & BLUE SHIELD OF UTAH | PO BOX 30270 | SALT LAKE CITY | UT | 841300270 | 8013332100 | |
| X2H | BLUE CROSS & BLUE SHIELD OF UTICA - WATERTOWN, INC. | 12 RHOADS DR., UTICA BUSINESS DISTRICT | UTICA | NY | 13501 | 3157984238 | |
| X2S | BLUE CROSS & BLUE SHIELD OF VERMONT | PO BOX 2365 | SOUTH BURLINGTON | VT | 54072365 | 8022472583 | |
| X0F | BLUE CROSS & BLUE SHIELD OF VIRGINIA | PO BOX 27401 | RICHMOND | VA | 23279 | 8009916061 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------|--------------|----|-----------|------------|--|
| X2O | BLUE CROSS & BLUE SHIELD OF WEST VIRGINIA, INC. | PO BOX 1353 | CHARLESTON | WV | 25325 | 3043477709 | |
| X1J | BLUE CROSS & BLUE SHIELD OF WESTERN NEW YORK, INC. | PO BOX 80 | BUFFALO | NY | 142400080 | 8008880757 | |
| X0H | BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN | PO BOX 2025 | MILWAUKEE | WI | 53201 | 4142246100 | |
| X1D | BLUE CROSS /BLUE SHIELD OF NATIONAL CAPITAL AREA | 550 12TH ST. SW | WASHINGTON | DC | 20024 | 2024798000 | |
| X0O | BLUE CROSS AND BLUE SHIELD OF ALABAMA | PO BOX 2294 | BIRMINGHAM | AL | 35201 | 8005176425 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| X0ODN | BLUE CROSS AND BLUE SHIELD OF ALABAMA | PO BOX 830389 | BIRMINGHAM | AL | 352830389 | 8005176425 | |
| X0D | BLUE CROSS AND BLUE SHIELD OF FLORIDA | PO BOX 1798 | JACKSONVILLE | FL | 322310014 | 8007272227 | |
| 401 | BLUE CROSS AND BLUE SHIELD OF SC | PO BOX 100300 | COLUMBIA | SC | 29202 | 8037883860 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. STREET ADDRESS 4101 CERVICAL RD. COLA 29219 |
| 401DN | BLUE CROSS AND BLUE SHIELD OF SC | 4101 PERCIVAL RD. | COLUMBIA | SC | 29219 | 8037883860 | THIS CODE USED ONLY FOR DENTAL CLAIMS WHERE BCBS IS THE INSURANCE CARRIER |
| X0N | BLUE CROSS AND BLUE SHIELD OF TEXAS | PO BOX 660044 | DALLAS | TX | 752660044 | 8004510287 | |
| X0NDN | BLUE CROSS AND BLUE SHIELD OF TEXAS | PO BOX 660247 | DALLAS | TX | 75266 | 8004947218 | |
| X2FDN | BLUE CROSS AND BLUE SHIELD OF THE ROCHESTER AREA | PO BOX 22999 | ROCHESTER | NY | 14692 | 7163253630 | DENTAL |
| 453 | BLUE CROSS ANTHEM MEDICARE ADVANTAGE | 2100 CORPORATE CENTER | NEWBURY PARK | CA | 913201431 | 8006762583 | MEDICARE ADVANTAGE PLAN |
| X2Y | BLUE CROSS BLUE SHIELD OF MONTANA | PO BOX 5004 | GREAT FALLS | MT | 59403 | 4067914000 | |
| X1A | BLUE CROSS BLUE SHIELD OF NEW MEXICO | PO BOX 27630 | ALBUQUERQUE | NM | 87125 | 8007113795 | |
| X1FDN | BLUE CROSS BLUE SHIELD OF RHODE ISLAND | PO BOX 69427 | HARRISBURG | PA | 171069427 | 8008312400 | DENTAL ONLY |
| F49 | BLUE CROSS BLUE SHIELD OF WYOMING | PO BOX 2266 | CHEYENNE | WY | 82003 | 8004422376 | |
| F49DN | BLUE CROSS BLUE SHIELD OF WYOMING | PO BOX 2266 | CHEYENNE | WY | 82003 | 8004422376 | DENTAL ONLY |
| X0W | BLUE CROSS OF CALIFORNIA | PO BOX 60007 | LOS ANGELES | CA | 90060 | 8006776669 | |
| D67 | BLUE CROSS OF FLORIDA HEALTH OPTIONS | PO BOX 1798 | JACKSONVILLE | FL | 32231 | 8773522583 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------------------|--------------|----|-----------|------------|--|
| X0A | BLUE CROSS OF GEORGIA/COLUMBUS, INC. | PO BOX 9907 | COLUMBUS | GA | 319089907 | 8004412273 | POLICIES SHOULD BE ADDED WITH XOB. BCBS OF OF GA. |
| X0ARX | BLUE CROSS OF GEORGIA/COLUMBUS, INC. | PO BOX 9907 | COLUMBUS | GA | 319089907 | 8004412273 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| X2V | BLUE CROSS OF IDAHO HEALTH SERVICE, INC. | PO BOX 7408 | BOISE | ID | 83707 | 2083447411 | |
| X2VDN | BLUE CROSS OF IDAHO HEALTH SERVICE | PO BOX 7408 | BOISE | ID | 83707 | 2083447411 | DENTAL ONLY |
| X0T | BLUE CROSS OF ILLINOIS | PO BOX 805107 | CHICAGO | IL | 60680 | 8006348644 | |
| X0TDN | BLUE CROSS OF ILLINOIS | PO BOX 23059 | BELLEVILLE | IL | 62223 | 8668260914 | |
| X0M | BLUE CROSS OF MASSACHUSETTS, INC. | PO BOX 986020 | BOSTON | MA | 022986020 | 8002535210 | |
| XOV | BLUE CROSS OF NORTHEASTERN NEW YORK, INC. | PO BOX 15013 | ALBANY | NY | 12212 | 5184385500 | |
| X2L | BLUE CROSS OF NORTHEASTERN PENNSYLVANIA | PO BOX 890179 | CAMP HILL | PA | 170890179 | 8008298599 | |
| X1X | BLUE CROSS OF OHIO | PO BOX 956 | TOLEDO | OH | 43696 | 8003621279 | |
| X1E | BLUE CROSS OF PUERTO RICO | PO BOX 366068 | SAN JUAN | PR | 009366068 | 8097599898 | |
| X2M | BLUE CROSS OF WASHINGTON AND ALASKA | PO BOX 91059 | SEATTLE | WA | 981119159 | 8007221471 | |
| X1YDN | BLUE SHIELD OF CALIFORNIA | PO BOX 272590 | CHICO | CA | 959272590 | 8887024171 | |
| X1Y | BLUE SHIELD OF CALIFORNIA | PO BOX 272540 | CHICO | CA | 95927 | 8882351765 | |
| X0V | BLUE SHIELD OF NORTHEASTERN NEW YORK | PO BOX 15013 | ALBANY | NY | 12212 | 5184534600 | |
| D41 | BLUEGRASS FAMILY HEALTH | PO BOX 22738 | LEXINGTON | KY | 40522 | 8007872680 | |
| 390 | BOARD OF PENSIONS EVANGELICAL LUTHERAN CHURCH | PO BOX 59093 | MINNEAPOLIS | MN | 554590093 | 6123337651 | |
| 337 | BOARD OF PENSIONS OF THE PRESBYTERIAN CHURCH OF | PO BOX 13896 | PHILADELPHIA | PA | 19101 | 8007737752 | |
| 404 | BOB JONES UNIVERSITY | 1700 WADE HAMPTON BLVD. | GREENVILLE | SC | 29614 | 8643701800 | |
| 190 | BOILERMAKERS NATIONAL HEALTH & WELFARE FUND | 754 MINNESOTA AVE., STE. 522 | KANSAS CITY | KS | 661012762 | 9133426555 | |
| 739 | BOLLINGER, INC. | PO BOX 727 | SHORT HILLS | NJ | 07078 | 8662670092 | |
| 702 | BOON CHAPMAN BENEFIT ADMINISTRATORS | PO BOX 9201 | AUSTIN | TX | 787669201 | 8002529653 | CODE ASSIGNED BY SCHA |
| 702DN | BOON CHAPMAN BENEFIT ADMINISTRATORS | PO BOX 9201 | AUSTIN | TX | 787669201 | 8002529653 | DENTAL ONLY |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------------|---------------|----|-----------|------------|--|
| F53 | BOON GROUP | PO BOX 559017 | AUSTIN | TX | 78755 | 8664750056 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |
| C22 | BOSTON MUTUAL LIFE INSURANCE COMPANY | 120 ROYALL ST. | CANTON | MA | 02021 | 6178287000 | |
| 854 | BOYD CARE (BOYD BROTHERS TRANSPORTATION) | PO BOX 70 | CLAYTON | AL | 36016 | 3347751284 | |
| D58 | BRAVO HEALTH MEDICARE ADVANTAGE | PO BOX 4433 | BALTIMORE | MD | 21223 | 8005561570 | MEDICARE ADVANTAGE PLAN |
| 294 | BRIDGESTONE/FIRESTONE COMPANIES | PO BOX 26605 | AKRON | OH | 44319 | 8002378447 | |
| E89 | BROADREACH MEDICAL RESOURCES | 1350 BROADWAY #410 | NEW YORK | NY | 10018 | 8887182375 | |
| 852 | BUILDERS MUTUAL INSURANCE CO | PO BOX 150006 | RALEIGH | NC | 276240006 | 8008094861 | |
| E30 | BUSINESS ADMINISTRATORS AND CONSULTANTS, INC. | PO BOX 107 | REYNOLDSBURG | OH | 43068 | 8005212654 | |
| 304 | BUTLER BENEFIT SERVICE, INC. | PO BOX 3310 | DAVENPORT | IA | 528083310 | 8669272200 | |
| 262 | CAIC (CONTINENTAL AMERICAN INS. CO) | PO BOX 6080226 | MISSION VIEJO | CA | 926906080 | 8887302244 | |
| 658 | CALHOUN COUNTY | | | | | | |
| 973 | CAMBRIDGE INTEGRATED SERVICES GROUP, INC. | PO BOX 1687 | GRAND RAPIDS | MI | 49501 | 8007669780 | USE CARRIER 171 AON |
| 832 | CAMERON AND ASSOCIATES | 6100 LAKE FOREST DR. | ATLANTA | GA | 30328 | 8003879919 | |
| 998 | CANADA LIFE ASSURANCE CO. | 6201 POWERS FERRY RD., STE. 100 | ATLANTA | GA | 30348 | 8003332542 | |
| X2K | CAPITAL BLUE CROSS | PO BOX 211457 | EAGAN | MN | 551213057 | 8009622242 | |
| 274 | CAPITAL DISTRICT PHYSICIANS PLAN | PO BOX 66602 | ALBANY | NY | 122066602 | 8009267526 | |
| 966 | CAPITOL ADMINISTRATORS OF THE SOUTHEAST | PO BOX 188061 | CHATTANOOGA | TN | 37422 | 8886506566 | |
| 166 | CAPITOL AMERICAN LIFE INSURANCE COMPANY | PO BOX 94953 | CLEVELAND | OH | 441014953 | 2166966400 | |
| 128 | CAPITOL LIFE INSURANCE COMPANY | PO BOX 1200 | DENVER | CO | 80201 | 8005252115 | PER HOSP. ASSO. 07/02, THIS IS STILL A VALID CARRIER |
| F18 | CARE CONNECT | PO BOX 830259 | BIRMINGHAM | AL | 352830259 | 8557067545 | |
| D42 | CARE IMPROVEMENT PLUS | PO BOX 4347 | SCRANTON | PA | 18505 | 8666862506 | MEDICARE ADVANTAGE PLAN |
| 764 | CARE LINK HEALTH PLAN | PO BOX 7373 | LONDON | KY | 407427373 | 8003482922 | |
| B92 | CARE SOURCE | ONE SOUTH MAIN | DAYTON | OH | 45402 | 8004880134 | |
| F56 | CAREFIRST BLUECHOICE MARYLAND | PO BOX 14116 | LEXINGTON | KY | 40512 | 8008425975 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |
| 151 | CARELINK | PO BOX 7373 | LONDON | KY | 40742 | 8003482922 | MEDICAID HMO |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------|------------------|----|-----------|------------|---|
| 471 | CAREMARK | PO BOX 52195 | PHOENIX | AZ | 850722195 | 8003030187 | |
| 280 | CAREMARK PRESCRIPTION SERVICES | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8008415550 | USE CARRIER 471 |
| 903 | CAREPLUS HEALTH PLAN | PO BOX 31286 | TAMPA | FL | 336313286 | 8008674445 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B04 | CARITEN HEALTHCARE | PO BOX 22987 | KNOXVILLE | TN | 37933 | 8002840042 | CODE IN OPEN STATUS BY SCHA |
| D21 | CARITEN SENIOR HEALTH | PO BOX 22885 | KNOXVILLE | TN | 37933 | 8656707790 | MEDICARE ADVANTAGE PLAN |
| 945 | CAROLINA ATLANTIC MEDICAL SERVICES ORGANIZATION | PO BOX 22528 | CHARLESTON | SC | 29413 | 8008100906 | DORMANT 8/06 |
| A71 | CAROLINA BEHAVIORAL HEALTH ALLIANCE | PO BOX 571137 | WINSTON-SALEM | NC | 271571137 | 8004757900 | |
| 498 | CAROLINA BENEFIT ADMINISTRATORS | PO BOX 3257 | SPARTANBURG | SC | 29304 | 8645736937 | |
| 445 | CAROLINA CARE PLAN/MEDICAL MUTUAL INS. CO. OF OHIO | PO BOX 6018 | CLEVELAND | OH | 441011018 | 8003153143 | ALSO KNOWN AS SUPERMED ANOTHER PHONE # 800-232-3143 |
| 445DN | CAROLINA CARE PLAN/MEDICAL MUTUAL INS. CO. | PO BOX 6018 | CLEVELAND | OH | 441011018 | 800315314 | DENTAL ONLY |
| 723 | CAROLINA CONTINENTAL INSURANCE | PO BOX 427 | COLUMBIA | SC | 29202 | 8032566265 | |
| E12 | CAROLINA CRESCENT | 1201 MAIN ST., STE. 970 | COLUMBIA | SC | 29201 | 8032516630 | HEALTHY KIDS CONNECTION |
| 559 | CAROLINA HOSPITAL SYSTEMS BENEFIT PLAN | PO BOX 100569 | FLORENCE | SC | 295010659 | 8436613875 | |
| 623 | CAROLINA MEDICARE PRIME HMO | 201 EXECUTIVE CENTER DR. | COLUMBIA | SC | 29210 | 8037507473 | MEDICARE ADVANTAGE PLAN |
| C77 | CARPENTERS HOSPITALIZATION PLAN | 3611 CHESTER AVE. | CLEVELAND | OH | 44114 | 8004213959 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 336 | CASEBP (CATSKILL AREA SCHOOLS EMPLOYEE PLAN) | PO BOX 968022 | SCHAUMBERG | IL | 60196 | 8009626294 | |
| B59 | CASTIARX | 701 EMERSON RD., STE. 301 | CREVE COEUR | MO | 63141 | 8665163121 | |
| CAS | CASUALTY CASE | | | | | | |
| 366 | CATALYSTRX | PO BOX 968022 | SCHAUMBERG | IL | 601968022 | 8009973784 | |
| 572 | CATAMARAN | PO BOX 29044 | HOT SPRINGS | AR | 71093 | 8778398119 | FORMERLY HEALTH TRANS |
| C66 | CATERPILLAR, INC. | PO BOX 62920 | COLORADO SPRINGS | CO | 809622920 | 3094942363 | |
| C04 | CBA BLUE | PO BOX 9350 | SOUTH BURLINGTON | VT | 05407 | 8882229206 | DENTAL ONLY |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------|--------------|----|-----------|------------|---|
| B11 | CBCA ADMINISTRATORS, INC. | PO BOX 1339 | MINNEAPOLIS | MN | 55440 | 8008243882 | |
| 339 | CELTIC INDIVIDUAL HEALTH | PO BOX 33839 | INDIANAPOLIS | IN | 462030839 | 8004777870 | |
| 907 | CELTIC LIFE INSURANCE CO. | PO BOX 46337 | MADISON | WI | 53744 | 8007662525 | |
| X0X | CENTRAL BENEFITS MUTUAL INSURANCE COMPANY | PO BOX 16526 | COLUMBUS | OH | 43216 | 6144645870 | |
| 273 | CENTRAL BENEFITS USA (CENBEN USA) | PO BOX 619059 | DALLAS | TX | 85261 | 8007725924 | CODE ASSIGNED BY SCHA |
| C13 | CENTRAL RESERVE LIFE OF NORTH AMERICA INSURANCE CO | 17800 ROYALTON RD. | STRONGSVILLE | OH | 441365197 | 8003213997 | |
| 507 | CENTRAL STATES HEALTH & LIFE CO. OF OMAHA | PO BOX 34350 | OMAHA | NE | 68134 | 4023971111 | |
| 476 | CENTRAL STATES, SOUTHEAST & SOUTHWEST | PO BOX 5116 | DES PLAINES | IL | 60017 | 8003235000 | |
| 476DN | CENTRAL STATES, SOUTHEAST & SOUTHWEST | PO BOX 5116 | DES PLAINES | IL | 60017 | 8003235000 | |
| C84 | CENTRAL UNITED & CHRISTIAN MUTUAL LIFE INS. CO. | 2727 ALLEN PARKWAY | HOUSTON | TX | 770192115 | 7135290045 | |
| A54 | CENTURY HEALTHCARE | PO BOX 2256 | GRAPEVINE | TX | 76099 | 8884441995 | NEIC 30018 |
| 813 | CENTURY PLANNER | 9201 WATSON RD., STE. 350 | ST. LOUIS | MO | 631261509 | 8007762453 | |
| 604 | CHAMPVA | PO BOX 469064 | DENVER | CO | 80246 | 3033317599 | |
| 659 | CHARLESTON COUNTY | | | | | | |
| E66 | CHCCARE OF SOUTH CAROLINA | 140 STONE RIDGE DR. | COLUMBIA | SC | 29210 | 8668022474 | |
| D66 | CHCCARES OF SOUTH CAROLINA | 140 STONE RIDGE DR. | COLUMBIA | SC | 29210 | 8668022474 | MEDICAID HMO |
| B71 | CHCS SERVICES, INC. | PO BOX 12467 | PENSACOLA | FL | 325912457 | 8888031780 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 660 | CHEROKEE COUNTY | | | | | | |
| A99 | CHEROKEE INSURANCE | PO BOX 853925 | RICHARDSON | TX | 750853925 | 8002010450 | |
| B03 | CHESAPEAKE LIFE INS. CO. | PO BOX 809025 | DALLAS | TX | 753809025 | 8887563534 | |
| 661 | CHESTER COUNTY | | | | | | |
| 662 | CHESTERFIELD COUNTY | | | | | | |
| 992 | CHESTERFIELD RESOURCES, INC. | PO BOX 1884 | AKRON | OH | 44309 | 8003210935 | |
| 541 | CHILDRENS REHAB SERVICES | PO BOX 4217 | SPARTANBURG | SC | 293054217 | 8645962227 | CODE ASSIGNED BY SCHA |
| E51 | CHOICE BENEFITS | 3801 OLD GREENWOOD RD. | FT. SMITH | AR | 75278 | 8004516907 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------|---------------|----|-----------|------------|---|
| 535 | CHP DIRECT/SUPERMED | PO BOX 94648 | CLEVELAND | OH | 441014648 | 8007731445 | |
| B91 | CHRISTIAN BROTHERS EMPLOYEE BENEFIT TRUST | 1205 WINDHAM PARKWAY | ROMEOVILLE | IL | 60446 | 8008070400 | |
| 134 | CIGNA | PO BOX 182223 | CHATTANOOGA | TN | 374227223 | 8008824462 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 511 | CIGNA BEHAVIORAL HEALTH | PO BOX 188022 | CHATTANOOGA | TN | 37422 | 8003364091 | |
| 134DN | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 188037 | CHATTANOOGA | TN | 37422 | 8002446224 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 134RX | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 188053 | CHATTANOOGA | TN | 374228053 | 8006225579 | USE CARRIER CODE 718 |
| 136 | CIGNA FLEXCARE | PO BOX 30575 | CHARLOTTE | NC | 282303211 | | CODE ASSIGNED BY SCHA |
| 999 | CIGNA HEALTHCARE OF SC/HEALTHSOURCE SC | PO BOX 190024 | CHARLESTON | SC | 294199024 | 8007203150 | BOUGHT BY CIGNA HEALTHCARE CC 134 |
| 452 | CIGNA INTERNATIONAL EXPATRIATE BENEFITS | PO BOX 15050 | WILMINGTON | DE | 19850 | 8004412668 | |
| D57 | CIGNA MEDICARE ACCESS | PO BOX 22174 | TEMPE | AZ | 852852174 | 8005779410 | MEDICARE ADVANTAGE PLAN |
| 718 | CIGNA PHARMACY SERVICES | PO BOX 188053 | CHATTANOOGA | TN | 374228053 | 8006225579 | |
| 646 | CIGNA-MEDICARE | PO BOX 671 | NASHVILLE | TN | 37202 | 6152445600 | MEDICARE INTERMEDIARY |
| 407 | CINERGY HEALTH INS. | 1844 N. NOB HILL RD. #623 | PLANTATION | FL | 33322 | 8008471148 | |
| 177 | CINERGY HEALTH PREFERRED PLAN | 144 N BEVERWYCK RD. #332 | LAKE HIAWATHA | NJ | 080341997 | 8008471148 | CODE IN OPEN STATUS BY SCHA |
| A63 | CITIZENS INSURANCE | PO BOX 1627 | ANDERSON | SC | 29622 | 8643340090 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| F40 | CITIZEN'S RX | 1144 LAKE ST. | OAK PARK | IL | 60301 | 8775327912 | RX ONLY |
| 839 | CITIZENS SECURITY LIFE INS. | PO BOX 436149 | LOUISVILLE | KY | 402536149 | 5022442420 | |
| D56 | CITRUS HEALTH CARE, INC. | PO BOX 20547 | TAMPA | FL | 33622 | 8667691157 | MEDICARE ADVANTAGE PLAN |
| 574 | CITY OF AMARILLO GROUP HEALTH | PO BOX 15130 | AMARILLO | TX | 79105 | 8063784235 | CODE IN OPEN STATUS BY SCHA |
| 114 | CLAIMEDIX, INC. | PO BOX 140067 | KANSAS CITY | MO | 64114 | 8009224262 | CODE ASSIGNED BY SCHA |
| A41 | CLAIMS MANAGEMENT SERVICES | PO BOX 10888 | GREEN BAY | WI | 54307 | 8004727130 | |
| 219 | CLAIMS PRO | PO BOX 577 | SOUTHFIELD | MI | 48075 | 8008379600 | RX CARRIER ONLY |
| A73 | CLAIMS TECHNOLOGY, INC. | 100 COURT AVE., STE. 306 | DES MOINES | IA | 50309 | 8002458813 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------------------|--------------|----|-----------|------------|---|
| 536 | CLAIMSWARE MANAGEMED | PO BOX 6125 | GREENVILLE | SC | 29606 | 8642348200 | |
| 536DN | CLAIMSWARE MANAGEMED | PO BOX 6125 | GREENVILLE | SC | 29606 | 8642348200 | |
| 663 | CLARENDON COUNTY | - | - | - | - | | |
| 259 | CNA HEALTHCARE PARTNERS | PO BOX 34197 | LITTLE ROCK | AK | 72203 | 8005083772 | |
| 887 | CNIC HEALTH SOLUTIONS | PO BOX 3559 | ENGLEWOOD | CO | 80155 | 8004267453 | |
| A51 | COAL MINE WORKERS COMP PROGRAM | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C14 | COASTAL LUMBER CO | PO BOX 1576 | WALTERBORO | SC | 29488 | 8435382876 | CODE IN OPEN STATUS BY SCHA |
| 664 | COLLETON COUNTY | | | | | | |
| 132 | COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY | PO BOX 1365 | COLUMBIA | SC | 29202 | 8037987000 | |
| A06 | COLONIAL PENN FRANKLIN LIFE INSURANCE COMPANY | 1818 MARKET ST. | PHILADELPHIA | PA | 191811250 | 8005234000 | THIS CARRIER PART OF CONSECO INSURANCE GROUP |
| 175 | COLUMBIA UNIVERSAL LIFE INSURANCE CO. | PO BOX 200225 | AUSTIN | TX | 787200225 | 5123453200 | |
| 133 | COMBINED INSURANCE COMPANY OF AMERICA | PO BOX 6700 | SCRANTON | PA | 18505 | 8002254500 | |
| 609 | COMM FOR BLIND | | | | | | |
| 974 | COMMERCE BENEFIT GROUP | PO BOX 900 | ELYRIA | OH | 44036 | 8002239941 | |
| 457 | COMMERICAL TRAVELERS | 70 GENESSE ST. | UTICA | NY | 13502 | 8007563702 | CODE ASSIGNED BY SCHA |
| 986 | COMMONWEALTH BENEFIT ADMINISTRATORS | 115 HANOVER ST. | ASHLAND | VA | 23005 | 8005261677 | |
| F55 | COMMONWEALTH CARE ALLIANCE | PO BOX 2280 | PORTSMOUTH | NH | 14315 | 8666102273 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |
| B36 | COMMONWEALTH INDEMNITY PLAN | PO BOX 9016 | ANDOVER | MA | 01810 | 8004429033 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D18 | COMMUNITY CARE SENIOR HEALTH PLAN | PO BOX 3249 | TULSA | OK | 741013249 | 8006428065 | MEDICARE ADVANTAGE PLAN |
| 911 | COMMUNITY HEALTH PARTNERS | PO BOX 5787 | SPARTANBURG | SC | 29304 | 8889628437 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 287 | COMMUNITY HEALTH PLAN | PO BOX 14467 | CINCINNATI | OH | 45250 | 8888008717 | |
| X1S | COMMUNITY MUTUAL INSURANCE COMPANY | 1351 WILLIAM HOWARD TAFT RD. | CINCINNATI | OH | 45206 | 5132821016 | CODE IN OPEN STATUS BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------|---------------|----|-----------|------------|--|
| 416 | COMPANION BENEFIT ALTERNATIVES | PO BOX 100185 | COLUMBIA | SC | 29202 | 8008681032 | THIS CARRIER ASSIGNED BY SCHA NOT REQUESTED OR USED BY DHHS. |
| 433 | COMPANION LIFE | PO BOX 100102 | COLUMBIA | SC | 29202 | 8037880500 | |
| B65 | COMPASS ROSE HEALTH PLAN | PO BOX 141501 | NASHVILLE | TN | 37214 | 8775311159 | |
| 548 | COMPBENEFITS INSURANCE CO. | PO BOX 804483 | CHICAGO | IL | 606804106 | 8005940977 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C56 | COMP DENT | 1930 BISHOP LANE STE. 132 | LOUISVILLE | KY | 40218 | 8006331262 | |
| A39 | COMPLETE BENEFITS SOLUTIONS | 6071 CARMEL RD., STE. 305 | CHARLOTTE | NC | 28226 | 8662702316 | |
| A58 | COMPREHENSIVE BENEFITS | PO BOX 8955 | MELVILLE | NY | 11747 | 8008283605 | |
| 853 | COMPSYCH CORP. | PO BOX 8379 | CHICAGO | IL | 60680 | 8775955282 | |
| 412 | CONNECTICARE | PO BOX 546 | FARRINGTON | CT | 06034 | 8002517722 | |
| 882 | CONNECTICARE | PO BOX 4000 | FARMINGTON | CT | 06034 | 8772248230 | CODE ASSIGNED BY SCHA |
| 331 | CONSECO HEALTH INS. CO | PO BOX 66904 | CHICAGO | IL | 606660904 | 8005412254 | |
| 525 | CONSECO MEDICAL INSURANCE CO. | PO BOX 1205 | ROCKFORD | IL | 61105 | 8009470319 | USE CODE 282 WASHINGTON NATIONAL |
| C16 | CONSOLIDATED BENEFITS, INC. | PO BOX 23686 | COLUMBIA | SC | 29224 | 8037365088 | |
| F22 | CONSOLIDATED HEALTH PLANS | 2077 ROOSEVELT AVE. | SPRINGFIELD | MA | 01104 | 8006337867 | DENTAL |
| 970 | CONSOLIDATED WORKERS ASSOCIATION (CWA) | PO BOX 2647 | CHINO HILLS | CA | 91709 | 8009195514 | CODE ASSIGNED BY SCHA |
| 802 | CONSTITUTION LIFE INSURANCE CO | PO BOX 130 | PENSACOLA | FL | 325910130 | 8007896364 | |
| A04 | CONSULTEC PRESCRIPTION BENEFITS MANAGEMENT | 9040 ROSWELL RD., STE. 700 | ATLANTA | GA | 303501853 | 8003654944 | |
| 154 | CONSUMER DRN BENEFITS ASSO. | PO BOX 6080-228 | MISSION VIEJO | CA | 926906080 | 8884114208 | CODE ASSIGNED BY SCHA |
| C31 | CONSUMER HEALTH SOLUTIONS | PO BOX 3492 | SPARTANBURG | SC | 29304 | 8645739541 | THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 592 | CONTEC | 525 LOCUS GROVE RD. | SPARTANBURG | SC | 29303 | 8645038333 | CODE ASSIGNED BY SCHA |
| F28 | CONTINENTAL BENEFITS | PO BOX 3610 | BRANDON | FL | 335093610 | 8553030837 | |
| C39 | CONTINENTAL GENERAL INSURANCE COMPANY | PO BOX 247007 | OMAHA | NE | 681247007 | 4023973200 | |
| 895 | CONTINENTAL LIFE INS. OF TENNESSEE | PO BOX 1188 | BRENTWOOD | TN | 37024 | 8002644000 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------|--------------|----|-----------|------------|--|
| A07 | CONTINENTAL LIFE INSURANCE CO. OF SOUTH CAROLINA | PO BOX 6138 | COLUMBIA | SC | 29260 | 8037824947 | |
| 830 | CONTRACTORS EMPLOYEE BENEFIT ADM. (CEBA) | PO BOX 559017 | AUSTIN | TX | 78755 | 8002477724 | |
| 192 | CONVENTRY HEALTHCARE OF NEBRASKA, INC. | PO BOX 7705 | LONDON | KY | 40742 | 8002883343 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 928 | COOK INSURANCE | PO BOX 1029 | BLOOMINGTON | IN | 47402 | 8005932080 | |
| 483 | COOPERATIVE BENEFITS ADMINISTRATORS | PO BOX 6249 | LINCOLN | NE | 68506 | 4024839250 | |
| 551 | COOPERATIVE MANAGED CARE SERVICES LLC | PO BOX 502530 | INDIANAPOLIS | IN | 46250 | 8668734516 | CODE IN OPEN STATUS BY SCHA |
| 211 | COORDINATED BENEFIT PLANS, INC. | PO BOX 853925 | RICHARDSON | TX | 750853925 | 8007531000 | |
| 843 | CORE MANAGEMENT RESOURCES GROUP | PO BOX 840 | MACON | GA | 31202 | 8887412673 | |
| 552 | CORESOURCE, INC. | PO BOX 2920 | CLINTON | IA | 52733 | 8003275462 | |
| 552DN | CORESOURCE, INC. | PO BOX 2920 | CLINTON | IA | 52733 | 8003275462 | |
| 571 | CORESOURCE, INC. | PO BOX 8215 | LITTLE ROCK | AR | 722218215 | 8886049397 | CODE IN OPEN STATUS BY SCHA |
| 364 | CORESTAR | PO BOX 1195 | MINNEAPOLIS | MN | 55440 | 8004446965 | |
| 857 | CORPORATE BENEFIT SERVICES, INC. | PO BOX 211778 | EAGAN | MN | 55121 | 7043730447 | |
| 857DN | CORPORATE BENEFIT SERVICES, INC. | PO BOX 12954 | CHARLOTTE | NC | 28220 | 7043730447 | |
| A98 | MERITAIN HEALTH | PO BOX 853921 | RICHARDSON | TX | 75085 | 8007654224 | |
| 831 | CORPORATE BENEFIT SOLUTIONS, INC. | PO BOX 8215 | LITTLE ROCK | AR | 72221 | 8886049397 | |
| 780 | CORPORATE SYSTEMS ADMINISTRATION, INC. | PO BOX 4985 | JOHNSON CITY | TN | 376024985 | 8002752847 | |
| 213 | COVENANT ADMINISTRATORS | PO BOX 105738 | ATLANTA | GA | 30348 | 7702396230 | |
| 480 | COVENTRY HEALTH CARE OF THE CAROLINAS | PO BOX 7715 | LONDON | KY | 40742 | 8008891947 | COVENTRY HEALTH CARE IS PARENT CO. OF SOUTHERN HEALTH AND WELLPATH |
| 191 | COVENTRY HEALTHCARE OF DELAWARE, INC. | PO BOX 7713 | LONDON | KY | 40742 | 8008337423 | |
| 482 | COVENTRY HEALTHCARE OF GEORGIA | PO BOX 7711 | LONDON | KY | 40742 | 8667321017 | |
| 443 | COVENTRY HEALTHCARE OF KANSAS | PO BOX 7109 | LONDON | KY | 39026 | 8667858077 | CODE ASSIGNED BY SCHA |
| B22 | COVENTRY HEALTHCARE OF VIRGINIA | PO BOX 7704 | LONDON | KY | 40742 | 8006274872 | |
| 246 | COVENTRY HEALTH CARE RX | PO BOX 8400 | LONDON | KY | 40742 | 8009476824 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---------------------------------|-----------------------------|-------------|----|-----------|------------|---|
| 879 | COVENTRY OF THE CAROLINAS | PO BOX 7102 | LONDON | KY | 40742 | 8662083610 | FORMALLY WELLPATH |
| 245 | COVENTRY OF THE CAROLINA'S | PO BOX 7102 | LONDON | KY | 40742 | 8009357284 | |
| 632 | CRIME VICTIMS | | | | | | |
| 155 | CROSSAMERICA HEALTH PLAN | PO BOX 5778 | PARSIPPANY | NJ | 07054 | 8663027332 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 169 | CROWN CORK & SEAL COMPANY, INC. | 930 BEAUMONT AVE. | SPARTANBURG | SC | 29303 | 8645856456 | |
| 420 | CUNA MUTUAL INSURANCE GROUP | PO BOX 391 | MADISON | WI | 53701 | 6082385851 | |
| E93 | CUSTOM DESIGN BENEFITS | 5589 CHEVIOT RD. | CINCINNATI | OH | 45247 | 8005982929 | |
| 194 | DAKOTACARE | PO BOX 7406 | SIOUX FALLS | SD | 571177406 | 8003255598 | CODE ASSIGNED BY SCHA |
| 665 | DARLINGTON COUNTY | | | | | | |
| D74 | DART MANAGEMENT CORP | PO BOX 318 | MASON | MI | 488540318 | 8002480457 | |
| A65 | DATARX | 5920 ODELLE ST. | CUMMINGS | GA | 30040 | 8778231273 | |
| 436 | DAVIS-GARVIN AGENCY | #1 FERNANDINA CT. | COLUMBIA | SC | 29212 | 8037320060 | |
| B09 | DEARBORN NATIONAL | PO BOX 23060 | BELLEVILLE | IL | 62223 | 8003484512 | |
| B70 | DECARE DENTAL | PO BOX 1348 | MINNEAPOLIS | MN | 55440 | 8005876857 | |
| 834 | DEFINITY HEALTH | PO BOX 9525 | AMHERST | NY | 14226 | 8663334648 | BROUGHT OUT BY UNITED HEALTHCARE CARRIER 113 |
| 500 | DELTA DENTAL | PO BOX 1809 | ALPHARETTA | GA | 30023 | 8005212651 | |
| 370 | DELTAHEALTH SYSTEMS | PO BOX 9554 | SALT LAKE | UT | 84109 | 8774740605 | WAS P5 HEALTH PLUS SOLUTIONS |
| 370DN | DELTAHEALTH SYSTEMS | PO BOX 702500 | WEST VALLEY | UT | 84170 | 8774740605 | |
| 879DN | DENEX DENTAL | 111 ROCKVILLE PIKE STE. 700 | ROCKVILLE | MD | 20850 | 8666904908 | DENEX DENTAL IS A PLAN UNDER WELLPATH SELECT/COVENTRY |
| C68 | DENTAL BENEFIT PROVIDERS | PO BOX 389 | ROCKVILLE | MD | 20848 | 8004459090 | |
| 901 | DENTAL CARE PLUS | 100 CROWNE POINT PLACE | CINCINNATI | OH | 45241 | 8003679466 | |
| F32 | DENTAL SELECT | PO BOX 851917 | RICHARDSON | TX | 75085 | 8014953000 | DENTAL |
| 858 | DENTAQUEST | PO BOX 2136 | COLUMBIA | SC | 29202 | 8003076553 | NAIC 52040 MEDICAID DENTAL CLAIMS PROCESSOR |
| F13 | DENTEGRA | PO BOX 1850 | ALPHARETTA | GA | 300231850 | 8772804202 | DENTAL |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------|----------------|----|-----------|------------|---|
| 621 | DEPT CORRECTIONS | | | | | | |
| 179 | DESERET MUTUAL BENEFIT ADMINISTRATOR | PO BOX 45530 | SALT LAKE CITY | UT | 84145 | 8007773622 | |
| 450 | DESERET SECURE | PO BOX 45530 | SALT LAKE CITY | UT | 841450530 | 8772200110 | MEDICARE ADVANTAGE PLAN |
| 955 | DESIGN SAVERS PLAN | 2814 SPRING RD., STE. 122 | ATLANTA | GA | 30339 | 8006165709 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 611 | DHEC C. CHILDREN | | | | | | |
| 610 | DHEC CANCER | | | | | | |
| 629 | DHEC FAMILY PLANNING | | | | | | |
| 627 | DHEC HEART | | | | | | |
| 628 | DHEC HEMOPHILIA | | | | | | |
| 613 | DHEC HIGH RISK MATERNITY | | | | | | |
| 612 | DHEC LOW RISK MATERNITY | | | | | | |
| 625 | DHEC MIGRANT HEALTH | | | | | | |
| 626 | DHEC SICKLE CELL | | | | | | |
| 615 | DHEC STERILIZATION | | | | | | |
| 630 | DHEC TB | | | | | | |
| 725 | DIALYSIS CLINIC, INC. | 203 FREEMONT AVE. | SPARTANBURG | SC | 29303 | 8645852046 | |
| 554 | DIAMOND G EMPLOYEE BENEFIT TRUST | PO BOX 1298 | GREENVILLE | TN | 37744 | 4236396145 | |
| 666 | DILLON COUNTY | | | | | | |
| 707 | DILLON YARNMEDICAL BENEFITS | 1019 TITAN RD. | DILLON | SC | 29536 | 8437747353 | |
| 516 | DIRECT REIMBURSEMENT BENEFIT PLANS | 1111 ALDERMAN DR., STE. 420 | ALPHARETTA | GA | 30202 | 7706645594 | |
| F37 | DISTRICT COUNCIL #37 | 125 BARCLAY ST. | NEW YORK | NY | 10007 | 2158151600 | DENTAL ONLY |
| 258 | DIVERSIFIED ADMINISTRATION CORPORATION | PO BOX 299 | MARLBOROUGH | CT | 06447 | 8883222524 | |
| 474 | DIVERSIFIED PHARMACEUTICAL | PO BOX 169052 | DULUTH | MN | 55816 | 8002338065 | USE CODE 333 EXPRESS SCRIPTS |
| 667 | DORCHESTER COUNTY | | | | | | |
| 849 | E.O.S. HEALTH | PO BOX 27088 | TEMPE | AZ | 85285 | 8884568417 | |
| 567 | EASTERN BENEFIT SYSTEMS | 200 FREEWAY DR. E | EAST ORANGE | NJ | 07018 | 8005240227 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|----------------------------------|---------------|----|-----------|------------|---|
| B63 | EASTERN LIFE AND HEALTH INSURANCE | PO BOX 10188 | LANCASTER | PA | 17605 | 8002330307 | |
| A14 | EB RX | 2045 MIDWAY DR. | TWINSBURG | OH | 44087 | 8008007153 | |
| 668 | EDGEFIELD COUNTY | | | | | | |
| 137 | EDUCATORS MUTUAL LIFE INSURANCE COMPANY | PO BOX 3149 | LANCASTER | PA | 17601 | 7173972751 | |
| C80 | ELDER HEALTH (MHN/HMC) | PO BOX 4433 | BALTIMORE | MD | 21223 | 8887768851 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D25 | ELDER PLAN, INC. (HMO) | PO BOX 199100 | BROOKLYN | NY | 11219 | 7189218818 | MEDICARE ADVANTAGE |
| B24 | EMBLEM HEALTH CARE CO. | PO BOX 3000 | NEW YORK | NY | 10116 | 2125014444 | |
| X0EDN | EMPIRE BCBS DENTAL | PO BOX 791 | MINNEAPOLIS | MN | 554400791 | 8007228879 | |
| X0E | EMPIRE BLUE CROSS AND BLUE SHIELD | PO BOX 1407 CHURCH ST. STATION | NEW YORK | NY | 10008 | 8003429816 | |
| D64 | EMPIRE HEALTHCHOICE ASSURANCE, INC. | PO BOX 100300 CLAIMS PROCESSING | COLUMBIA | SC | 29204 | 8037888562 | MEDICARE ADVANTAGE PLAN |
| C43 | EMPLOYEE BENEFIT ADMINISTRATORS | PO BOX 5150 | GREENVILLE | SC | 29606 | 8642356474 | |
| A90 | EMPLOYEE BENEFIT CLAIMS, INC. | 9501 WEST DEVON | ROSEMONT | IL | 60018 | 3126963660 | |
| 499 | EMPLOYEE BENEFIT CONSULTANTS | PO BOX 928 | FINDLAY | OH | 45839 | 8005587798 | |
| 869 | EMPLOYEE BENEFIT MANAGEMENT SERVICES | PO BOX 21367 | BILLINGS | MT | 59104 | 8007773575 | |
| 506 | EMPLOYEE BENEFIT PLAN ADMINISTRATORS | PO BOX 2000 | EXETER | NH | 03833 | 8002587298 | |
| 446 | EMPLOYEE BENEFIT SERVICES | PO BOX 9888 | SAVANNAH | GA | 314120088 | 8035778051 | USE CODE 345 EMPLOYEE BENEFIT SERVICES |
| 345 | EMPLOYEE BENEFIT SERVICES, INC. | PO BOX 1929 | FORT MILL | SC | 29716 | 8002421510 | |
| 345DN | EMPLOYEE BENEFIT SERVICES, INC. | PO BOX 1929 | FORT MILL | SC | 29716 | 8002421510 | |
| 761 | EMPLOYEE BENEFIT STRATEGIES | 229 EAST MICHIGAN AVE., STE. 235 | KALAMAZOO | MI | 49007 | 8003257477 | |
| 317 | EMPLOYEE BENEFITS MANAGEMENT CORPORATION | 4789 RINGS RD. | DUBLIN | OH | 43017 | 8005520455 | |
| CO9 | EMPLOYEE BENEFITS TRUST | PO BOX 1431 | WICHITA FALLS | TX | 76307 | 8177617611 | CODE ASSIGNED WITH LETTER O INSTEAD OF NUMERIC ZERO. |
| D79 | EMPLOYEE HEALTH INSURANCE MANAGEMENT (EHIM) | 26711 NORTHWESTERN HWY STE. 400 | SOUTHFIELD | MI | 48033 | 8003113446 | |
| 743 | EMPLOYEE PLANS, INC. | PO BOX 2362 | FT. WAYNE | IN | 468012362 | 2606257500 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---------------------------------------|-------------------------------------|-----------------|----|-----------|------------|--|
| 550 | EMPLOYEE SECURITY, INC. | 7125 THOMAS EDISON DR., STE. 105 | COLUMBIA | MD | 21046 | 8006381134 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 247 | EMPLOYERS DIRECT HEALTH | 5050 SPRING VALLEY RD. | DALLAS | TX | 752443909 | 8008729934 | CARRIER WAS FIRST INTEGRATED HEALTH |
| 130 | EMPLOYERS LIFE INSURANCE COMPANY | PO BOX 6305 | SPARTANBURG | SC | 29304 | 8889628437 | CARRIER WAS COASTAL STATE LIFE INS. CO. |
| C24 | ENCOMPASS HEALTH MANAGEMENT SYSTEM | 6000 WEST TOWN PARKWAY STE. 350 | DES MOINES | IA | 50266 | 8005113389 | |
| 824 | ENVISION RX OPTIONS | 2181 EAST AURORA RD., STE. 201 | TWINSBURG | OH | 44087 | 8003614542 | |
| 509 | EQUITABLE LIFE AND CASUALTY | PO BOX 2460 | SALT LAKE CITY | UT | 84110 | 8003525150 | |
| 510 | EQUITABLE PLAN SERVICES | PO BOX 720460 | OKLAHOMA | OK | 73172 | 8007492631 | |
| C94 | ERIN GROUP ADMINISTRATORS | PO BOX 7777 | LANCASTER | PA | 17604 | 8004333746 | ANOTHER PHONE NUMBER 717- 581-1300 |
| C94DN | ERIN GROUP ADMINISTRATORS | PO BOX 7777 | LANCASTER | PA | 17604 | 8004333746 | ANOTHER PHONE NUMBER 717- 581-1300 |
| 180 | ESIS | PO BOX 31122 | TAMPA | FL | 33631 | 8008847975 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 461 | EVERCARE | PO BOX 31350 | SALT LAKE CITY | UT | 841310350 | 8888668298 | MEDICARE ADVANTAGE PLAN |
| C18 | EVOLUTIONS HEALTHCARE SYSTEMS | PO BOX 5001 | NEW PORT RICHEY | FL | 34656 | 8008814474 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| X2F | EXCELLUS BLUECROSS BLUESHIELD | PO BOX 21146 | EAGAN | MN | 551210146 | 8007344069 | TO VERIFY DENTAL COVERAGE CALL 1-800-724-1675 |
| D20 | EXCELLUS MEDICARE BLUE CHOICE OPTIMUM | PO BOX 41915 | ROCHESTER | NY | 14604 | 8778839577 | MEDICARE ADVANTAGE PLAN |
| 333 | EXPRESS SCRIPTS | PO BOX 14713 | LEXINGTON | KY | 40512 | 8004516245 | |
| A35 | FABRI-KAL CORPORATION | PO DRAWER C | PIEDMONT | SC | 29773 | 8642991720 | CODE IN OPEN STATUS BY SCHA |
| 669 | FAIRFIELD COUNTY | | | | | | |
| B49 | FALLON COMMUNITY HEALTH PLAN | PO BOX 15121 | WORCHESTER | MA | 01615 | 8008685200 | |
| A16 | FCE BENEFIT ADMINISTRATOR | 4615 WALZEM RD., STE. 300 | SAN ANTONIO | TX | 782181610 | 8008999355 | |
| 402 | FEDERAL EMPLOYEE PLAN BLUE CROSS | I-20 AT ALPINE RD. | COLUMBIA | SC | 29260 | 8037883860 | |
| A50 | FEDERAL EMPLOYEES COMPENSATION ACT | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|----------------------|----------------|----|-----------|------------|--|
| 441 | FEDERAL MOGUL HEALTHCARE | PO BOX 1999 | DETROIT | MI | 48235 | 8005220041 | |
| 290 | FEDERATED MUTUAL INSURANCE COMPANY (REGIONAL) | PO BOX 31716 | TAMPA | FL | 336313716 | 8134968100 | |
| 769 | FEDEX FREIGHTWAYS | PO BOX 840 | HARRISON | AR | 72602 | 8008744723 | |
| 738 | FHA-TPA DIVISION | PO BOX 327810 | FT. LAUDERDALE | FL | 333329711 | 8037988698 | CODE IN OPEN STATUS BY SCHA |
| F25 | FIDELIO DENTAL INSURANCE COMPANY | 2826 MT. CARMEL AVE. | GLENSIDE | PA | 19038 | 8002624949 | DENTAL |
| 205 | FIDELITY LIFE SECURITY | 3130 BROADWAY | KANSAS CITY | MO | 641112406 | 8006488624 | |
| 941 | FIDELITY SECURITY LIFE INSURANCE CO | 419 E MAIN ST. | MIDDLETOWN | NY | 10940 | 8008267531 | THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A36 | FIELDCREST CANNON (CANNON MILLS) | PO BOX 5000 | EDEN | NC | 272895000 | 8002223693 | |
| 467 | FIRSERV HEALTH | PO BOX 182173 | COLUMBUS | OH | 432182173 | 8008482664 | USE CODE 139 |
| 288 | FIRST ADMINISTRATORS, INC. | PO BOX 9900 | SIOUX CITY | IA | 51102 | 8002060827 | |
| 348 | FIRST AGENCY, INC. | 5071 WEST H AVE. | KALAMAZOO | MI | 490098501 | 2693816630 | THIS CODE ASSIGNED BY SCHA 8/28/07 |
| 354 | FIRST BENEFITS CORP | PO BOX 879 | ANDERSON | IN | 46015 | | CODE ASSIGNED BY SCHA |
| A74 | FIRST CAROLINA CARE, INC. | PO BOX 381686 | BIRMINGHAM | AL | 35238 | 8008113298 | |
| 775 | FIRST CHOICE BENEFITS MANAGEMENT | PO BOX 658 | BELOIT | WI | 535120658 | 8003035770 | |
| B90 | FIRST CHOICE VIP CARE | PO BOX 307 | LINTHICUM | MD | 210900307 | 8005750418 | THIS IS A MEDICARE ADVANTAGE PLAN. |
| 789 | FIRST COMMUNITY HEALTH PLAN, INC. | PO BOX 382947 | BIRMINGHAM | AL | 35238 | 8007347826 | CODE IN OPEN STATUS BY SCHA |
| 803 | FIRST CONTINENTAL LIFE INSURANCE | PO BOX 1911 | CARMEL | IN | 46032 | 8005381235 | |
| 946 | FIRST HEALTH | PO BOX 1377 | THOMASVILLE | GA | 31799 | 8668478235 | |
| 245RX | FIRST HEALTH | PO BOX 23070 | TUCSON | AZ | 85734 | 8005544954 | |
| 456 | FIRST HEALTH (A COVENTRY HEALTH CARE CO) | PO BOX 21680 | EAGAN | MN | 551210680 | 8664775465 | |
| 249 | FIRST HEALTH WORKERS COMP ONLY | PO BOX 23070 | TUCSON | AZ | 85735 | 8005544954 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 351 | FISERV | PO BOX 8077 | WAUSAU | WI | 544028077 | 8666848090 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 139 | FISERV HEALTH | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | WAS WAUSAU INS. CO. |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------------------|---------------|----|-----------|------------|---|
| 352 | FISERV HEALTH-COLORADO | PO BOX 720 | PUEBLO | CO | 810020720 | 8004468182 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 670 | FLORENCE COUNTY | | | | | | |
| C75 | FLORIDA 1ST SERVICE ADMINISTRATORS, INC. | PO BOX 3607 | WINTER HAVEN | FL | 338853067 | 8002263155 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 719 | FLORIDA HEALTH ALLIANCE | PO BOX 10269 | JACKSONVILLE | FL | 322470269 | 9043548335 | |
| 913 | FLORIDA HOSPITAL HEALTHCARE SYSTEM | PO BOX 536847 | ORLANDO | FL | 328536847 | 8007414810 | |
| B20 | FMH BENEFIT SERVICES, INC. | PO BOX 25946 | OVERLAND PARK | KS | 66225 | 8009909058 | |
| B05 | FOCUS HEALTHCARE MANAGEMENT, INC. | 720 COOL SPRINGS BLVD. | FRANKLIN | TN | 37067 | 6157784000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A94 | FORETHOUGHT LIFE INSURANCE COMPANY | PO BOX 981721 | EL PASO | TX | 79998 | 8774925870 | |
| C02 | FOUNDATION BENEFITS ADMINISTRATORS | 6300 BRIDGEPOINT PKWAY, BLDG. 3 #400 | AUSTIN | TX | 78730 | 8883687910 | |
| 870 | FOUNDATION HEALTH | PO BOX 453219 | SUNRISE | FL | 33345 | 8004415501 | |
| 393 | FOUNTAINHEAD ADMINISTRATORS, INC. | PO BOX 13188 | BIRMINGHAM | AL | 35202 | 8009919155 | |
| B79 | FOX-EVERETT, INC. | PO BOX 6012 | RIDGELAND | MI | 39158 | 8774766327 | |
| 765 | FREEDOM HEALTH | PO BOX 151348 | TAMPA | FL | 33684 | 8004012740 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C83 | FREEDOM LIFE INSURANCE CO. OF AMERICA | PO BOX 1468 | ARLINGTON | TX | 76004 | 8669734647 | |
| F50 | FRINGE BENEFIT GROUP | PO BOX 21854 | EAGAN | MN | 55121 | 8772201862 | ASSIGNED BY SC REVENUE AND FISCAL AFFAIRS OFFICE |
| A97 | FRINGE BENEFIT GROUP | PO BOX 21854 | EAGAN | MN | 55121 | 8554951190 | |
| 587 | FUTURE SCRIPTS | PO BOX 419019 | KANSAS CITY | MO | 64141 | 8886787012 | |
| 842 | GARDNER AND WHITE, INC. | PO BOX 40619 | INDIANAPOLIS | IN | 462400619 | 3172579131 | |
| 842DN | GARDNER AND WHITE, INC. | PO BOX 40619 | INDIANAPOLIS | IN | 462400619 | 3172579131 | |
| D54 | GATEWAY HEALTH PLAN MEDICARE ASSURED | PO BOX 11560 | ALBANY | NY | 122110655 | 8006855209 | MEDICARE ADVANTAGE PLAN |
| 864 | GE GROUP ADMINISTRATORS | PO BOX 150809 | ARLINGTON | TX | 76015 | 8882558961 | |
| 442 | GE LIFE & ANNUITY ASSURANCE CO. | PO BOX 6700 | LYNCHBURG | VA | 24505 | 8002530856 | |
| 845 | GEISINGER HEALTH PLAN GOLD | PO BOX 8200 | DANVILLE | PA | 178218200 | 8004989731 | MEDICARE ADVANTAGE PLAN |
| C97 | GEM GROUP | 1200 THREE GATEWAY CENTER | PITTSBURGH | PA | 15222 | 8002428923 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------|-----------------|----|-----------|------------|---|
| 232 | GENERAL ADJUSTMENT BUREAU | PO BOX 81808 | ATLANTA | GA | 30366 | 4044579555 | CODE ASSIGNED BY SCHA |
| 728 | GENERAL PRESCRIPTION PROGRAMS, INC. | 305 MADISON AVE. STE. 1166B | NEW YORK | NY | 10165 | 8003412234 | |
| 799 | GENWORTH FINANCIAL | PO BOX 8021 | SAN RAFAEL | CA | 949129974 | 8008764582 | WAS GE FINANCIAL SERVICES |
| 997 | GENWORTH FINANCIAL | PO BOX 10821 | CLEARWATER | FL | 33757 | 8778259337 | CODE IN OPEN STATUS BY SCHA |
| C34 | GEOBLUE | 933 FIRST AVE. | KING OF PRUSSIA | PA | 19406 | 8552823517 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 671 | GEORGETOWN COUNTY | | | | | | |
| 730 | GEORGIA HEALTHCARE PARTNERSHIP | PO BOX 16388 | SAVANNAH | GA | 314163088 | 8005666710 | |
| 419 | GEORGIA STATE HEALTH BENEFIT PLAN | PO BOX 38151 | ATLANTA | GA | 30334 | 8006266402 | |
| 365 | GERBER CHILDRENS WEAR, INC. | PO BOX 2126 | GREENVILLE | SC | 29602 | 8649875200 | |
| 749 | GERBER LIFE INSURANCE COMPANY | PO BOX 2088 | GRAND RAPIDS | MI | 49501 | 8002533074 | |
| 905 | GERBER LIFE MEDICARE SUPPLEMENT | PO BOX 2271 | OMAHA | NE | 68103 | 8776565425 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B88 | GETTYSBURG HEALTH ADMINISTRATORS | PO BOX 1169 | FREDERICK | MD | 21702 | 8004974474 | |
| 183 | GILSBAR INSURANCE COMPANY | PO BOX 2947 | COVINGTON | LA | 70434 | 8002342643 | |
| 459 | GLASS MOTORS & PLASTIC (GMPA) | 5245 BIG PINE WAY, SE 33907 | FORT MYERS | FL | 33907 | 8139366242 | |
| A44 | GLOBAL MEDICAL MANAGEMENT, INC. | 7901 SW 36TH ST., STE. 100 | DAVIE | FL | 33328 | 9543706404 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 144 | GLOBE LIFE & ACCIDENT INSURANCE | 204 N. ROBINSON | OKLAHOMA CITY | OK | 73102 | 9725406542 | |
| 145 | GMP EMPLOYERS RETIREE TRUST | 5245 BIG PINE WAY SE | FORT MYERS | FL | 33907 | 9419366242 | |
| 931 | GOOD SAMARITAN PROGRAM | 5151 WEST HWY 40 | BEACHGROVE | IN | 46140 | 3178942000 | |
| 379 | GOODYEAR TIRE & RUBBER COMPANY | PO BOX 677 DEPT. 609 | AKRON | OH | 44309 | 2167966531 | |
| 302 | GOVERNMENT EMPLOYEE HOSP. ASSN (GEHA) | PO BOX 4665 | INDEPENDENCE | MO | 640514665 | 8162575500 | |
| 302DN | GOVERNMENT EMPLOYEE HOSP. ASSOC. (GEHA) | PO BOX 2336 | INDEPENDENCE | MO | 64051 | | DENTAL COVERAGE |
| B31 | GREAT AMERICAN LIFE INS. CO (GALIC) | PO BOX 559002 | AUSTIN | TX | 787553010 | 8008802745 | |
| 313 | GREAT WEST HEALTHCARE | 1000 GREAT WEST DR. | KENNETT | MO | 63857 | 8006638081 | |
| 308 | GREAT WEST LIFE | PO BOX 188061 | CHATTANOOGA | TN | 374228061 | 8006638081 | GREAT WEST/CIGNA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|------------------------------------|----------------|----|-----------|------------|-------------------------|
| 308DN | GREAT WEST LIFE | PO BOX 21542 | EAGAN | MN | 55121 | 8774342336 | |
| 121 | GREATER HEALTHCARE | PO BOX 3400 | MONROE | NC | 28110 | 7042258887 | |
| 672 | GREENVILLE COUNTY | | | | | | |
| 673 | GREENWOOD COUNTY | | | | | | |
| B99 | GROUP & PENSION ADMINISTRATORS, INC. | PO BOX 749075 | DALLAS | TX | 75374 | 8662063224 | |
| 181 | GROUP ADMINISTRATORS, LTD. | 450 E. REMINGTON RD. | SCHAUMBURG | IL | 60173 | 8475191880 | |
| 745 | GROUP BENEFIT SERVICES | 1312 BELLONE AVE. | LUTHERVILLE | MD | 21093 | 8006386085 | |
| 343 | GROUP BENEFITS ADMINISTRATORS | 70 GRAND AVE. | RIVEREDGE | NJ | 07661 | 2013433003 | |
| 906 | GROUP HEALTH ADMINISTRATOR, INC. | PO BOX 6244 | CHARLOTTE | NC | 282071018 | 8002225790 | |
| 508 | GROUP HEALTH, INC. /EMBLEM HEALTH COMPANY | PO BOX 3000 | NEW YORK | NY | 101163000 | 2125014444 | |
| 889 | GROUP INSURANCE ADMINISTRATION, INC. | 3350 PEACHTREE RD. NE STE. 1040 | ATLANTA | GA | 30326 | 8006210683 | |
| 889DN | GROUP INSURANCE ADMINISTRATION, INC. | 3350 PEACHTREE RD. NE STE. 1040 | ATLANTA | GA | 30326 | 8006210683 | |
| 389 | GROUP LINK | PO BOX 20593 | INDIANAPOLIS | IN | 46220 | 8003597408 | |
| A83 | GROUP RESOURCES, INC. | PO BOX 100043 | DULUTH | GA | 300969343 | 7706238383 | |
| D46 | GROUPHEALTH OPTIONS, INC. | PO BOX 34585 | SEATTLE | WA | 98124 | 8887674670 | MEDICARE ADVANTAGE PLAN |
| 727 | GUARANTEE MUTUAL LIFE CO. | 8801 INDIAN HILLS DR. | OMAHA | NE | 68114 | 8004624660 | |
| 236 | GUARANTEE TRUST LIFE INSURANCE | PO BOX 1144 | GLENVIEW | IL | 60025 | 8476990600 | |
| 283 | GUARDIAN HEALTHCARE | PO BOX 4197 | SCRANTON | PA | 77010 | 8668501256 | MEDICARE ADVANTAGE PLAN |
| 362 | GUARDIAN HEALTHCARE | PO BOX 4197 | SCRANTON | PA | 18505 | 8668501253 | MEDICARE ADVANTAGE PLAN |
| 418 | GUARDIAN INSURANCE COMPANY | PO BOX 8007 | APPLETON | WI | 549128007 | 8006854542 | CODE ASSIGNED BY SCHA |
| 237DN | GUARDIAN LIFE INSURANCE CO. OF AMERICA | PO BOX 981572 | EL PASO | TX | 799981572 | 8005417846 | |
| 237 | GUARDIAN LIFE INSURANCE COMPANY OF AMERICA | P O BOX 981572 | EL PASO | TX | 799981572 | 6108076000 | |
| 176 | GUIDESTAR HEALTH SYSTEMS | PO BOX 35238 | BIRMINGHAM | AL | 35238 | 8005956949 | |
| 674 | HAMPTON COUNTY | | | | | | |
| A96 | HAMRICKS, INC. | 742 PEACHOID RD. | GAFFNEY | SC | 29340 | 8644877505 | |
| 547 | HARRINGTON HEALTH | PO BOX 30544 | SALT LAKE CITY | UT | 841300544 | 8777370769 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------|------------------|----|-----------|------------|---|
| 146 | HARTFORD INSURANCE GROUP | PO BOX 25600 | CHARLOTTE | NC | 28212 | 7045366230 | |
| 162 | HARVARD PILGRIM HEALTHCARE | PO BOX 656653 | SAN ANTONIO | TX | 82655 | 8004213550 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A84 | HCC LIFE INSURANCE COMPANY | PO BOX 2005 | FARMINGTON HILLS | MI | 48333 | 8664004102 | |
| 201 | HCH ADMINISTRATORS | PO BOX 1986 | PEORIA | IL | 61656 | 8003221516 | |
| 201DN | HCH ADMINISTRATORS | PO BOX 1986 | PEORIA | IL | 61656 | 8003221516 | |
| 837 | HEALTH ADMINISTRATION SERVICES | PO BOX 6724208 | HOUSTON | TX | 77267 | 8008655440 | |
| B87 | HEALTH ALLIANCE | PO BOX 6003 | URBANA | IL | 616036003 | 8003227451 | |
| 823 | HEALTH ALLIANCE PLAN | PO BOX 02459 | DETROIT | MI | 48202 | 8004224641 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 264 | HEALTH AMERICA | PO BOX 7089 | LONDON | KY | 40742 | 8007888445 | |
| B25 | HEALTH AND WELFARE FUND LOCAL 218 | PO BOX 115027 | ATLANTA | GA | 30310 | 4047555665 | |
| B84 | HEALTH CARE CORPORATION | 203 JANDERS RD. | CARY | IL | 60013 | | CODE IN OPEN STATUS BY SCHA |
| 713 | HEALTH CARE CREDIT UNION ASSOC. HCCUA | PO BOX 260957 | PLANT | TX | 750260957 | 8663736366 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 748 | HEALTH CARE SAVINGS, INC. | 4530 PARK RD | CHARLOTTE | NC | 28209 | | CODE ASSIGNED BY SCHA |
| 203 | HEALTH CARE SUPPORT/PRIVATE HEALTH CARE SYSTEM | 29 COLUMBIA HEIGHTS | BROOKLYN | NY | 11201 | 8005544022 | CODE ASSIGNED BY SCHA |
| 562 | HEALTH CLAIMS SERVICES, INC. | PO BOX 9615 | DEERFIELD BEACH | FL | 33442 | 8002223560 | |
| A75 | HEALTH COST SOLUTIONS | PO BOX 1439 | HENDERSONVILLE | TN | 37077 | 8882295020 | WAS LIFECARE CENTERS OF AMERICA |
| B75 | HEALTH DESIGN PLUS | PO BOX 2584 | HUDSON | OH | 442362584 | 8008930777 | |
| 960 | HEALTH EOS | PO BOX 6090 | DER PERE | WI | 541156090 | 8004355694 | CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| 286 | HEALTH EXCHANGE (TPA FOR CERNER HEALTH) | PO BOX 165750 | KANSAS CITY | MO | 64116 | 8002314015 | CODE IN OPEN STATUS BY SCHA |
| B27 | HEALTH FIRST (PPO) | PO BOX 17709 | GREENVILLE | SC | 29606 | 8642893000 | |
| 884 | HEALTH FIRST HEALTH PLANS | PO BOX 565001 | ROCKLEDGE | FL | 329565001 | 8007167737 | CODE IN OPEN STATUS BY SCHA |
| 447 | HEALTH NET | PO BOX 14700 | LEXINGTON | KY | 405125225 | 9004387886 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|----------------------------------|------------------|----|-----------|------------|---|
| 874 | HEALTH NET | PO BOX 14700 | LEXINGTON | KY | 40512 | 8887477823 | THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA |
| 281 | HEALTH NETWORK AMERICA/TRIVERIS | PO BOX 307 | EATONTOWN | NJ | 07724 | 8003371421 | CODE ASSIGNED BY SCHA |
| 220 | HEALTH NEW ENGLAND | ONE MONARCH PLACE, STE. 1500 | SPRINGFIELD | MA | 011441500 | 8003102835 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B01 | HEALTH PARTNERS | PO BOX 1289 | MINNEAPOLIS | MN | 554401289 | 8889222313 | |
| B01DN | HEALTH PARTNERS DENTAL | PO BOX 1172 | MINNEAPOLIS | MN | 55440 | 8889222313 | |
| O09 | HEALTH PLAN ADMINISTRATORS | PO BOX 2638 | ROCKFORD | IL | 61132 | 8156335800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 382 | HEALTH PLAN OF NEVADA | PO BOX 15645 | LAS VEGAS | NV | 891145615 | 8007771840 | MEDICARE ADVANTAGE PLAN |
| 349 | HEALTH PLAN SELECT | PO BOX 382767 | BIRMINGHAM | AL | 352382767 | 8002936260 | |
| 357 | HEALTH PLAN SERVICES | PO BOX 30298 | TAMPA | FL | 33630 | 8002377767 | |
| 126 | HEALTH PLAN SERVICES (COVENTRY HEALTH CARE) | PO BOX 24146 | SEATTLE | WA | 98124 | 8008610056 | CODE ASSIGNED BY SCHA |
| 332 | HEALTH PLANS, INC. | PO BOX 5199 | WESTBOROUGH | MA | 01581 | 8005327575 | |
| 324 | HEALTH REIMBURSEMENT MANAGEMENT PARTNERSHIP | 5 HUTCHINSON DR. | DANVERS | MA | 01923 | 8889994767 | CODE IN OPEN STATUS BY SCHA |
| F46 | HEALTH RESOURCES, INC. | PO BOX 659 | EVANSVILLE | IN | 47704 | 8007271444 | |
| F46DN | HEALTH RESOURCES, INC. | PO BOX 659 | EVANSVILLE | IN | 47704 | 8007271444 | DENTAL ONLY |
| 225 | HEALTH SERVICES FOUNDATION | PO BOX 2109 | LIVERMORE | CA | 94551 | 5104497070 | |
| A79 | HEALTH SPECIAL RISK | 4001 N. JOSEY LANE | CARROLLTON | TX | 75007 | 9724926474 | |
| F41 | HEALTHCARE HIGHWAYS RX | 5904 STONE CREEK DR. | THE COLONY | TX | 75056 | 8446367506 | RX ONLY |
| A27 | HEALTHCARE SUPPORT | 25 COLUMBIA HEIGHTS | BROOKLYN HEIGHTS | NY | 112012482 | 8005544022 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 758 | HEALTHCHOICE | PO BOX 24870 | OKLAHOMA | OK | 731270870 | 8004892974 | CODE ASSIGNED BY SCHA |
| 814 | HEALTHCOMP ADMINISTRATORS | PO BOX 45018 | FRESNO | CA | 93718 | 8004427247 | |
| E61 | HEALTHIEZ | PO BOX 398220 | MINNEAPOLIS | MN | 55439 | 8552809638 | |
| 524 | HEALTHFIRST | PO BOX 130217 | TYLER | TX | 75713 | 8004778957 | CODE ASSIGNED BY SCHA TPA |
| D19 | HEALTHFIRST 65 PLUS | PO BOX 5196 | NEW YORK | NY | 10274 | 8882601010 | MEDICARE ADVANTAGE PLAN |
| 639 | HEALTHFIRST HMO | 255 ENTERPRISE BLVD., STE. 20 | GREENVILLE | SC | 29615 | 8644551100 | MEDICAID HMO |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---------------------------------------|-------------------------------|----------------|----|-----------|------------|--|
| 387 | HEALTHGRAM | PO BOX 11088 | CHARLOTTE | NC | 28220 | 8004465439 | HEALTHGRAM FORMERLY PRIMARY PHYSICIAN CARE |
| 387DN | HEALTHGRAM | PO BOX 11088 | CHARLOTTE | NC | 28220 | 8004465439 | DENTAL - HEALTHGRAM FORMERLY PRIMARY PHYSICIANS CARE |
| 577 | HEALTHMARKETS CARE ASSURED | PO BOX 69349 | HARRISBURG | PA | 17110 | 8772195460 | CODE ASSIGNED BY SCHA |
| 440 | HEALTHNET | PO BOX 14702 | LEXINGTON | KY | 40512 | 8006417761 | |
| 753 | HEALTHNET | PO BOX 2226 | AUGUSTA | GA | 309032226 | 9009778221 | |
| F20 | HEALTHPLEX | PO BOX 9255 | UNIONDALE | NY | 11553 | 8004680600 | DENTAL |
| 767 | HEALTHSCOPE BENEFITS | PO BOX 619055 | DALLAS | TX | 752619055 | 8006006212 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A67 | HEALTHSCOPE BENEFITS | PO BOX 99005 | LUBBOCK | TX | 794906831 | 8009676831 | |
| 553DN | HEALTHSCOPE BENEFITS, INC. | PO BOX 99005 | LUBBOCK | TX | 79490 | 8009676831 | |
| 553 | HEALTHSCOPE BENEFITS, INC. | PO BOX 99005 | LUBBOCK | TX | 79490 | 8883736102 | |
| 305 | HEALTHSMART | PO BOX 91608 | LUBBOCK | TX | 79490 | 8668695597 | |
| C32DN | HEALTHSMART | PO BOX 91608 | LUBBOCK | TX | 79490 | 8004354351 | FORMALLY WELLS FARGO |
| 920 | HEALTHSMART PREFERRED CARE | PO BOX 53010 | LUBBOCK | TX | 794533010 | 8064732500 | |
| 876 | HEALTHSOURCE OF NC, INC. | PO BOX 28087 | RALEIGH | NC | 27611 | 8008499000 | USE CODE 134 CIGNA HEALTHCARE |
| 519 | HEALTHSOURC ADMINISTRATORS | PO BOX 382617 | BIRMINGHAM | AL | 35238 | 8778939294 | |
| D81 | HEARTLAND NATIONAL LIFE INSURANCE CO. | PO BOX 2878 | SALT LAKE CITY | UT | 84110 | 8008723860 | REQUESTED BY THE SCHA |
| 242 | HELLER ASSOCIATES | 8228 MAYFIELD RD., STE. 5B | CHESTERLANDE | OH | 44026 | 4405272955 | CODE IN OPEN STATUS BY SCHA |
| 848 | HERITAGE | PO BOX 1730 | AUBURNDAL | FL | 33823 | 8002822460 | |
| 732 | HERTZ CLAIM MANAGEMENT | PO BOX 726 | PARK RIDGE | NJ | 07656 | 2013072177 | |
| 117 | HEWITT COLEMAN AND ASSOCIATES | PO BOX 6708 | GREENVILLE | SC | 29606 | 8642405840 | |
| X1R | HIGHMARK BLUE CROSS BLUE SHIELD | PO BOX 890062 | CAMP HILL | PA | 170890062 | 4125447000 | |
| D45 | HIGHMARK SECURITY BLUE | 120 5TH AVE. | PITTSBURGH | PA | 15222309 | 8005473627 | MEDICARE ADVANTAGE PLAN |
| A78 | HIGHWAY TO HEALTH (HTH) | PO BOX 968 | HORSHAM | PA | 19044 | 8883502002 | THIS CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------|-----------------|----|-----------|------------|---|
| B15 | HILLCREST BENEFIT ADMINISTRATORS | PO BOX 1516 | MT. DORA | FL | 32756 | 8007439264 | |
| 502 | HIP HEALTH PLAN | PO BOX 2803 | NEW YORK | NY | 101162803 | 8004478255 | MEDICARE ADVANTAGE PLAN |
| B81 | HM BENEFITS ADMINISTRATORS, INC. | PO BOX 535078 | PITTSBURGH | PA | 152535078 | 8002792624 | |
| A13 | HOLDEN & COMPANY | PO BOX 10411 | SAVANNAH | GA | 31412 | 8004043344 | |
| A68 | HOLLINGSWORTH SACO LOWELL CORP. | PO DRAWER 2327 | GREENVILLE | SC | 29602 | 8648593211 | DORMANT 8/06 |
| 984 | HOMELAND HEALTHCARE | PO BOX 3726 | SEATTLE | WA | 98124 | 8004934240 | |
| D36 | HOP/PSERS HEALTH ADMINISTRATION UNIT | PO BOX 2921 | CLINTON | IA | 52733 | 8007737725 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 239 | HORACE MANN LIFE INSURANCE COMPANY | 1 HORACE MANN PLAZA | SPRINGFIELD | IL | 62715 | 2177892500 | |
| 238 | HORIZON HEALTHCARE | PO BOX 1028 | WEST TRENTON | NJ | 08628 | 8007923666 | |
| 675 | HORRY COUNTY | | | | | | |
| 782 | HOUSING BENEFIT PLAN | PO BOX 542077 | DALLAS | TX | 753542077 | 8009372036 | |
| 878 | HRM CLAIM MANAGEMENT | PO BOX 4022 | KALAMAZOO | MI | 490034022 | 8002530966 | |
| 836 | HUMANA | PO BOX 14601 | LEXINGTON | KY | 40512 | 8005584444 | |
| 836DN | HUMANA | PO BOX 14601 | LEXINGTON | KY | 40512 | 8005584444 | |
| C59 | HUMANA CHOICE (PPO) | PO BOX 14605 | LEXINGTON | KY | 405784602 | 8004574708 | MEDICARE ADVANTAGE PLAN |
| 648 | HUMANA GOLD CHOICE (PFFS) | PO BOX 7060 | CAMDEN | SC | 29020 | 8775115000 | MEDICARE ADVANTAGE PLAN |
| 793 | HUMANA GOLD PLUS | PO BOX 14601 | LEXINGTON | KY | 405124601 | 8004574708 | MEDICARE ADVANTAGE PLAN |
| 216 | HUMANA HEALTH INSURANCE OF FLORIDA | PO BOX 19080-F | JACKSONVILLE | FL | 32245 | 8004574708 | |
| 752 | HYGEIA CORPORATION | 15500 NEW BARN RD. | MIAMI LAKES | FL | 33014 | 8005912650 | CODE ASSIGNED BY SCHA |
| 371 | ICON BENEFIT ADMINISTRATORS, INC. | PO BOX 53010 | LUBBOCK | TX | 794533070 | 8006589777 | |
| 250 | IDEAL SCRIPTS | 50 WHITE CAP DR. | NORTH KINGSTOWN | RI | 02886 | 8007176614 | |
| 801 | IMERICA LIFE AND HEALTH INS. CO | PO BOX 3287 | ENGLEWOOD | CO | 80155 | 8882738020 | |
| B26 | IMSCO HEALTH PLAN | PO BOX 697 | BUCKEYSTOWN | MD | 217170697 | 8009442833 | IMSCO - INTERNATIONAL MANAGEMENT SERVICE CO. |
| 716 | INDECS CORP | PO BOX 668 | LYNDHURST | NJ | 07071 | 8884463327 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A08 | INDEPENDENCE AMERICAN INS. CO. (IHC HEALTH SOLUTION) | PO BOX 21456 | EAGON | MN | 55121 | 8664290608 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------|---------------|----|-----------|------------|---|
| X1G | INDEPENDENCE BLUE CROSS | PO BOX 211184 | EAGAN | MN | 551212594 | 8002752583 | |
| 892 | INDEPENDENT HEALTH | PO BOX 9066 | BUFFALO | NY | 14231 | 8002471466 | |
| D44 | INDEPENDENT HEALTH | PO BOX 9066 | BUFFALO | NY | 14231 | 8666178585 | MEDICARE ADVANTAGE PLAN |
| 975 | INFORMED RX | PO BOX 968022 | SCHAUMBURG | IL | 601968022 | 8006453332 | WAS NATIONAL MEDICAL HEALTH CARD |
| B51 | INNOVIA | PO BOX 8082 | WAUSAU | WI | 54402 | 8775592955 | |
| C60 | INSTILL HEALTH SYSTEMS (FFS) | PO BOX 7061 | CAMDEN | SC | 290207845 | 8774467845 | MEDICARE ADVANTAGE PLAN |
| C61 | INSTILL HEALTH SYSTEMS (PPO) | PO BOX 7061 | CAMDEN | SC | 290207845 | 8774467845 | MEDICARE ADVANTAGE PLAN |
| 178 | INSURANCE & BENEFIT ADVOCATE, INC. | 5838 W BRICK RD STE. 106 | SOUTH BEND | IN | 46628 | 8662006700 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 863 | INSURANCE ADMINISTRATION CORP. | PO BOX 39119 | PHOENIX | AZ | 85069 | 8008433106 | |
| D02 | INSURANCE ADMINISTRATOR OF AMERICA | PO BOX 5082 | MT. LAUREL | NJ | 08054 | 8009896739 | |
| 149 | INSURANCE COMPANY OF NORTH AMERICA (INA) | 195 BROADWAY 11TH FLOOR | NEW YORK | NY | 100073100 | 2126184000 | |
| 756 | INSURANCE MANAGEMENT ADMINISTRATORS (IMA) | PO BOX 71120 | BOSSIER CITY | LA | 711719944 | 8007429944 | |
| 726 | INSURANCE SERVICE AND BENEFITS | 3218 HIGHWAY 67 STE. 218 | MESQUITE | TX | 75150 | 8008783157 | |
| F51 | INSURANCE TPA | PO BOX 15953 | LUBBOCK | TX | 79490 | 8558489591 | ASSIGNED BY SC REVENUE AND FISCAL AFFAIRS |
| C41 | INTERNATIONAL BENEFITS ADMINISTRATORS | PO BOX 9306 | GARDEN CITY | NY | 11530 | 8004227617 | |
| C41DN | INSUREX BENEFITS ADMINISTRATORS, INC. | PO BOX 41779 | MEMPHIS | TN | 381741799 | 9017256435 | |
| B80 | INTEGRATED BEHAVIORAL HEALTH/IBH | PO BOX 30018 | LAGUNA NIGUEL | CA | 92607 | 8003951616 | |
| 735 | INTEGRITAS BENEFIT GROUP | PO BOX 1447 | CORDOVA | TN | 38088 | 9016858980 | |
| 484 | INTEGRITY BENEFITS NETWORK | PO BOX 4537 | MARIETTA | GA | 30061 | 7704281604 | |
| B72 | INTEGRITY NATIONAL LIFE INS. | PO BOX 32350 | LOUISVILLE | KY | 40232 | 5024261843 | CODE ASSIGNED BY SCHA |
| A45 | INTEQ GROUP | 5445 LASIERRA DR., STE. 400 | DALLAS | TX | 75231 | 8009593953 | |
| 465 | INTER CARE BENEFIT SYSTEMS | PO BOX 3559 | ENGLEWOOD | CO | 801553559 | 3037705710 | |
| 809 | INTER VALLEY HEALTH PLAN | 300 SOUTH PARK, PO BOX 6002 | POMONA | CA | 917696002 | 8002518191 | CODE ASSIGNED BY SCHA |
| C26 | INTERACTIVE MEDICAL SYSTEMS, INC. | PO BOX 1349 | WAKE FOREST | NC | 27588 | 8004268739 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------------|----------------|----|-----------|------------|---|
| C54 | INTER-AMERICAS INS. CORP. (OIODA) | PO BOX 9510 | WICHITA | KS | 672770510 | | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 129 | INTERGROUP SERVICES CORPORATION | 101 LINDENWOOD DR., STE. 150 | MALVERN | PA | 19355 | 8005379389 | |
| D01 | INTERLINK HEALTH SERVICES | 4950 NE BELNAP CT. #205 | HILLSBORO | OR | 97124 | 5036402000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B76 | INTERNATIONAL ASSO. BENEFITS | 1747 PENNSYLVANIA AVE. NORTH WEST | WASHINGTON | DC | 20006 | 8002751171 | |
| 983 | INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS | 3901 E. WINSLOW AVE. | PHOENIX | AZ | 85040 | 6022340497 | |
| 101 | INTERNATIONAL CLAIMS SERVICES | 27092 BURBANK ST. | FOOTHILL RANCH | CA | 92610 | 8779167920 | ASSIGNED BY SCHA |
| 189 | INTERNATIONAL EDUCATION EXCHANGE SERVICES | PO BOX 370 | ITHACA | NY | 148510307 | 8664337462 | |
| 464 | INTERNATIONAL MEDICAL GROUP | 407 N. FULTON ST. | INDIANAPOLIS | IN | 46202 | 8006284664 | |
| 473 | INTERNATIONAL MISSION BOARD (IMB) | PO BOX 6767 | RICHMOND | VA | 232300767 | 8042191585 | CODE ASSIGNED BY SCHA |
| 454 | INTERNATIONAL UNION OF OPERATING ENGINEERS | 166 WEST KELLY ST. | METUCHEN | NJ | 08840 | 9085486662 | |
| 411 | INTERPLAN HEALTH GROUP | PO BOX 90613 | ARLINGTON | TX | 76006 | 8665114757 | CODE ASSIGNED BY SCHA |
| A19 | ISLAND GROUP ADMINISTRATION, INC. | 3 TOILSOME LANE | EAST HAMPTON | NY | 11937 | 8009262306 | CODE ASSIGNED BY SCHA |
| 958 | ITPE-NMU HEALTH AND WELFARE FUND | PO BOX 13817 | SAVANNAH | GA | 31416 | 9123527169 | |
| 958DN | ITPE-NMU HEALTH AND WELFARE FUND | PO BOX 13817 | SAVANNAH | GA | 31416 | 9123527169 | |
| 757 | J C PENNEY LIFE INSURANCE COMPANY | PO BOX 869090 | PLANO | TX | 750860909 | 9728816000 | |
| 827 | J. SMITH LANIER | PO BOX 72749 | NEWNAN | GA | 30271 | 8882954864 | |
| 996 | J.F. MOLLOY & ASSO. | PO BOX 68947 | INDIANAPOLIS | IN | 46268 | 8003313287 | SEE CARRIER 942 PRINCIPAL FINANCIAL GROUP |
| 335 | J.P. FARLEY CORP. | PO BOX 458022 | WESTLAKE | OH | 441468022 | 4402504300 | |
| 676 | JASPER COUNTY | | | | | | |
| 109 | JEFFERSON PILOT INSURANCE COMPANY | PO BOX 26011 | GREENSBORO | NC | 27420 | 3366913000 | |
| 514 | JLT SERVICES (TPA FOR NY LIFE) | PO BOX 1511 | LATHAM | NY | 12110 | 8007933773 | NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D09 | JM FAMILY ENTERPRISES | 8019 BAYBERRY RD. | JACKSONVILLE | FL | 32256 | 8008920059 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 885 | JOHN ALDEN INSURANCE COMPANY | PO BOX 020270 | MIAMI | FL | 33102 | 8003284316 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--|--------------|----|-----------|------------|--|
| 885DN | JOHN ALDEN INSURANCE COMPANY | PO BOX 020270 | MIAMI | FL | 33102 | 8003284316 | |
| 202 | JOHN HANCOCK INSURANCE COMPANY | PO BOX 852 | BOSTON | MA | 02117 | 8002331449 | |
| B12 | JOHN HANCOCK LIFE AND HEALTH INSURANCE | JOHN HANCOCK B5-03 200 BERKELEY ST. | BOSTON | MA | 02116 | 8003777311 | |
| C71 | JOHNS HOPKINS HEALTHCARE | 6704 CURTIS CT. | GLEN BURNIE | MD | 21060 | 8002612393 | |
| 417 | JULY PRODUCTS | 5 GATEWAY CENTER STE. 60 | PITTSBURG | PA | 15222 | 8669008322 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| A69 | KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA | PO BOX 7004 | DOWNEY | CA | 902427004 | 8003310420 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 104 | KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA. | PO BOX 7004 | DOWNEY | CA | 90242 | 8003903510 | CODE ASSIGNED BY SCHA |
| 528 | KAISER PERMANENTE | PO BOX 190849 | ATLANTA | GA | 31119 | 8006111811 | MEDICARE ADVANTAGE PLAN |
| C78 | KAISER PERMANENTE | PO BOX 370010 | DENVER | CO | 80237 | 4042612590 | |
| F58 | KAISER PERMANENTE MID ATLANTIC STATES | PO BOX 371860 | DENVER | CO | 802379998 | 8008104766 | ADDED BY REVENUE AND FISCAL AFFAIRS |
| 537 | KAISER PERMANENTE-OHIO REGION | PO BOX 5316-9774 | CLEVELAND | OH | 441010316 | 8006348816 | CODE ASSIGNED BY SCHA |
| C47 | KANAWHA BENEFIT SERVICES | PO BOX 50098 | KNOXVILLE | TN | 379500098 | 8008221274 | |
| C47DN | KANAWHA BENEFIT SERVICES | PO BOX 50098 | KNOXVILLE | TN | 379500098 | 8008221274 | |
| 153 | KANAWHA LIFE INSURANCE COMPANY | PO BOX 6000 | LANCASTER | SC | 29721 | 8032862440 | |
| 153DN | KANAWHA LIFE INSURANCE COMPANY | PO BOX 6000 | LANCASTER | SC | 29721 | 8032862440 | |
| 868 | KANSAS CITY LIFE | PO BOX 9040 | AUSTIN | TX | 78766 | 8008745254 | |
| E80 | KANSAS INDEPENDENT PHARMACY (KPSC) | 4125 SOUTH WEST GAGE CENTER DR., STE. 203 | TOPEKA | KS | 66604 | 8002793022 | |
| C30 | KEENAN AND COMPANY | PO BOX 11431 | TORRANCE | CA | 90510 | 8006533626 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 677 | KERSHAW COUNTY | | | | | | |
| 760 | KEY BENEFIT ADMINISTRATORS | PO BOX 3252 | MILWAUKEE | WI | 53201 | 8003314757 | |
| 936 | KEY BENEFITS-TRANSCHOICE PLUS | PO BOX 3252 | MILWAUKEE | WI | 53201 | 8668676883 | |
| 893 | KEYSTON HEALTH PLAN EAST | PO BOX 8339 | PHILADELPHIA | PA | 19101 | 8002273116 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-------------------------|--------------|----|-----------|------------|---|
| D71 | KEYSTONE 65 | PO BOX 7799 | PHILADELPHIA | PA | 191017799 | 8002273116 | MEDICARE ADVANTAGE PLAN |
| B66 | KIRKE-VAN ORSDEL, INC. | PO BOX 9126 | DES MOINES | IA | 503069126 | 8002472192 | USE CODE 759 MEDIPLUS PER SCHA |
| 318 | KLAIS & COMPANY | 1867 WEST MARKET ST. | AKRON | OH | 443136977 | 3308678443 | |
| 900 | KOHLER COMPANY | 444 HIGHLAND DR. | KOHLER | WI | 530441515 | 9204574441 | |
| 711 | LABORERS DISTRICT COUNCIL OF GA AND SC | PO BOX 607 | JONESBORO | GA | 302370607 | 4044771888 | |
| 320 | LAMAR LIFE INSURANCE COMPANY | PO BOX 880 | JACKSON | MS | 39201 | 6019493100 | |
| 678 | LANCASTER COUNTY | | | | | | |
| 679 | LAURENS COUNTY | | | | | | |
| D04 | LBA HEALTH PLANS, INC./PRIMARY SELECT | PO BOX 17098 | OWINGS MILL | MD | 211177098 | 8008158240 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 680 | LEE COUNTY | | | | | | |
| 978 | LEGGETT & PLATT | PO BOX 7687 | HIGH POINT | NC | 27264 | 8773112150 | |
| D31 | LEON MEDICAL CENTER HEALTH PLAN | PO BOX 65-9006 | MIAMI | FL | 33265 | 3055595366 | MEDICARE ADVANTAGE PLAN |
| 681 | LEXINGTON COUNTY | | | | | | |
| B62 | LIBERTY DENTAL | PO BOX 26110 | SANTA ANNA | CA | 92799 | 8889020349 | |
| 943 | LIBERTY MUTUAL LIFE INSURANCE | 5 HUTCHINSON DR. | DANVERS | MA | 01923 | 8889994767 | CODE IN OPEN STATUS BY SCHA |
| 540 | LIBERTY NATIONAL LIFE INSURANCE COMPANY | PO BOX 2612 | BIRMINGHAM | AL | 35202 | 2053252722 | |
| 243 | LIFE & CASUALTY INSURANCE COMPANY OF TENNESSEE | AMERICAN GENERAL CENTER | NASHVILLE | TN | 37250 | 6157491000 | |
| B02 | LIFE INSURANCE CO. OF ALABAMA | PO BOX 349 | GADSDEN | AL | 35902 | 8002262371 | |
| 156 | LIFE INSURANCE COMPANY OF GEORGIA | PO BOX 105006 | ATLANTA | GA | 303485006 | 7709805100 | |
| 157 | LIFE INSURANCE COMPANY OF VIRGINIA, THE | PO BOX 27601 | RICHMOND | VA | 23230 | 8042816000 | |
| 408 | LIFE INVESTORS INSURANCE COMPANY OF AMERICA | PO BOX 8043 | LITTLE ROCK | AR | 72203 | 5013760426 | AKA AEGON |
| 515 | LIFE OF THE SOUTH INSURANCE COMPANY | PO BOX 45237 | JACKSONVILLE | FL | 32232 | 8006616385 | THIS CODE ASSIGNED BY SCHA NOT A MEDICAID REQUEST |
| 241 | LIFE REINSURANCE CO. | PO BOX 792070 | SAN ANTONIO | TX | 78279 | 8002291024 | |
| F19 | LIFEMAP | PO BOX 783 | MILWAUKEE | WI | 53201 | 8002841129 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------|------------------|----|-----------|------------|---|
| D87 | LIFESTYLE HEALTHCARE | 345 N. RIVERVIEW STE. 600 | WICHITA | KS | 67203 | 8668276607 | FORMERLY MEDOVA HEALTHCARE |
| F45 | LIFETIME BENEFIT SOLUTIONS | PO BOX 780 | LIVERPOOL | NY | 13088 | 8772543132 | |
| F45DN | LIFETIME BENEFIT SOLUTIONS | PO BOX 780 | LIVERPOOL | NY | 13088 | 8772543132 | DENTAL ONLY |
| 138 | LIFEWELL HEALTH PLANS | PO BOX 16203 | LUBBOCK | TX | 79490 | 8775433935 | SUBSIDIARY OF HEALTHSCOPE |
| B23 | LINCOLN FINANCIAL GROUP | PO BOX 614008 | ORLANDO | FL | 32861 | 8004232765 | |
| 323 | LINCOLN HERITAGE LIFE INSURANCE CO | PO BOX 10843 | CLEARWATER | FL | 337578843 | 8885868810 | |
| 158 | LINCOLN NATIONAL LIFE INSURANCE COMPANY | PO BOX 614008 | ORLANDO | FL | 32861 | 8004232765 | |
| 796 | LINECO | 821 PARKVIEW BLVD. | LOMBARD | IL | 601483230 | 8003237268 | CODE ASSIGNED BY SCHA |
| A53 | LONGSHORE & HARBOR WORKERS COMP PROGRAM | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 367 | LOOMIS INSURANCE COMPANY | PO BOX 7011 | WYOMISSING | PA | 196107011 | 8007820392 | |
| C85 | LOYAL AMERICAN LIFE INSURANCE COMPANY | PO BOX 559004 | AUSTIN | TX | 78755 | 8006336752 | |
| 492 | LT11-LIFETRAC NETWORK | 111100 WAYZATA BLVD. | MINNEAPOLIS | MN | 55305 | | CODE ASSIGNED BY SCHA |
| B18 | LUMENOS | PO BOX 69309 | HARRISBURG | PA | 17106 | 8774957223 | |
| 504 | M CARE | PO BOX 130799 | ANN ARBOR | MI | 481130779 | 2156578920 | CODE IN OPEN STATUS BY SCHA |
| 396 | MACY'S HR SERVICES | PO BOX 850958 | RICHARDSON | TX | 75085 | 8003372363 | CODE ASSIGNED BY SCHA |
| C11 | MAESTRO HEALTH | P O BOX 1178 | MATTHEWS | NC | 28106 | 8002281803 | |
| C11DN | MAESTRO HEALTH | P O BOX 1178 | MATTHEWS | NC | 28106 | 8002281813 | |
| B16 | MAGELLAN RX | 11013 W BROAD ST., STE. 500 | GLEN ALLEN | VA | 23060 | 8006594112 | |
| A32 | MAGELLAN BEHAVIORAL HEALTH | PO BOX 1659 | MARYLAND HEIGHTS | MO | 63043 | 8003592422 | |
| B07 | MAGNACARE | PO BOX 1001 | GARDEN CITY | NY | 11530 | 8666246259 | |
| 847 | MAHONEY BENEFIT ADMINISTRATORS | PO BOX 7260 | FORT LAUDERDALE | FL | 33338 | 8002807093 | |
| 327 | MAIL HANDLERS BENEFIT PLAN | PO BOX 8402 | LONDON | KY | 40742 | 8004107778 | |
| E23 | MAINE SENSE | PO BOX 1959 | GRAY | ME | 04039 | 8002908559 | |
| 159 | MAKSIN MANAGEMENT CORP | CN98000 | PENNSAUKEN | NJ | 08110 | 8002570625 | |
| 438 | MAMSI LIFE AND HEALTH INSURANCE CO | PO BOX 993 | FREDERICK | MD | 21705 | 8002576458 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---|-------------------|----|-----------|------------|--|
| 860 | MANAGED HEALTH NETWORK | PO BOX 209010 | AUSTIN | TX | 78720 | 8008352094 | |
| 915 | MANAGED HEALTH RESOURCES | PO BOX 30742 | CHARLOTTE | NC | 28208 | 7043555200 | |
| 835 | MANAGED PHARMACY BENEFITS | 1100 NORTH LINDBERGH | ST. LOUIS | MO | 63132 | 8006729540 | THIS CARRIER BOUGHT OUT BY EXPRESS SCRIPTS. |
| A15 | MANAGED PRESCRIPTIONS SERVICES (MPS) | ONE CITY CENTRE STE. 1100 | ST. LOUIS | MO | 631016922 | 8007596959 | |
| 932 | MANHATTAN INSURANCE GROUP | PO BOX 925309 | HOUSTON | TX | 772925309 | 8006699030 | CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| 682 | MARION COUNTY | | | | | | |
| A26 | MARKEL SMART STM | PO BOX 15953 | LUBBOCK | TX | 79490 | 8002792290 | |
| 683 | MARLBORO COUNTY | | | | | | |
| 268 | MARQUETTE NATIONAL LIFE INS. CO. | PO BOX 130 | PENSACOLA | FL | 32591 | 8009348203 | |
| 709DN | MARSH ADVANTAGEAMERICA | 501 NORTH BROADWAY, STE. 500 | ST. LOUIS | MO | 63102 | 8008687526 | FORMERLY BENEFIT PLAN SERVICES |
| 405 | MARSH(INSURANCE TRUST PLAN-DELTA RETIREES) | PO BOX 10432 | DES MOINES | IA | 503060432 | 8773257265 | CODE ASSIGNED BY SCHA |
| 531 | MARY BLACK HEALTHNETWORK | 1690 SKYLYNDR., STE. 130 | SPARTANBURG | SC | 29307 | 8645733535 | |
| 569 | MARYLAND PHYSICIANS CARE | PO BOX 61778 | PHOENIX | AZ | 85082 | 8009538854 | CODE IN OPEN STATUS BY SCHA |
| 226 | MASTER HEALTH PLAN | PO BOX 16367 | AUGUSTA | GA | 303919123 | 7068635955 | |
| B32 | MAXCARE | PO BOX 16430 | OKLAHOMA CITY | OK | 73113 | 8002597765 | |
| E99 | MAXORPLUS | 320 SOUTH POLK ST., STE. 200 | AMARILLO | TX | 79101 | 8006870707 | |
| E99RX | MAXORPLUS | 320 SOUTH POLK ST., STE. 200 | AMARILLO | TX | 79101 | 8006870707 | RX ONLY |
| 586 | MCA ADMINISTRATORS (MANAGED CARE OF AMERICA) | MANOR OAK TWO, STE 605 1910 COCHRAN RD. | PITTSBURGH | PA | 15220 | 4129220780 | WAS DIVERSIFIED GROUP ADMINISTRATORS |
| 684 | MCCORMICK COUNTY | | | | | | |
| 361 | MDI GOVERNMENT HEALTH SERVICES | 822 HIGHWAY A1A NORTH STE. 310 | PONTE VEDRA BEACH | FL | 32082 | 8008416288 | CODE ASSIGNED BY SCHA |
| 368 | MED BENEFITS SYSTEM | PO BOX 177 | SOUTH BEND | IN | 46601 | 2192370560 | |
| 206 | MED COST BENEFITS SERVICES | PO BOX 25307 | WINSTON-SALEM | NC | 271145307 | 8007951023 | |
| 206DN | MED COST BENEFITS SERVICES | PO BOX 25987 | WINSTON-SALEM | NC | 27114 | 8007951023 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------------|----------------|----|-----------|------------|---|
| 223 | MED COST PREFERRED | PO BOX 25437 | WINSTON-SALEM | NC | 27114 | 8008247406 | CODE ASSIGNED BY SCHA |
| B38 | MEDBEN | PO BOX 1009 | NEWARK | OH | 43058 | 8006868425 | |
| 798 | MEDCARE INTERNATIONAL | 12480 WEST ATLANTIC BLVD., STE. 2 | CORAL SPRINGS | FL | 33071 | 9543455650 | |
| 873 | MEDCO HEALTH | PO BOX 8190 | MADISON | WI | 537088190 | 8002217006 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY THE SCHA |
| C46 | MEDCO HEALTH SOLUTIONS | PO BOX 2902 | CLINTON | IA | 527332902 | 8002727243 | USE CARRIER 333 EXPRESS SCRIPTS |
| 152 | MEDICA | PO BOX 30990 | SALT LAKE CITY | UT | 84130 | 8009523455 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA |
| 222 | MEDICA | PO BOX 30990 | SALT LAKE CITY | UT | 84107 | 8009523455 | |
| 619 | MEDICAID, SC | | | | | | |
| 616 | MEDICAID-OUT-OF-STATE | | | | | | |
| C98 | MEDICAL BENEFIT ADM. OF MARYLAND, INC. | PO BOX 950 | FORREST HILL | MA | 60631 | 8885323467 | |
| 295 | MEDICAL BENEFIT ADMINISTRATORS | 5940 SEMINOLE CENTER CT. | MADISON | WI | 53711 | 6082731776 | |
| 781 | MEDICAL CLAIMS MANAGEMENT CORP | PO BOX 25307 | WINSTON-SALEM | NC | 271145307 | 8003340609 | |
| 781DN | MEDICAL CLAIMS MANAGEMENT CORP | PO BOX 12995 | CHARLOTTE | NC | 282202995 | 8003340609 | |
| C25 | MEDICAL CLAIMS SERVICES | 1 WALL ST., STE. 2A | RAVENSWOOD | WV | 26164 | 8882250522 | |
| 822 | MEDICAL MUTUAL | PO BOX 6018 | CLEVELAND | OH | 44101 | 8002582873 | CODE ASSIGNED BY SCHA |
| 539 | MEDICAL MUTUAL INSURANCE OF OHIO | PO BOX 94648 | CLEVELAND | OH | 44101 | 8003621279 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| X0R | MEDICAL MUTUAL OF OHIO | PO BOX 6018 | CLEVELAND | OH | 44101 | 2166877000 | |
| X0RDN | MEDICAL MUTUAL OF OHIO | PO BOX 981800 | EL PASO | TX | 79998 | 2166877000 | |
| 979 | MEDICAL REIMBURSEMENT OF AMERICA | 113 SEABOARD LANE | FRANKLIN | TN | 37067 | 6159633826 | THIS CODE IS USED BY SCHA NOT AN ACTIVE MEDICAID CODE |
| 207 | MEDICAL SAVINGS HEALTH PLAN | 419 E. MAIN ST. | MIDDLETON | NY | 10940 | 3173298222 | |
| B39 | MEDICAL SAVINGS INSURANCE CO. | 5835 WEST 74TH ST. | INDIANAPOLIS | IN | 462781758 | 3173298222 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| X1N | MEDICAL SERVICE CORPORATION OF EASTERN WASHINGTON | PO BOX 3048 | SPOKANE | WA | 99220 | 5095364900 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-------------------------------|---------------|----|-----------|------------|--|
| D99 | MEDICARE ADVANTAGE | | | | | | MEDICARE ADVANTAGE PLAN GENERIC CODE |
| D32 | MEDICARE COMPLETE (UNITED HEALTH CARE) | PO BOX 659735 | SAN ANTONIO | TX | 782659735 | 8778423210 | MEDICARE ADVANTAGE PLAN |
| 618 | MEDICARE PART A | | | | | | |
| 620 | MEDICARE PART B ONLY | | | | | | |
| D14 | MEDICARE PLUS BLUE (BCBS OF MICHIGAN) | 27000 ELEVEN MILE RD. | SOUTHFIELD | MI | 48034 | 8002495103 | MEDICARE ADVANTAGE PLAN |
| 617 | MEDICARE RAILROAD (PGBA) PROFESSIONAL PART B | PO BOX 10066 | AUGUSTA | GA | 30999 | 8772887600 | |
| C99 | MEDICO INSURANCE COMPANY | PO BOX 21660 | EAGAN | MN | 55121 | 8002286080 | CARRIER WAS PREVIOUSLY C35 |
| 995 | MEDIMPACT | 10680 TREENA ST., STOP 5 | SAN DIEGO | CA | 92131 | 8007882949 | |
| 372 | MEDIPLAN | 502 VALLEY RD. | WAYNE | NJ | 07410 | 9736963111 | |
| 759 | MEDIPLUS | PO BOX 9126 | DES MOINES | IA | 50309 | 8002472192 | AKA TROA |
| E96 | MEDPARTNERS ADMINISTRATIVE | 6920 POINT INVERNESS WAY | FORT WAYNE | IN | 46804 | 8883129744 | |
| B56 | MEDSAVE USA | 3035 LAKELAND HILLS BLVD. | LAKELAND | FL | 33805 | 8002263155 | |
| 746 | MED-TAC CLAIMS | PO BOX 9110 | NEWTON | MA | 02160 | 8003479355 | |
| C96 | MEDTRACK SERVICES | 7101 COLLEGE BLVD., STE. 1000 | OVERLAND PARK | KS | 66210 | 8007714648 | |
| E41 | MEDTRAK | 7101 COLLEGE BLVD., STE. 1000 | OVERLAND PARK | KS | 66210 | 8007714648 | |
| 477 | MEGA LIFE AND HEALTH INSURANCE COMPANY | PO BOX 981606 | EL PASO | TX | 79998 | 8005272845 | |
| B50 | MEMBER HEALTH | PO BOX 391180 | CLEVELAND | OH | 44139 | 8888685854 | |
| 709 | MERCER ADMINISTRATION | PO BOX 4546 | IOWA CITY | IA | 52244 | 8008687526 | |
| 833 | MERCY HEALTH PLANS | PO BOX 4568 | SPRINGFIELD | MO | 658084568 | 8006472240 | |
| F14 | MERIDIANRX | PO BOX 9306 | GARDEN CITY | NY | 48226 | 8553234580 | RX |
| 377 | MERITAIN HEALTH | PO BOX 27267 | MINNEAPOLIS | MN | 554270267 | 8009252272 | WAS NORTH AMERICAN ADMINISTRATORS, INC. |
| A29 | MERITAN HEALTH | PO BOX 80884 | INDIANAPOLIS | IN | 46280 | 8006064841 | |
| 108 | METROPOLITAN LIFE INSURANCE COMPANY | PO BOX 981282 | EL PASO | TX | 79998 | 8006386626 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------|----------------|----|-----------|------------|---|
| 916 | MHEALTH | PO BOX 742567 | HOUSTON | TX | 77274 | 8886425040 | |
| 961 | MHN (MANAGED HEALTH NETWORK) | PO BOX 27018 | LAS VEGAS | NV | 89126 | 8004584642 | CODE ASSIGNED BY SCHA |
| 790 | MHNET BEHAVIORAL HEALTH | PO BOX 7802 | LONDON | KY | 40742 | 8007527242 | |
| 988 | MID WEST NATIONAL LIFE INS. CO. | PO BOX 981606 | EL PASO | TX | 799981610 | 8007331110 | |
| 742 | MIDA DENTAL PLAN | 2000 TOWN CENTER, STE. 2200 | SOUTHFIELD | MI | 48075 | 8009376432 | |
| C95 | MIDWEST SECURITY | 2700 MIDWEST DR. | ONALASKA | WI | 54650 | 8002368672 | |
| D40 | MINNESOTA POWER HEALTH PLANS | 30 W SUPERIOR ST. | DULUTH | MN | 55802 | 8888128800 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C06 | MISSIONARY MEDICAL | PO BOX 45730 | SALT LAKE CITY | UT | 84145 | 8007771647 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 820 | MMSI MAYO MANAGEMENT SERVICES | 4001 41ST ST. WEST | ROCHESTER | NM | 41154 | 8006356671 | CODE ASSIGNED BY SCHA SEE CARRIER CODE 536 |
| 545 | MOLINA HEALTHCARE OF OHIO | PO BOX 22712 | LONG BEACH | CA | 90801 | 8006424148 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 774 | MOLINA MEDICARE OPTIONS PLUS | PO BOX 22811 | LONG BEACH | CA | 90801 | 8006651328 | MEDICARE ADVANTAGE PLAN |
| 597 | MONARCH DIRECT | PO BOX 9004 | SPRINGFIELD | MA | 01101 | 8006289000 | |
| 227 | MONUMENTAL GENERAL INSURANCE COMPANY | 1111 N CHARLES ST. | BALTIMORE | MD | 20201 | 8007529797 | |
| 460 | MORRIS ASSOCIATES | PO BOX 50440 | INDIANAPOLIS | IN | 462500440 | 3175549000 | |
| D24 | MOUNT CARMEL HEALTH PLAN (MCHP) MEDIGOLD (HMO) | PO BOX 6111 | WESTERVILLE | OH | 43086 | 8002403870 | MEDICARE ADVANTAGE PLAN |
| 733 | MOUNTAIN CLAIMS MANAGEMENT | PO BOX 1008 | FRUITLAND | ID | 83619 | 2084527979 | CODE IN OPEN STATUS BY SCHA |
| A12 | MOUNTAIN CLAIMS MANAGEMENT | PO BOX 1008 | FRUITLAND | ID | 83616 | 8669527979 | |
| X2P | MOUNTAIN STATE BLUE CROSS & BLUE SHIELD, INC. | PO BOX 1948 | PARKERSBERG | WV | 26102 | 3044247700 | |
| 993 | MPI INTERNATIONAL, INC. | PO BOX 81913 | ROCHESTER | MI | 483081913 | 2488539010 | |
| 432 | M-PLAN CARDINAL HEALTH | PO BOX 357 | LINTHICUM | MD | 210900357 | 8006752605 | CODE ASSIGNED BY SCHA |
| A18 | MSH MOBILITY BENEFITS | PO BOX 77 | BEEBE PLAIN | VT | 05823 | 8888421530 | CODE ASSIGNED BY SCHA |
| 564 | MULTINATIONAL UNDERWRITERS | PO BOX 863 | INDIANAPOLIS | IN | 46206 | 8006052282 | CODE ASSIGNED BY SCHA |
| 954 | MULTIPLAN | 115 5TH AVE. | NEW YORK | NY | 100031004 | 8005463887 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------------|-----------------|----|-----------|------------|---|
| 593 | MUTUAL ASSURANCE ADMINISTRATORS, INC. | PO BOX 42096 | OKLAHOMA CITY | OK | 73123 | 8006489652 | |
| 724 | MUTUAL MEDICAL PLANS | PO BOX 689 | PEORIA | IL | 61652 | 8004484689 | CODE ASSIGNED BY SCHA |
| 107 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | 8002289090 | DO NOT USE FOR MED ADV. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| 635 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | 4023427600 | MEDICARE INTERMEDIARY PART A |
| 636 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | | MEDICARE INTERMEDIARY PART B |
| C35 | MUTUAL PROTECTIVE MEDICO LIFE INSURANCE COMPANIES | 1515 S 75TH ST. | OMAHA | NE | 68124 | 8002286080 | SEE CODE C99 |
| 937 | MVP HEALTH CARE | PO BOX 2207 | SCHENECTADY | NY | 12301 | 8002295851 | NAME CHANGE ONLY 4/09. WAS PREFERRED CARE |
| 937DN | MVP HEALTH CARE | PO BOX 763 | SCHENECTADY | NY | 12301 | 8004805640 | |
| 291 | NALC HEALTH BENEFIT PLAN | 20547 WAVERLY CT. | ASHBURN | VA | 20149 | 7037294677 | |
| 522 | NATIONAL AUTOMATIC SPRINKLER INDUSTRY | 800 CORPORATE DR. | LANDOVER | MD | 20785 | 3015771700 | |
| 312 | NATIONAL BENEFIT ADMINISTRATORS | PO BOX 690903 | CHARLOTTE | NC | 282277016 | 8004826736 | |
| 312DN | NATIONAL BENEFIT ADMINISTRATORS | PO BOX 690903 | CHARLOTTE | NC | 282277016 | 8004826736 | |
| C17 | NATIONAL BENEFITS | 110 GIBRALTAR RD. | HORSHAM | PA | 19044 | 2154430404 | |
| 260 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 10136 | FAIRFAX | VA | 220388022 | 8662199292 | CODE IN OPEN STATUS BY SCHA |
| 267 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 220887 | CHARLOTTE | NC | 282220887 | 7043643865 | CODE ASSIGNED BY SCHA |
| C74 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 981610 | EL PASO | TX | 799981610 | 7043643865 | |
| C74DN | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 220887 | CHARLOTTE | NC | 28222 | 7043643865 | |
| 444 | NATIONAL DISASTER MEDICAL SYSTEM | | | | | | |
| 599 | NATIONAL ELEVATOR INDUSTRY HEALTH BENEFITS | PO BOX 477 | NEWTOWN SQUARE | PA | 190730477 | 8005234702 | |
| A70 | NATIONAL EMPLOYEE BENEFIT ADMINISTRATORS | 1920 N. FLORIDA MANGO RD | WEST PALM BEACH | FL | 33409 | 8008225899 | |
| 263 | NATIONAL FINANCIAL COMPANY | 110 WEST 7TH ST., STE. 300 | FT WORTH | TX | 76102 | 8007251407 | |
| B53 | NATIONAL FOUNDATION LIFE INSURANCE COMPANY | 110 WEST 7TH ST., STE. 300 | FORT WORTH | TX | 76102 | 8002219039 | |
| 472 | NATIONAL HEALTH CARE HEALTH BENEFITS PLAN (NHC) | PO BOX 1398 | MURFREESBORO | TN | 371331398 | 6158902020 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------------|---------------------------|----|-----------|------------|---|
| 929 | NATIONAL HEALTH INSURANCE COMPANY | PO BOX 619999 | DALLAS/FORT WORTH AIRPORT | TX | 752619999 | 8002371900 | |
| 828 | NATIONAL PHARMACEUTICAL SERVICES | PO BOX 407 | BOYSTOWN | NE | 68017 | 8005465677 | |
| 495 | NATIONAL PRESCRIPTION ADMINISTRATORS | PO BOX 1981 | EAST HANOVER | NJ | 079361981 | 8005226727 | BOUGHT OUT BY EXPRESS SCRIPTS CC333 |
| 334 | NATIONAL RURAL LETTER CARRIERS ASSOCIATION | 1750 PENNSYLVANIA AVE., NW | WASHINGTON | DC | 20006 | 8006388432 | |
| C86 | NATIONAL STATES INSURANCE COMPANY | PO BOX 27321, 1830 CRAIG PARK CT. | ST. LOUIS | MO | 63141 | 3148780101 | |
| 914 | NATIONAL TEACHERS ASSO LIFE INSURANCE CO. | PO BOX 2369 | ADDISON | TX | 75001 | 8886716771 | |
| 414 | NATIONAL TELEPHONE COOP. ASSN. | 1 WEST PACK SQUARE, STE. 600 | ASHEVILLE | NC | 28801 | 8282529776 | |
| 558 | NATIONAL TRAVELERS LIFE INS. CO. | PO BOX 9197 | DES MOINES | IA | 50306 | 8002325818 | INACTIVE 8/02 |
| 388 | NATIONALWAY HEALTHCARE ASSOCIATES | PO BOX 682708 | HOUSTON | TX | 77268 | 8008107856 | |
| 163 | NATIONWIDE LIFE INSURANCE COMPANY | PO BOX 182202 | COLUMBUS | OH | 432182202 | 6142497111 | |
| A52 | NATIONWIDE SPECIALTY HEALTH CLAIMS | PO BOX 420 | SPRINGFIELD | MA | 01101 | 8005174791 | |
| 518 | NAT'L ASBESTOS WORKERS MED FUND | PO BOX 188004 | CHATTANOOGA | TN | 37422 | 8003863632 | |
| B67 | NAVITUS HEALTH SOLUTIONS LLC | PO BOX 999 | APPLETON | WI | 549120999 | 8662682501 | |
| 800 | NEBCO (TENNECO) | PO BOX 97 | SCRANTON | PA | 185040097 | 8007177562 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 141 | NEOA HEALTH BENEFITS FUND | 428 E SCOTT AVE., PO BOX 3070 | KNOXVILLE | TN | 37927 | | |
| 806 | NETWORK HEALTH PLAN | PO BOX 568 | MENASHA | WI | 54952 | 9207201300 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 360 | NEW ENGLAND FINANCIAL | PO BOX 190019 | N. CHARLESTON | SC | 29419 | 8004087681 | USE CARRIER 859 NEW ENGLAND GROUP TRUST |
| 859 | NEW ENGLAND GROUP TRUST | PO BOX 30466 | TAMPA | FL | 33630 | 8006541731 | |
| 248 | NEW ENGLAND LIFE INSURANCE | 25145 COUNTRY CLUB BLVD. | NORTH OLMSTED | OH | 440705300 | 8002558063 | |
| 437 | NEW ERA LIFE INSURANCE CO | PO BOX 4884 | HOUSTON | TX | 772104884 | 2813687200 | |
| 520 | NEW JERSEY CARPENTERS | PO BOX 7818 | EDISON | NJ | 088180846 | 8006243096 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 808 | NEW MARKET DIMENSION | PO BOX 1338 | COCKEYVILLE | MD | 21031 | 8005706745 | |

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CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|------------------------------|-----------------|----|-----------|------------|---|
| C89 | NEW SOURCES BENEFITS | PO BOX 6305 | SPARTANBURG | SC | 29304 | 8004761555 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 165 | NEW YORK LIFE INSURANCE COMPANY | PO BOX 105095 | ATLANTA | GA | 30348 | 8003884580 | |
| D39 | NEW YORK WELFARE FUND | 101-49 WOODHAVEN BLVD. | OZONE PARK | NY | 11416 | 7188455800 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 685 | NEWBERRY COUNTY | | | | | | |
| B54 | NGS AMERICAN, INC. | PO BOX 2310 | MT. CLEMENS | MI | 48046 | 8107797676 | |
| B97 | NIPPON LIFE INSURANCE CO. | PO BOX 25951 | SHAWNEE MISSION | KS | 662255951 | 8003741835 | |
| 174 | NMU PENSION & WELFARE FUND | 360 WEST 31ST ST., 3RD FL | NEW YORK | NY | 10001 | 2123374900 | |
| 350 | NORTH AMERICA ADMINISTRATORS | PO BOX 1984 | NASHVILLE | TN | 37203 | 6152563561 | |
| 384 | NORTH AMERICAN BENEFIT NETWORK | PO BOX 94928 | CLEVELAND | OH | 441014928 | 8003214085 | |
| C36 | NORTH AMERICAN INSURANCE COMPANY | PO BOX 44160 | MADISON | WI | 53744 | 6086621232 | |
| 359 | NORTH CAROLINA MUTUAL LIFE INSURANCE | 411 W. CHAPEL HILL ST. | DURHAM | NC | 27701 | 9196829201 | |
| 594 | NORWEST FINANCIAL | 206 EIGHTH ST. | DES MOINES | IA | 50309 | 5152432131 | CODE ASSIGNED BY SCHA |
| A17 | NOVA HEALTHCARE ADMINISTRATORS | 2680 GRAND ISLAND BLVD. | GRAND ISLAND | NY | 140720308 | 8003333195 | |
| A64 | NTCA (NAT'L TELECOMMUNICATIONS COOPERATIVE ASSO.) | ONE WEST PACK SQUARE STE 600 | ASHEVILLE | NC | 288013459 | 8282819000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 170 | OCCIDENTAL LIFE INSURANCE COMPANY OF NC | PO BOX 10324 | RALEIGH | NC | 27605 | 9198318189 | |
| 686 | OCONEE COUNTY | | | | | | |
| 821 | ODS HEALTH PLAN ADVANTAGE | PO BOX 4030 | PORTLAND | OR | 972084030 | 8773370650 | |
| 982 | OFFICE OF GROUP BENEFITS STATE OF LOUISIANA | PO BOX 44036 | BATON ROUGE | LA | 708044036 | 8002728451 | |
| 591 | OLD AMERICAN INSURANCE COMPANY | PO BOX 418573 | KANSAS CITY | MO | 64141 | 8167534900 | |
| C37 | OLD SURETY LIFE INSURANCE CO | PO BOX 54407 | OKLAHOMA CITY | OK | 731541407 | 8002725466 | |
| 866 | OLYMPIC HEALTH MANAGEMENT | PO BOX 5348 | BELLINGHAM | WA | 98227 | 3607349888 | |
| 353 | ONE HEALTH PLAN OF SC | PO BOX 190019 | N CHARLESTON | SC | 29419 | 8003149010 | CODE ASSIGNED BY SCHA |
| 583 | ONE NATION BENEFIT ADMINISTRATORS | PO BOX 528 | COLUMBUS | OH | 43216 | 8008246796 | NAME CHANGE WAS ANTHEM BENEFIT ADMINISTRATORS |
| 850 | ONENET PPO | PO BOX 934 | FREDERICK | MD | 217050934 | 8003423289 | CODE ASSIGNED BY SCHA |
| 807 | OPTIMA HEALTH PLAN | PO BOX 5028 | TROY | MI | 460071199 | 8002291199 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------------|------------------|----|-----------|------------|---|
| 896 | OPTIMED HEALTH PLAN | 4 TERRY DR., STE. 1 | NEWTOWN | PA | 18940 | 8004828770 | |
| 891 | OPTIMUM CHOICE OF THE CAROLINAS, INC. | 4 TAFT CT. | ROCKVILLE | MD | 20850 | 8003438205 | |
| 880 | OPTIMUM HEALTH PARTNERS | PO BOX 2243 | GREENVILLE | SC | 29602 | 8642134992 | |
| XYZ | OPTUM RX | PO BOX 29044 | HOT SPRINGS | AR | 71093 | 8007887871 | FORMERLY PRESCRIPTION SOLUTIONS |
| 687 | ORANGEBURG COUNTY | | | | | | |
| 603 | OTHER INDIGENT (HOSPITAL CHARITY) | | | SC | | | |
| 624 | OTHER SPONSOR | | | | | | |
| 696 | OUT-OF-STATE GA | | | | | | |
| 697 | OUT-OF-STATE NC | | | | | | |
| 698 | OUT-OF-STATE OTHER | | | | | | |
| 215 | OXFORD LIFE INSURANCE COMPANY | PO BOX 46518 | MADISON | WI | 53744 | 8774693073 | |
| D26 | OXFORD MEDICARE ADVANTAGE (HMO) | PO BOX 7082 | BRIDGEPORT | CT | 06601 | 8002341228 | MEDICARE ADVANTAGE PLAN |
| 394 | P5 HEALTH PLAN SOLUTIONS | PO BOX 9554 | SALT LAKE CITY | UT | 84109 | 8774740605 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 771 | PACIFIC FIDELITY LIFE INSURANCE CO (P.F.L.) | PO BOX 982009 | N RICHLAND HILLS | TX | 761828009 | 8176566040 | USE CODE 477 MEGA LIFE |
| 784 | PACIFIC HEALTH ADMINISTRATORS | PO BOX 620123 | ORLANDO | FL | 328620123 | 8007766070 | CODE ASSIGNED BY SCHA |
| 399 | PACIFIC LIFE AND ANNUITY | PO BOX 34799 | PHOENIX | AZ | 85067 | 8007332285 | |
| 254 | PACIFIC MUTUAL LIFE INSURANCE COMPANY | 700 NEWPORT CENTER DR. | NEWPORT BEACH | CA | 92660 | 8004512513 | |
| D03 | PACIFIC SOURCE | PO BOX 7068 | EUGENE | OR | 97401 | 8006246052 | |
| 747 | PACIFICARE | PO BOX 6099 | CYPRESS | CA | 90630 | 8663169776 | CODE ASSIGNED BY SCHA |
| 787 | PACIFICARE SENIOR SUPPLEMENT PLAN | PO BOX 6072 | CYPRESS | CA | 906300072 | 8008513802 | |
| 766 | PALMER & CAY/CARSWELL, INC. | PO BOX 1286 | SAVANNAH | GA | 31402 | 9122346621 | |
| 766DN | PALMER & CAY/CARSWELL, INC. | PO BOX 1286 | SAVANNAH | GA | 31402 | 9122346621 | |
| B29 | PANAMERICAN BENEFIT SOLUTIONS | PO BOX 981644 | EL PASO | TX | 799981644 | 8006949888 | WAS US NOW INSURANCE GROUP |
| 255 | PAN-AMERICAN LIFE INSURANCE COMPANY | PO BOX 981644 | EL PASO | TX | 79998 | 8006949888 | |
| 976 | PARAGON BENEFITS, INC. | PO BOX 12288 | COLUMBUS | GA | 31917 | 7062776710 | |
| 293 | PARAMOUNT HEALTH CARE | PO BOX 497 | TOLEDO | OH | 43697 | 8888912564 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---|-----------------|----|-----------|------------|---|
| 890 | PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA | PO BOX 17368 | WINSTON-SALEM | NC | 271167368 | 8009425695 | |
| 172 | PAUL REVERE LIFE INSURANCE COMPANY | PO BOX 15118 | WORCESTER | MA | 016150118 | 5087994441 | |
| E24 | PBM PLUS | 300 TECHNECENTER DR., STE. C | MILFORD | OH | 45150 | 8002632178 | |
| A21 | PC HEALTH PLAN ADMINISTRATION | PO BOX 1377 | THOMASVILLE | GA | 31799 | 8884261937 | CODE ASSIGNED BY SCHA |
| 363 | PEARCE ADMINISTRATION | PO BOX 2437 | FLORENCE | SC | 29503 | 8886226001 | GM SOUTHWEST IS THE CLAIMS PROCESSOR FOR PEARCE ADMINISTRATION |
| 538 | PENN GENERAL SERVICES | PO BOX 72077 | ATLANTA | GA | 303581535 | 8004441535 | CODE ASSIGNED BY SCHA |
| 805 | PENN TREATY NETWORK AMERICA (PTNA) | PO BOX 130 | PENSACOLA | FL | 325910130 | 8006357418 | CODE ASSIGNED BY SCHA |
| 182 | PENN TREATY NETWORK AMERICA INS. CO. | PO BOX 7066 | ALLENTOWN | PA | 181057066 | 8003620700 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C49DN | PENN WESTERN BENEFITS, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 27102 | 8008465370 | |
| X0J | PENNSYLVANIA BLUE SHIELD | PO BOX 890089 | CAMP HILL | PA | 17089 | 8006373493 | |
| 173 | PENNSYLVANIA LIFE INSURANCE COMPANY | PO BOX 130 | PENSACOLA | FL | 325910100 | 8002757366 | |
| 770 | PEOPLES BENEFIT LIFE INSURANCE | PO BOX 484 | VALLEY FORGE | PA | 19493 | 8005237900 | |
| 708 | PERFORMAX | PO BOX 61505 | KING OF PRUSSIA | PA | 19406 | 8885547629 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 862 | PERFORMAX | 300 CORPORATE PARKWAY | AMHERST | NY | 11226 | 8777776076 | |
| 325 | PERSONAL CARE | PO BOX 7141 | LONDON | KY | 40742 | 8004311211 | |
| 740 | PHARMACARE | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8002376184 | AS OF 1/1/08 CO. MERGED WITH CAREMARK (471) ADD NEW POLICIES WITH 471 |
| 964 | PHARMACEUTICAL CARE NETWORK | 9343 TECH CENTER DR. | SACRAMENTO | CA | 95826 | 8007770074 | |
| 314 | PHARMACY ADVANTAGE NETWORK | 50 LENNOX POINTE | ATLANTA | GA | 30324 | 8887275560 | SEE CARRIER 366 CATALYST RX |
| B47 | PHARMACY DATA MANAGEMENT, INC. | 1170 E WESTERN RESERVE RD. | POLAND | OH | 44514 | 8007740890 | |
| 257 | PHARMACY NETWORK NATIONAL OF N.C. | 4000 OLD WAKEFOREST RD., STE. 101 | RALEIGH | NC | 27609 | 8003317108 | SEE CARRIER 366 CATALYST RX |
| B33 | PHARMAVAIL DRUG COMPANY | 3380 TRICKHUM RD., BLDG. 400, UNIT 100 | WOODSTOCK | GA | 30188 | 8009333734 | |
| 948 | PHILADELPHIA AMERICAN LIFE INS. CO. | PO BOX 2465 | HOUSTON | TX | 77252 | 8005527879 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-------------------------------|---------------|----|-----------|------------|---|
| 555 | PHILADELPHIA AMERICAN LIFE INSURANCE CO | PO BOX 4884 | HOUSTON | TX | 772104882 | 8005527879 | CODE ASSIGNED BY SCHA |
| 468 | PHOENIX HEALTHCARE | PO BOX 150809 | ARLINGTON | TX | 76015 | 8003976241 | |
| 561 | PHOENIX MUTUAL LIFE INSURANCE COMPANY | ONE AMERICAN ROW | HARTFORD | CT | 06115 | 8004512513 | THIS CARRIER PURCHASED BY CC864 GE GROUP ADMINISTRATORS |
| 533 | PHYSICIANS CARE NETWORK | PO BOX 101111 | COLUMBIA | SC | 292111111 | 8883239271 | |
| 326 | PHYSICIANS HEALTH PLAN OF MID MICHIGAN | PO BOX 247 | ALPHARETTA | GA | 300090247 | 8008329186 | |
| 590 | PHYSICIANS HEALTH SERVICES | PO BOX 981 | BRIDGEPORT | CT | 06601 | 8008484747 | |
| 773 | PHYSICIANS MUTUAL INSURANCE COMPANY | PO BOX 2018 | OMAHA | NE | 681032018 | 8002289100 | DO NOT USE THIS CODE FOR MEDICARE ADVANTAGE PLANS OFFERED BY THIS CARRIER |
| 228 | PHYSICIANS PLUS INS. CO. | PO BOX 909953 | MILWAUKEE | WI | 53209 | 8005455015 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 688 | PICKENS COUNTY | | | | | | |
| A22 | PIEDMONT ADMINISTRATORS | PO BOX 25307 | WINSTON-SALEM | NC | 271145307 | 8008527040 | |
| 804 | PIEDMONT COMMUNITY HEALTHCARE, INC. | PO BOX 14408 | CINCINNATI | OH | 452500408 | 8004007247 | |
| 434 | PIEDMONT HEALTH ALLIANCE | 116 BONHAM CT. | ANDERSON | SC | 29621 | 8643759661 | |
| 487 | PIEDMONT INS COMPANY | PO BOX 979 | MARION | SC | 29571 | 8434235541 | |
| B10 | PILGRIM HEALTH & LIFE INSURANCE | PO BOX 897 | ATLANTA | GA | 30303 | 4046592100 | CODE IN OPEN STATUS BY SCHA |
| 395 | PINNACLE CLAIMS MANAGEMENT, INC. | 1630 E SHAW AVE., STE. 190 | FRESNO | CA | 93710 | 8006499121 | CODE ASSIGNED BY SCHA |
| B21 | PIONEER HEALTH | PO BOX 6600 | HOLYOKE | MA | 01041 | 8004234586 | |
| 792 | PIONEER LIFE INSURANCE COMPANY OF ILLINOIS | PO BOX 1250 | ROCKFORD | IL | 611051250 | 8159875000 | USE CODE 282 WASHINGTON NATIONAL |
| 338 | PITTMAN & ASSOCIATES, INC. | PO BOX 111047 | MEMPHIS | TN | 38111 | 8002381344 | |
| C55 | PLAN ADMINISTRATORS (MATURE AMERICAN) | 734 15TH ST. NW, STE. 500 | WASHINGTON | DC | 20005 | 2023936600 | |
| 276 | PLAN HANDLERS | 930 CANTERBURY PLACE | ESCONDIDO | CA | 92025 | 8005385512 | |
| 886 | PLANNED ADMINISTRATORS, INC. | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037540041 | |
| 886DN | PLANNED ADMINISTRATORS, INC. | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037540041 | |
| 706 | PLUMBERS & PIPEFITTERS LOCAL NO. 421 | PO BOX 840 | MACON | GA | 312020840 | 8887412673 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------------|-----------------|----|-----------|------------|---|
| 585 | PLUMBERS & STEAMFITTERS WELFARE FUND | 1024 MCKINLEY ST. | PEEKSILL | NY | 10566 | 9147377220 | |
| 751 | POLARIS BENEFIT ADMINISTRATORS | PO BOX 2010 | WESTERVILLE | OH | 43086- | 8002340225 | |
| 751DN | POLARIS BENEFIT ADMINISTRATORS | PO BOX 1008 | DELAWARE | OH | 43015- | 8002340225 | |
| 751RX | POLARIS BENEFIT ADMINISTRATORS | PO BOX 1008 | DELAWARE | OH | 43015- | 8002340225 | |
| 589 | POLY AMERICA LP | 2000 W MARSHALL DR. | GRAND PRAIRIE | TX | 75051 | 8007855301 | CODE IN OPEN STATUS BY SCHA |
| 391 | POMCO | PO BOX 6329 | SYRACUSE | NY | 13217 | 8002344393 | |
| 385 | POSTMASTERS BENEFIT PLAN | 1019 N. ROYAL ST. | ALEXANDRIA | VA | 22314 | 7036835585 | |
| A66 | PRAIRIE STATES ENTERPRISES, INC. | PO BOX 23 | SHEBOYGAN | WI | 530820023 | 8008157020 | |
| 168 | PRECISE BENEFIT ADMINISTRATORS | PO BOX 9064 | JERICO | NY | 11753 | 5163906000 | |
| 877 | PRE-EXISTING CONDITION INSURANCE PLAN (PCIP) | PO BOX 300 | INDEPENDENCE | MO | 640510300 | 8002207898 | |
| A11 | PREFERRED ADMINISTRATORS | 15560 NORTH FLW BLVD. | SCOTTSDALE | AZ | 85260 | 8772767198 | |
| 486 | PREFERRED CARE | PO BOX 22920 | ROCHESTER | NY | 146922920 | 8009993920 | MEDICARE ADVANTAGE PLAN |
| 347 | PREFERRED CARE, INC. (PCI) | 1300 VIRGINIA DR., STE. 315 | FORT WASHINGTON | PA | 19034 | 8002223085 | |
| 909 | PREFERRED HEALTH ALLIANCE CORP. | PO BOX 382048 | BIRMINGHAM | AL | 35238 | 8007228477 | |
| 909DN | PREFERRED HEALTH ALLIANCE CORP. | PO BOX 382048 | BIRMINGHAM | AL | 35238 | 2059691155 | |
| 270 | PREFERRED HEALTH PLAN OF THE CAROLINAS | PO BOX 220397 | CHARLOTTE | NC | 28222 | 8666360239 | |
| 303 | PREFERRED HEALTH PLAN, INC. | PO BOX 24125 | LOUISVILLE | KY | 40224 | 5023397500 | |
| 933 | PREFERRED HEALTHCARE SYSTEMS | 620 HOWARD AVE. | ALTOONA | PA | 166014899 | | CODE ASSIGNED BY SCHA |
| B86 | PREFERRED ONE ADMINISTRATIVE SERVICES | PO BOX 59212 | MINNEAPOLIS | MN | 55459 | 8009971750 | |
| A43 | PREMIER BENEFIT MANAGEMENT, INC. | 7070-A KAIGHN AVE. | PENSAUKEN | NJ | 08109 | | CODE ASSIGNED BY SCHA |
| 939 | PREMIER HEALTH SYSTEMS | PO BOX 1640 | COLUMBIA | SC | 292021640 | 8032968999 | CODE ASSIGNED BY SCHA |
| C65 | PRESBYTERIAN HEALTHCARE SERVICES | PO BOX 27489 | ALBUQUERQUE | NM | 87125 | 8003562219 | |
| 397 | PRIME THERAPEUTIC | PO BOX 25136 | LEHIGH VALLEY | PA | 18002 | 8886420447 | |
| 844 | PRIME TIME HEALTH PLAN | PO BOX 6905 | CANTON | OH | 44706 | 8006177446 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A42 | PRIMERICA LIFE INSURANCE COMPANY | 3120 BRECKINRIDGE BLVD. | DULUTH | GA | 30199 | 4043811000 | |
| 479 | PRIMEXTRA | PO BOX 1088 | TWINSBURG | OH | 44087 | 8004334893 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------------------|-----------------|----|-----------|------------|--|
| 942 | PRINCIPAL FINANCIAL GROUP | PO BOX 10357 | DES MOINES | IA | 503060357 | 8002474695 | |
| 817 | PRIORITY HEALTH | PO BOX 232 | GRAND RAPIDS | MI | 49501 | 8004465674 | |
| 940 | PRIVATE HEALTH CARE SYSTEMS (PHCS) | PO BOX 6090 | DEPERE | WI | 54115 | 6087793000 | CODE ASSIGNED BY SCHA 6/18/07 |
| F42 | PROACT | 1126 US HIGHWAY 11 | GOUVERNEUR | NY | 13642 | 8662869885 | RX ONLY |
| B35 | PROCARE RX PBM | 1267 PROFESSIONAL PARKWAY | GAINESVILLE | GA | 30507 | 8006993542 | |
| 578 | PROFESSIONAL ADMINISTRATORS, INC. | 3751 MAGUIRE BLVD., STE. 100 | ORLANDO | FL | 32814 | 8007410521 | |
| 965 | PROFESSIONAL BENEFIT ADMINISTRATORS, INC. (PBA) | PO BOX 4687 | OAKBROOK | IL | 605223755 | 6306553755 | |
| A20 | PROFESSIONAL CLAIMS MANAGEMENT | PO BOX 35276 | CANTON | OH | 443155276 | 8003258424 | |
| A20DN | PROFESSIONAL CLAIMS MANAGEMENT | PO BOX 35276 | CANTON | OH | 443155276 | 8003258424 | |
| 316 | PROFESSIONAL INSURANCE CORPORATION | 2610 WYCLIFF RD. | RALEIGH | NC | 27607 | 8002891122 | |
| E102 | PROTECTIVE LIFE INSURANCE | PO BOX 12687 | BIRMINGHAM | AL | 35202 | 2052687055 | CANCER POLICY ONLY |
| 534 | PROVANTAGE PRESCRIPTION BENEFIT MANAGEMENT SERVICE | PO BOX 1662 | WAUKEHA | WI | 53187 | 2627844600 | |
| A92 | PROVIDENT AMERICAN LIFE & HEALTH INS. | PO BOX 29158 | SHAWNEE MISSION | KS | 66201915 | 8007535133 | |
| 485 | PROVIDENT HEALTH PLAN | PO BOX 3125 | PORTLAND | OR | 972083125 | 8006283912 | CODE ASSIGNED BY SCHA |
| 381 | PROVIDENT INDEMNITY LIFE INSURANCE COMPANY | PO BOX 511 | NORRISTOWN | PA | 19404 | 8005199175 | |
| 110RX | PROVIDENT/CAREMARK | PO BOX 686005 | SAN ANTONIO | TX | 78268 | 8008415550 | USE CODE 280 CAREMARK |
| 328 | PROVIDER SELECT, INC. | PO BOX 330070 | FORT WORTH | TX | 76163 | 8667747766 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 111 | PRUDENTIAL INSURANCE COMPANY OF AMERICA | 841 PRUDENTIAL DR. | JACKSONVILLE | FL | 32207 | 8003463778 | THIS CARRIER BOUGHT OUT BY AETNA CC100 |
| 251 | PYRAMID LIFE INSURANCE CO. | PO BOX 12922 | PENSACOLA | FL | 325912922 | 8006581413 | CODE IN OPEN STATUS BY SCHA MEDICARE SUPPLEMENTAL PLAN G |
| D28 | PYRAMID LIFE INSURANCE CO (PFFS) | PO BOX 958465 | LAKE MARY | FL | 327958465 | 4076281776 | MEDICARE ADVANTAGE PLAN |
| 230 | PYRAMID LIFE INSURANCE COMPANY | P O BOX 130 | PENSACOLA | FL | 32591 | 8004440321 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------------|----------------|----|-----------|------------|---|
| 221 | QUAL CARE | PO BOX 249 | PISCATHAWAY | NJ | 08855 | 8009926613 | |
| A85 | QUALCHOICE | PO BOX 25610 | LITTLE ROCK | AR | 722219914 | 8002357111 | |
| A48 | QUALMED OF OREGON | PO BOX 286 | CLACKMAS | OR | 970150286 | 8005685628 | DORMANT 8/06 |
| X0KRS | REGENCE BCBS OF OREGON | PO BOX 12625 MAILSTOP S4P | SALEM OREGON | OR | 97309 | 8884371508 | RX PLAN ONLY MM CODE X0K |
| X0KRX | REGENCE BCBS OF OREGON | PO BOX 12625 MAILSTOP S4P | SALEM | OR | 97309 | 8884371508 | |
| XOKRX | REGENCE BCBS OF OREGON RX PLAN | PO BOX 12625 MAILSTOP S4P | SALEM | OR | 97309 | 8884371508 | RX PLAN ONLY MM PLAN IS X0K |
| X0K | REGENCE BLUE CROSS BLUE SHIELD OF OREGON | PO BOX 1271 | PORTLAND | OR | 97207 | 5032255221 | |
| 795 | REGIONAL MEDICAL ADMINISTRATORS, INC. | PO BOX 4128 | GLEN RAVEN | NC | 272150901 | 3362267950 | |
| 187 | RELIANCE STANDARD LIFE INS. CO. | PO BOX 82510 | LINCOLN | NE | 68501 | 8004977044 | |
| 197 | RELIANCE STANDARD SPECIALTY PRODUCTS ADM | 505 S LENOLA RD., STE. 231 | MOORESTOWN | NJ | 08057 | 8663750775 | |
| B19 | RENAISSANCE DENTAL | PO BOX 17250 | INDIANAPOLIS | IN | 46217 | 8883589484 | |
| 296 | RESERVE NATIONAL INSURANCE | PO BOX 26620 | OKLAHOMA CITY | OK | 73126 | 8006549106 | |
| 375 | RESTAT | 11900 WESTLAKE PARK DR. | MILWAUKEE | WI | 53224 | 8009265858 | |
| A95 | REYNOLDS & REYNOLDS | PO BOX 1272 | DAYTON | OH | 45401 | 8007363539 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 689 | RICHLAND COUNTY | | | | | | |
| 398 | RIGHT CHOICE BENEFITS ADMINISTRATORS | 12250 WEBER HILL RD., STE. 100 | ST. LOUIS | MO | 63127 | 8003659036 | CODE ASSIGNED BY SCHA |
| 214 | RISK BENEFIT MANAGEMENT SERVICES, LLC (RBMS) | PO BOX 241569 | ANCHORAGE | AK | 99524 | 8007703740 | |
| 546 | RISK MANAGEMENT SERVICES | PO BOX 6309 | SYRACUSE | NY | 13217 | 3154489000 | |
| A30 | RMSCO, INC. | PO BOX 678 | LIVERPOOL | NY | 130880678 | 8772047086 | |
| A30DN | RMSCO, INC. | PO BOX 678 | LIVERPOOL | NY | 130880678 | 8772047086 | |
| 218 | ROCKY MOUNTAIN HEALTH PLAN (RMHP) | PO BOX 4517 | ENGLEWOOD | CO | 80155 | 8884792000 | |
| 278 | ROCKY MOUNTAIN HEALTH PLAN | PO BOX 10600 | GRAND JUNCTION | CO | 81502 | 8008544558 | |
| 762 | ROYAL NEIGHBORS OF AMERICA | PO BOX 10850 | CLEARWATER | FL | 337578850 | 8778158857 | CODE ASSIGNED BY SCHA |
| 406 | RURAL CARRIER BENEFIT PLAN | PO BOX 7404 | LONDON | KY | 40742 | 8006388432 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|----------------------------------|----------------|----|-----------|------------|---|
| A09 | RX AMERICA | 221 N CHARLES LINDBERG DR. | SALT LAKE CITY | UT | 84116 | 8007708014 | |
| B89 | RXEDO | 7800 DALLAS PARKWAY STE 460 | PLANO | TX | 75024 | 8888797336 | |
| C44 | S C MEDICAL ASSOCIATION-MEMBERS INSURANCE TRUST | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037986207 | |
| 185 | S&S HEALTHCARE STRATEGIES | PO BOX 46511 | CINCINNATI | OH | 45216 | 8888008717 | |
| 410 | SAFECO INSURANCE COMPANY | PO BOX 34699 | REDMOND | WA | 981241699 | 2068678000 | |
| 690 | SALUDA COUNTY | | | | | | |
| 570 | SAMBA HEALTH BENEFIT PLAN | 11301 OLD GEORGETOWN RD. | ROCKVILLE | MD | 20852 | 8006386589 | |
| 231 | SAVERS LIFE INSURANCE COMPANY | 8064 NORTH POINT BLVD., STE. 201 | WINSTON-SALEM | NC | 27106 | 8006420483 | |
| 489 | SAVRX | PO BOX 8 | FREEMONT | NE | 68026 | 8003506714 | |
| 142 | SC DEPT OF DISABILITIES AND SPECIAL NEEDS | PO BOX 4706 | COLUMBIA | SC | 29240 | 8038989795 | CODE ASSIGNED BY SCHA |
| E91 | SCOTT AND WHITE HEALTH PLAN | PO BOX 21800 | EAGAN | MN | 55121 | 8003217947 | |
| C20 | SCREEN ACTORS GUILD-PRODUCERS HEALTH PLAN | PO BOX 7830 | BURBANK | CA | 915107830 | 8007774013 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 846 | SCRIPT CARE, INC. | 6380 FOLSOM DR. | BEAUMONT | TX | 77706 | 8008809988 | |
| 435 | SEABURY AND SMITH COMPANY, INC. | PO BOX 2545 | NASHVILLE | TN | 37219 | 8005822498 | |
| 818 | SEAFARERS HEALTH & BENEFIT PLAN (SHBP) | PO BOX 380 | PINEY POINT | MD | 20674 | 8002524674 | |
| 596 | SECURE HORIZONS | PO BOX 659787 | SAN ANTONIO | TX | 782659787 | 8665798811 | MEDICARE ADVANTAGE PLAN |
| D62 | SECURE HORIZONS DIRECT (UNITED HEALTHCARE) | PO BOX 31353 | SALT LAKE CITY | UT | 84131 | 8665798774 | MEDICARE ADVANTAGE PLAN |
| D27 | SECURE HORIZONS PACIFICARE | PO BOX 25032 | SANTA ANA | CA | 927995032 | 7148253828 | MEDICARE ADVANTAGE PLAN |
| D12 | SECUREHORIZONS DIRECT PFFS | PO BOX 12466 | PENSACOLA | FL | 325912466 | 8882024340 | MEDICARE ADVANTAGE PLAN |
| 865 | SECURIAN DENTAL PLANS | PO BOX 9385 | MINNEAPOLIS | MN | 554409385 | 8002349009 | NAIC 93742 |
| 184 | SECURITY LIFE INSURANCE CO. OF AMERICA | PO BOX 82520 | LINCOLN | NE | 68501 | 8003009566 | |
| D15 | SECURITYCHOICE ENHANCED PLUS | PO BOX 795180 | SAN ANTONIO | TX | 78279 | 8884458916 | MEDICARE ADVANTAGE PLAN |
| C27 | SELECT BENEFIT ADMINISTRATORS | PO BOX 3245 | MILWAUKEE | WI | 53201 | 8004973699 | |
| C27DN | SELECT BENEFIT ADMINISTRATORS | PO BOX 440 | ASHLAND | WI | 54806 | 8004973699 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------------|----------------|----|-----------|------------|------------------------------|
| E81 | SELECT ADMINISTRATIVE SERVICES (SAS) | PO BOX 3209 | GULFPORT | MS | 39503 | 8008476621 | |
| B48 | SELECT HEALTH | PO BOX 30192 | SALT LAKE CITY | UT | 84123 | 8005385038 | |
| E37 | SELECT HEALTH | PO BOX 7120 | LONDON | KY | 40742 | 8882762020 | HEALTHY KIDS CONNECTION |
| 883 | SELECT HEALTH OF SOUTH CAROLINA, INC. | 7410 NORTHSIDE DR., STE. 208 | CHARLESTON | SC | 29420 | 8435691759 | CODE IN OPEN STATUS BY SCHA |
| 637 | SELECT HEALTH/FIRST CHOICE | PO BOX 7120 | LONDON | KY | 40742 | 8882762020 | MEDICAID HMO |
| 392 | SELF FUNDED GROUP INSURANCE ADMINISTRATORS | PO BOX 1719 | KALAMAZOO | MI | 490051790 | 8003421895 | |
| 204 | SELF INSURED BENEFIT ADMINISTRATORS | 18167 US HWY 19N | CLEARWATER | FL | 33764 | 7275320400 | |
| 229 | SELF INSURED PLANS LLC | 1016 COLLIER CENTER WAY STE. 200 | LOS ANGELES | CA | 90080 | 8004212342 | CODE ASSIGNED BY SCHA |
| 378 | SELF INSURERS SERVICE, INC. | 2218 SOUTH PRIEST DR. | TEMPE | AZ | 85282 | | |
| 744 | SENIOR DIMENSIONS | PO BOX 15645 | LAS VAGAS | NV | 891145645 | 8009257455 | |
| 930 | SENTRY LIFE INSURANCE COMPANY | PO BOX 8025 | STEVENS POINT | WI | 54481 | 8004267234 | |
| A23 | SERV U PRESCRIPTION | PO BOX 26096-0096 | MILWAUKEE | WI | 53226 | 8007593203 | |
| D10 | SEVEN CORNERS, INC. | PO BOX 3430 | CARMEL | IN | 46082 | 8666994186 | |
| 235 | SHAW INDUSTRIES | PO BOX 10 | DALTON | GA | 30722 | 8003211855 | |
| 490 | SHEET METAL LOCAL 20 | PO BOX 42489 | INDIANAPOLIS | IN | 43242 | 8002482141 | CODE ASSIGNED BY SCHA |
| A28 | SHENANDOAH LIFE INSURANCE CO | PO BOX 12847 | ROANOKE | VA | 24029 | 8008485433 | |
| 838 | SHESFIELD, OLSON & MCQUEEN | PO BOX 16608 | ST. PAUL | MN | 55116 | 8883308408 | |
| 631 | SHRINERS | | | | | | |
| 208 | SIEBA, LTD | PO BOX 5000 | ENDICOTT | NY | 13761 | 8002524624 | |
| D53 | SIERRA OPTIMA PLUS CLAIMS | PO BOX 15645 | LAS VEGAS | NV | 891145645 | 8882742207 | MEDICARE ADVANTAGE PLAN |
| E97 | SIGNATURE CARE | PO BOX 5548 | FORT WAYNE | IN | 46895 | 8006664449 | |
| C87 | SIHO INSURANCE SERVICES | PO BOX 1787 | COLUMBUS | IN | 47202 | 8008732022 | |
| E82 | SIMPLE BENEFIT PLANS | 2810 PREMIER PARKWAY STE. 400 | DULUTH | GA | 30097 | 8002704158 | |
| 568 | SIMPLIFI | PO BOX 922043 | HOUSTON | TX | 772922043 | 8884465710 | FORMERLY CBCA ADMINISTRATORS |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------------------|----------------|----|-----------|------------|---|
| B95 | SINCLAIR HEALTH SERVICES | PO BOX 30827 | SALT LAKE CITY | UT | 84130 | 8888002230 | |
| 576 | SIOUX VALLEY HEALTH | PO BOX 91110 | SIOUX FALLS | SD | 57109 | 8007525863 | |
| A77 | SISCO | PO BOX 389 | DUDUQUE | IA | 52004 | 8004574725 | |
| D22 | SMART VALUE (BC OF GA) (PFFS) | PO BOX 3897 | SCRANTON | PA | 18505 | 8668659329 | MEDICARE ADVANTAGE PLAN |
| 478 | SMITH ADMINISTRATORS | PO BOX 163289 | FORT WORTH | TX | 76161 | 8008672582 | |
| 298 | SMITH PREMIERE PHARMACY PLAN | PO BOX 5824 | SPARTANBURG | SC | 29304 | 8002474526 | |
| 329 | SMITHFIELD FOODS HEALTHCARE | PO BOX 158 | SMITHFIELD | VA | 23431 | 8008095916 | |
| D82 | SOLSTICE | PO BOX 14009 | LEXINGTON | KY | 40512 | 8777602247 | |
| B06 | SOUTHCARE HEALTHCARE PREFERRED | 1100 CIRCLE 75 PARKWAY, STE. 1400 | ATLANTA | GA | 30339 | 8004702004 | |
| A87 | SOUTHEAST COMMUNITY CARE (ARCADIAN HEALTH) | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | |
| D43 | SOUTHEAST COMMUNITY CARE BY ARCADIAN HEALTH | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | MEDICARE ADVANTAGE PLAN |
| 888 | SOUTHEASTERN BENEFIT PLANS, INC. | 335 ARCHDALE DR. | CHARLOTTE | NC | 282174246 | 7045295400 | |
| C48 | SOUTHERN ADMINISTRATIVE SERVICES | PO BOX 8069 | COLUMBUS | GA | 31908 | 8004268803 | |
| 897 | SOUTHERN BENEFIT ADM. | PO BOX 188006 | CHATTANOOGA | TN | 37422 | 8006784656 | |
| 897DN | SOUTHERN BENEFITS ADMINISTRATORS DENTAL | 5305 VIRGINIA BEACH BLVD. | NORFOLK | VA | 23502 | 7574618091 | |
| B30 | SOUTHERN BENEFITS, SOUTHEASTERN PIPE TRADERS | PO BOX 1449 | GOODLETTSVILLE | TN | 370701449 | 8008314914 | |
| D06 | SOUTHERN CALIFORNIA BAKERY & CONFECTIONARY | PO BOX 22041 | COMMERCE | CA | 90022 | 3237227171 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B73 | SOUTHERN CALIFORNIA PIPE TRADES TRUST FUND | 501 SHATTO PLACE, 5TH FLOOR | LOS ANGELES | CA | 90020 | 2133856161 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 224 | SOUTHERN ELEC. HEALTH FUND | 3928 VOLUNTEER DR. | CHATTANOOGA | TN | 37416 | 4238992593 | |
| B57 | SOUTHERN FARM BUREAU LIFE INS. CO. | PO BOX 78 | JACKSON | MS | 39205 | 8004579611 | |
| 990 | SOUTHERN GROUP ADMINISTRATORS, INC. | 200 SOUTH MARSHALL ST. | WINSTON-SALEM | NC | 27101 | 8003348159 | |
| B52 | SOUTHERN PLANNED ADMINISTRATORS | PO BOX 218180 | HOUSTON | TX | 77218 | 2818291033 | |
| F11 | SOUTHERN SCRIPTS | PO BOX 2482 | NATCHIPOCHES | LA | 71457 | 8007109341 | RX |
| 186 | SOUTHLAND LIFE INSURANCE COMPANY | PO BOX 105006 | ATLANTA | GA | 303485006 | 7709805100 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|------------------------------|--------------|----|-----------|------------|--|
| 691 | SPARTANBURG COUNTY | | | | | | |
| 811 | SPARTANBURG REGIONAL HEALTHCARE SYSTEM | PO BOX 1000 | LANCASTER | SC | 29721 | | CODE ASSIGNED BY SCHA |
| A89 | SPECIAL INSURANCE SERVICES (SIS) | PO BOX 250349 | PLANO | TX | 750250349 | 8007676811 | CODE ASSIGNED BY SCHA |
| 736 | SPECTERA | 2811 LORD BALTIMORE DR. | BALTIMORE | MD | 212442644 | 8006383120 | |
| 741 | SPENCER & ASSOCIATES INS. | 1 S. LIMESTONE ST., STE. 301 | SPRINGFIELD | OH | 45502 | 8667669016 | CODE ASSIGNED BY SCHA |
| 573 | ST JOHN'S CLAIMS ADMINISTRATION | PO BOX 14409 | SPRINGFIELD | MO | 65814 | 8778757700 | |
| 512 | ST11-STRATEGIC HEALTH | 9501 NE 2ND AVE. | MIAMI SHORES | FL | 33138 | | CODE ASSIGNED BY SCHA |
| A46 | STANDARD INSURANCE COMPANY | PO BOX 82622 | LINCOLN | NE | 68501 | 5033217000 | |
| C42 | STANDARD CORPORATION | 1400 MAIN ST., STE. 1300 | COLUMBIA | SC | 29201 | 8037716785 | |
| C38 | STANDARD LIFE & ACCIDENT INSURANCE COMPANY | PO BOX 1800 | GALVESTON | TX | 775531800 | 8883501488 | |
| 188 | STANDARD LIFE & CASUALTY INSURANCE COMPANY | PO DRAWER 1514 | FORT MILL | SC | 29716 | 8035483657 | |
| 307 | STANDARD SECURITY LIFE INS. CO OF NEW YORK | PO BOX 828 | PARK RIDGE | IL | 60068 | 8665131479 | |
| B74 | STAR HRG | PO BOX 54150 | PHOENIX | AZ | 850784150 | 8002881474 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 240 | STARBRIDGE | PO BOX 55270 | PHOENIX | AZ | 85078 | 8003085948 | POLICIES BEGINNING WITH "R" NEED TO BE "E" INDICATORS AND GO TO PO BOX 188004, CHATTANOOGA, TN 37422. POLICIES WITH PH SSN STAYS AS "C". |
| 952 | STARK TRUSS CO., INC. | PO BOX 2080C | STOW | OH | 44224 | 8004564002 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A03 | STARMARK | PO BOX 2942 | CLINTON | IA | 52733 | 8005221246 | THIS CARRIER HANDLES GROUPS WITH LESS THAN 50 EMPLOYEES. SEE CC212 FOR GROUPS OVER 50 EMPLOYEES. |
| 400 | STATE EMPLOYEES HEALTH PLAN BLUE CROSS | 4101 PERCIVAL RD. | COLUMBIA | SC | 29219 | 8008682520 | CLAIMS SHOULD BE SENT TO THE ATTN OF SARAH TOWNES AX-B10 |
| 373 | STATE FARM INSURANCE COMPANIES | 7401 CYPRESS GARDENS BLVD. | WINTER HAVEN | FL | 338880007 | 8633183000 | |
| 147 | STATE MUTUAL INSURANCE | PO BOX 10811 | CLEARWATER | FL | 337578811 | 8887806388 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------|----------------|----|-----------|------------|---|
| B60 | STATE MUTUAL LIFE ASSURANCE COMPANY OF AMERICA | 1100 31ST ST. | DOWNERS GROVE | IL | 60515 | 8003233359 | CODE IN OPEN STATUS BY SCHA |
| B83 | STATE OF LOUISIANA EMPLOYEES | PO BOX 44036 | BATON ROUGE | LA | 70804 | 8002728451 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A91 | STATES GENERAL LIFE INS. CO | 115 WEST 7TH ST., STE. 1200 | FORT WORTH | TX | 761027012 | 8007828375 | |
| A47 | STATESMAN NATIONAL LIFE INSURANCE COMPANY | 3815 MONTROSE BLVD. | HOUSTON | TX | 77006 | 7135266000 | |
| 244 | STERLING INVESTORS LIFE INS. CO. | PO BOX 10844 | CLEARWATER | FL | 337578844 | 8776045240 | |
| 233 | STERLING LIFE INSURANCE | PO BOX 5348 | BELLINGHAM | WA | 98227 | 8006880010 | |
| 645 | STERLING MEDICARE CHOICE HMO | PO BOX 70 | LINTHIEUM | MD | 21900 | 6152445600 | MEDICARE ADVANTAGE PLAN |
| 140 | STERLING OPTION I (PFFS) | PO BOX 5348 | BELLINGHAM | WA | 982270010 | | MEDICARE ADVANTAGE PLAN |
| 374 | STONEBRIDGE LIFE INSURANCE CO. | 2700 W. PLANO PARKWAY | PLANO | TX | 75075 | 8003319955 | |
| 714 | STOWE ASSOCIATES | 2872 WOODCOCK BLVD. #200 | ATLANTA | GA | 30341 | 8005337896 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 734 | STRATEGIC OUTBURSTING, INC. | PO BOX 241508 | CHARLOTTE | NC | 28224 | 8888367764 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C05 | STRATEGIC OUTSOURCING, INC. (SOI) | PO BOX 241508 | CHARLOTTE | NC | 28224 | 8888367764 | |
| A40 | STRATEGIC RESOURCE COMPANY | PO BOX 14079 | LEXINGTON | KY | 40512 | 8887729682 | |
| C93 | STUDENT ASSURANCE INSURANCE SERVICES | PO BOX 196 | STILL WATER | MN | 55085 | 8003282739 | |
| A61 | SUMMACARE HEALTH PLAN | PO BOX 3620 | AKRON | OH | 743893628 | 8009968701 | |
| 209 | SUMMIT AMERICA INSURANCE SERVICES | PO BOX 25936 | OVERLAND PARK | KS | 662255936 | 8772466997 | |
| 692 | SUMTER COUNTY | | | | | | |
| 342 | SUN LIFE INSURANCE COMPANY OF CANADA | ONE SUN LIFE EXECUTIVE PARK | WELLESLEY | MA | 02181 | 8002253950 | |
| 861 | SUPERIOR ESSEX | PO BOX 724907 | ATLANTA | GA | 31139 | 8772917920 | |
| C45 | TALL TREE ADMINISTRATORS | PO BOX 71747 | SALT LAKE CITY | UT | 841710747 | 8774534201 | |
| C19 | TAYLOR BENEFIT RESOURCES, INC. | PO BOX 6580 | THOMASVILLE | GA | 31758 | 8883525246 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 712 | TDI MANAGED CARE SERVICES | 620 EPSILON DR. | PITTSBURG | PA | 15238 | 8005815300 | CARRIER BOUGHT OUT BY PHARMACARE CC 740 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|----------------------------------|------------------|----|-----------|------------|---|
| C50 | TENNESSEE BENEFIT ADMINISTRATORS | PO BOX 3257 | SPARTANBURG | SC | 29304 | | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C01 | TERMINIX SERVICE | PO BOX 2627 | COLUMBIA | SC | 29202 | 8037721783 | CODE ASSIGNED BY SCHA |
| 497 | TEXAS INTERNATIONAL | PO BOX 11007 | WINSTON-SALEM | NC | 27116 | 8663074711 | |
| B94 | THE CAPELLA GROUP | PO BOX 200368 | ARLINGTON | TX | 76006 | 8884113888 | |
| C33 | THE DESTINY HEALTH PLAN | PO BOX 4628 | OAKBROOK | IL | 60522 | 8668269345 | |
| 269 | THE EPOCH GROUP | PO BOX 12170 | OVERLAND PARK | KS | 66212 | 8002556065 | |
| 785 | THE HARVEST INSURANCE CO. | PO BOX 956003 | LAKE MARY | FL | 327950856 | 8002530856 | CODE ASSIGNED BY SCHA |
| E43 | THE HEALTH PLAN INSURANCE CO. | 52160 NATIONAL RD. EAST | ST. CLAIRSVILLE | OH | 43950 | 7406996273 | |
| 763 | THE PROVIDENT | PO BOX 31499 | TAMPA | FL | 33631 | 8005257268 | |
| B28 | THE STANDARD | PO BOX 82622 | LINCOLN | NE | 68501 | 8005479515 | |
| 542 | THIRD PARTY ADMINISTRATORS/AMERICAN BENEFIT | 1733 PARK ST. | NAPERVILLE | IL | 60563 | 8006315917 | |
| 315 | THOMAS COOPER AND COMPANY | PO BOX 63477 | NORTH CHARLESTON | SC | 29419 | 8437222115 | |
| 315DN | THOMAS COOPER AND COMPANY | PO BOX 63477 | NORTH CHARLESTON | SC | 29419 | 8437222115 | |
| A01 | THRIVENT FINANCIAL FOR LUTHERANS | 4341 N. BALLARD RD. | APPLETON | WI | 54919 | 8008474836 | |
| 463 | TIM BAR CORP | PO BOX 449 | HANOVER | PA | 17331 | 7176324727 | |
| 322 | TIME INSURANCE COMPANY | PO BOX 981602 | EL PASO | TX | 799980624 | 8005537654 | USE 386 ASSURANT HEALTH |
| 265 | TODAY'S OPTION | PO BOX 391883 | CAMBRIDGE | MA | 02139 | 8662225137 | MEDICARE ADVANTAGE PLAN |
| 797 | TODAY'S OPTIONS UNIVERSAL AMERICAN | PO BOX 742528 | HOUSTON | TX | 77274 | 8664225009 | MEDICARE ADVANTAGE PLAN |
| E46 | TOLEDO FIREFIGHTERS HEALTH PLAN | PO BOX 5810 | TROY | MI | 480075810 | 4192555314 | |
| 755 | TOTAL BENEFIT SERVICES, INC. | PO BOX 30180 | NEW ORLEANS | LA | 70190 | | |
| D69 | TOTAL CARE/HEALTHSPRING | PO BOX 20000 | NASHVILLE | TN | 372024070 | 8007437141 | MEDICARE ADVANTAGE PLAN |
| D55 | TOTAL CAROLINA CARE, INC. | 1441 MAIN ST. | COLUMBIA | SC | 29210 | 8664336031 | MEDICAID HMO |
| B40 | TOTAL CLAIMS SOLUTION (TCS) | PO BOX 10888 | GREEN BAY | WI | 543070888 | 8003760110 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B46 | TOTAL CLAIMS SOLUTION (TCS) | PO BOX 10888 | GREEN BAY | WI | 54307 | 8003760110 | |
| C03 | TOTAL PLAN SERVICES, INC. | PO BOX 251369 | PLANO | TX | 75025 | 8009695238 | |
| A80 | TOTAL SCRIPT | 10901 WEST 120TH AVE. STE 110 | BROOMFIELD | CO | 80021 | 8007522211 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|----------------------------------|-----------------|----|-----------|------------|--|
| D47 | TOUCHSTONE HEALTH PSO | PO BOX 33519 | INDIANAPOLIS | IN | 462030519 | 8887770204 | MEDICARE ADVANTAGE PLAN |
| A76 | TOWER LIFE INS. CO. | 310 S. MARY ST. | SAN ANTONIO | TX | 78205 | 8006606077 | |
| X3B | TPA EXCHANGE | PO BOX 4363 | ST AUGUSTINE | FL | 32085 | 8885022789 | |
| C52 | TPA OF GEORGIA | 4574 LAWRENCEVILLE HWY, STE. 201 | LILBURN | GA | 30047 | 7704517550 | |
| 788 | TRANSAMERICA LIFE INSURANCE CO. | PO BOX 97 | SCRANTON | PA | 185040097 | 8008203372 | CODE ASSIGNED BY SCHA |
| 856 | TRANSAMERICA OCCIDENTAL LIFE | PO BOX 2101 TERMINAL ANNEX | LOS ANGELES | CA | 90051 | 2137422111 | |
| 148 | TRANSAMERICA PREMIER LIFE INSURANCE COMPANY | PO BOX 742502 | CINCINNATI | OH | 45274 | 8004445431 | |
| 112 | TRAVELERS INSURANCE COMPANY | PO BOX 473500 | CHARLOTTE | NC | 282473500 | 7045443665 | USE CODE 113 UNITED HEALTHCARE INACTIVE 8-02 |
| F43 | TRICARE EAST | PO BOX 7981 | MADISON | WI | 537077981 | 8004445445 | |
| 642 | TRICARE FOR LIFE | PO BOX 7890 | MADISON | WI | 537077890 | 8667730404 | |
| 819 | TRICARE OVERSEAS PROGRAM | PO BOX 7985 | MADISON | WI | 537077985 | 8009826257 | CODE ASSIGNED BY SCHA 6/07/10 |
| 614 | TRICARE WEST | PO BOX 202112 | FLORENCE | SC | 295022112 | 8004033950 | INTERNET WWW.TRICARE-WEST.COM |
| E73 | TRISTAR BENEFIT ADMINISTRATORS | PO BOX 65887 | WEST DES MOINES | IA | 50265 | 8004564584 | |
| C29 | TRUE CHOICE USA | PO BOX 251369 | PLANO | TX | 75025 | 8002519665 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| E42 | TRUE RX | 4 WILLIAMS BROTHERS DR. | WASHINGTON | IN | 47501 | 8669214047 | |
| E95 | TRUESCRIPTS | PO BOX 921 | WASHINGTON | IN | 47501 | 8442571955 | RX |
| F21 | TRUSTEED PLAN SERVICE | PO BOX 2950 | TACOMA | WA | 98401 | 2535645611 | |
| 212 | TRUSTMARK INSURANCE CO. | PO BOX 2942 | CLINTON | IA | 52733 | 8476151500 | USE THIS CARRIER FOR GROUPS WITH MORE THAN 50 EMPLOYEES. USE CCA03 FOR GROUPS LESS THAN 50 EMPLOYEES |
| 703 | TUCKER COMPANY & ADMINISTRATORS | 9140 ARROW POINT BLVD. #200 | CHARLOTTE | NC | 282738102 | 7045259666 | |
| B85 | TUFTS HEALTHCARE | PO BOX 9185 | WATERTOWN | MA | 02471 | 8004238080 | |
| 376 | TUFTS HEATH PLAN | PO BOX 9171 | WATERTOWN | MA | 024719171 | 8004620224 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------|----------------|----|-----------|------------|---|
| 729 | U.A. LOCAL 446 PLUMBERS AND PIPEFITTERS | PO BOX 191030 | SACRAMENTO | CA | 958191030 | 9164570821 | CODE IN OPEN STATUS BY SCHA |
| 261 | UICI ADMINISTRATORS | PO BOX 30087 | RENO | NV | 895203087 | 8003153440 | |
| B17 | ULTRA BENEFITS | PO BOX 763 | WESTBORO | MA | 01581 | 8668587223 | |
| 143 | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | |
| 356 | UMR | PO BOX 2697 | WICHITA | KS | 67201 | 8008269781 | USE CODE 139 |
| 812 | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 139DN | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 84130 | 8008269781 | WAS WAUSAU INS. CO. |
| 143DN | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | |
| B42 | UMR | PO BOX 266 | ONALASKA | WI | 546568764 | 8002368672 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 967 | UNDERWRITERS SAFETY AND CLAIMS | PO BOX 23507 | LOUISVILLE | KY | 40223 | 8006781536 | |
| 701 | UNI-CARE CHOICE HEALTH BENEFITS | PO BOX 51130 | SPRINGFIELD | MA | 01151 | 8002888630 | |
| 160DN | UNICARE HEALTH AND LIFE INSURANCE | PO BOX 659444 | SAN ANTONIO | TX | 75265 | 8772179677 | |
| 160 | UNI-CARE HEALTH AND LIFE INSURANCE CO | PO BOX 4458 | CHICAGO | IL | 606804458 | 8772179677 | WAS MASS MUTUAL |
| D29 | UNICARE LIFE & HEALTH INS. CO (PFFS) | 233 S WACKER DR., STE. 3900 | CHICAGO | IL | 68606 | 3123247000 | MEDICARE ADVANTAGE PLAN |
| 556 | UNIFIED GROUP SERVICES | PO BOX 10 | PENDLETON | IN | 46064 | 7657781535 | |
| 566 | UNIFIED GROUP SERVICES | PO BOX 10 | PENDLETON | IN | 46064 | 7657781535 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| E45 | UNIFIED LIFE INSURANCE | PO BOX 25326 | OVERLAND | KS | 662255326 | 9136852233 | |
| 517 | UNIFORM MEDICAL PLAN | PO BOX 34850 | SEATTLE | WA | 98124 | 8007626004 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 195 | UNION BANKERS INSURANCE COMPANY | PO BOX 655433 | DALLAS | TX | 752655433 | 2149547840 | |
| 693 | UNION COUNTY | | | | | | |
| 501 | UNION FIDELITY INSURANCE COMPANY | 4850 ST. RD. | TREVOSE | PA | 19049- | 8005236599 | |
| 306 | UNION LABOR LIFE INSURANCE | 111 MASSACHUSETTS AVE, NW | WASHINGTON | DC | 20001 | 8004438087 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--|----------------|----|-----------|------------|---|
| C73 | UNION PACIFIC RAILROAD EMPLOYEES HEALTH | 795 NORTH 400 WEST | SALT LAKE | UT | 84103 | 8005470421 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 439 | UNION SECURITY INSURANCE CO | PO BOX 981602 | EL PASO | TX | 79998 | 8004446254 | USE 386 ASSURANT HEALTH |
| E38 | UNISON HEALTH PLAN | 250 BERRYHILL RD. | COLUMBIA | SC | 29210 | 8037985852 | HEALTHY KIDS CONNECTION |
| 638 | UNISON HEALTH PLAN HMO | 250 BERRYHILL RD. | COLUMBIA | SC | 29210 | 8037985852 | MEDICAID HMO |
| 449 | UNITED SERVICE ASSO. FOR HEALTHCARE | PO BOX 6080-288 | MISSION VAIEJO | CA | 926906080 | 8008721187 | CODE ASSIGNED BY SCHA |
| 277 | UNITED AMERICAN INSURANCE COMPANY | PO BOX 8080 | MCKINNEY | TX | 750708080 | 9725295085 | |
| 871 | UNITED BEHAVIORAL HEALTH | PO BOX 169053 | DULUTH | MN | 55816 | 8008776003 | CODE ASSIGNED BY SCHA |
| A37 | UNITED BEHAVIORAL/DENTAL SYSTEMS | PO BOX 30755 | SALT LAKE CITY | UT | 84130 | 8005575745 | |
| 196 | UNITED BENEFIT LIFE INSURANCE | 3909 HULEN ST. | FT. WORTH | TX | 76107 | 8007320657 | |
| 565 | UNITED BENEFITS | PO BOX 2480 | DAYTONA BEACH | FL | 321152480 | 8004344890 | WAS POE & BROWN |
| 103 | UNITED CLAIMS SOLUTIONS | 10835 N. 25TH AVE. 105 | PHOENIX | AZ | 85029 | 8667448482 | CODE ASSIGNED BY SCHA |
| 124 | UNITED COMMERCIAL TRAVELERS OF AMERICA | PO BOX 159019 | COLUMBUS | OH | 43215 | 8008480123 | |
| 737 | UNITED CONCORDIA | PO BOX 69451 | HARRISBURG | PA | 17106 | 8003320366 | |
| 794 | UNITED FAMILY LIFE INSURANCE COMPANY | PO BOX 2204 | ATLANTA | GA | 30371 | 4046593300 | |
| 704 | UNITED FOOD & COMMERCIAL WORKERS (UFCW) | 1800 PHOENIX BLVD. STE. 310 | ATLANTA | GA | 30349 | 8002417701 | |
| 421 | UNITED FOOD & COMMERCIAL WORKER HEALTH&WELFARE | 911 RIDGEBROOK RD. | SPARKS | MD | 211529451 | 8006382972 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 340 | UNITED HEALTHCARE PLAN OF RIVER VALLEY | 3800 23RD AVENUE OF THE CITIES, STE. 200 | MOLINE | IL | 61265 | 8002246602 | THIS COMPANY BOUGHT OUT JOHN DEERE INS. CO. 6/29/07 |
| 715 | UNITED HEALTH & LIFE INSURANCE COMPANY | PO BOX 169050 | DULUTH | MN | 558168200 | 8005262414 | USE CC113 UNITED HEALTHCARE |
| E90 | UNITED HEALTH (MEDICARE SOLUTIONS) | PO BOX 30436 | SALT LAKE CITY | UT | 84130 | 8778423210 | MEDICARE ADVANTAGE |
| 584 | UNITED HEALTH ONE | PO BOX 31374 | SALT LAKE CITY | UT | 841310374 | 8006578205 | FORMALLY GOLDEN RULE |
| 113 | UNITED HEALTHCARE | PO BOX 740800 | ATLANTA | GA | 303740800 | 8778423210 | |
| 113DN | UNITED HEALTHCARE | PO BOX 30567 | SALT LAKE CITY | UT | 84130 | 8005215505 | |
| 963 | UNITED HEALTHCARE CLAIMS | PO BOX 29130 | HOT SPRINGS | AR | 71903 | 8882014111 | |
| 825 | UNITED HEALTHCARE COMMUNITY PLAN | PO BOX 8207 | KINGSTON | NY | 12402 | 8006009007 | MEDICARE ADVANTAGE PLAN |
| 923 | UNITED HEALTHCARE COMMUNITY PLAN | PO BOX 6170 | COLUMBIA | SC | 292606170 | 8008682528 | MEDICAID MCO PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---------------------------------|----------------|----|-----------|------------|--|
| 927 | UNITED HEALTHCARE HERITAGE PLUS | UHC OF RIVER VALLEY PO BOX 5230 | KINGSTON | NY | 124025230 | 8002246602 | |
| A82 | UNITED HEALTHCARE INDEMNITY | PO BOX 740801 | ATLANTA | GA | 303740801 | 8008488406 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D30 | UNITED HEALTHCARE INS. CO (PPO) | PO BOX 150450 | HARTFORD | CT | 061150450 | 8607025000 | MEDICARE ADVANTAGE PLAN |
| A38 | UNITED HEALTHCARE OF NC | PO BOX 2604 | GREENSBORO | NC | 274386304 | 8009991147 | |
| B77 | UNITED HEALTHCARE PLAN ADMINISTRATORS | PO BOX 121212 | MARIETTA | GA | 300670092 | 8005627079 | USE CODE 985 BENESIGHT |
| 872 | UNITED HEALTHCARE PLAN OF RIVER VALLEY | 3800 23RD AVE. #200 | MOLINE | IL | 61215 | 8002246602 | CODE ASSIGNED BY SCHA THESE COMPANY BOUGHT OUT JOHN DEERE INS. CO. THIS WAS THE HMO FOR JOHN DEERE 6/29/07 |
| 279 | UNITED INSURANCE COMPANY OF AMERICA | 1 E WACKER DR. | CHICAGO | IL | 60601 | 8007778467 | |
| B64 | UNITED MEDICAL RESOURCES, INC. | PO BOX 30541 | SALT LAKE CITY | UT | 84130 | 5136193000 | |
| 720 | UNITED MINE WORKERS HEALTH & RETIREMENT FUND | ROUTE 2 BOX 218A | BIG STONE GAP | VA | 24219 | 8006549763 | |
| C81 | UNITED PAYORS & UNITED PROVIDERS | 2273 RESEARCH BLVD. | ROCKVILLE | MD | 20850 | 8002474144 | |
| 994 | UNITED PROVIDER SERVICES | PO BOX 820277 | FORT WORTH | TX | 76182 | 8005198374 | CARRIER BOUGHT OUT BY CC 740 PHARMACARE |
| 721 | UNITED RESOURCE NETWORK | PO BOX 30758 | SALT LAKE CITY | UT | 84130 | 8778013507 | CODE ASSIGNED BY SCHA |
| 810 | UNITED RESOURCE NETWORK | PO BOX 30758 | SALT LAKE CITY | UT | 84130 | 8778013507 | CODE ASSIGNED BY SCHA |
| X3A | UNITED TEACHERS ASSO. INS. CO. | PO BOX 30010 | AUSTIN | TX | 78755 | 8008808824 | |
| 493 | UNITED TEACHERS ASSOCIATION | PO BOX 30010 | AUSTIN | TX | 787553010 | 8668808824 | |
| 217 | UNITED WORLD LIFE INS. CO. | 3316 FARNAM ST. | OMAHA | NE | 68175 | 8776175587 | |
| 791 | UNITEDHEALTH INTEGRATED SERVICES | PO BOX 30783 | SALT LAKE CITY | UT | 841300786 | 8665968447 | |
| A31 | UNITY HEALTH INSURANCE | PO BOX 610 | SAUK CITY | WI | 535831374 | 8003623308 | |
| 989 | UNIVERA HEALTHCARE | PO BOX 23000 | ROCHESTER | NY | 14692 | 8772429464 | |
| D63 | UNIVERA SENIOR CHOICE SECURE | PO BOX 23000 | ROCHESTER | NY | 15692 | 8006171114 | MEDICARE ADVANTAGE PLAN |
| 530 | UNIVERSAL BENEFITS CORPORATION | PO BOX 97 | SCRANTON | PA | 185040097 | 8007470622 | CODE ASSIGNED BY SCHA |
| 198 | UNIVERSAL FIDELITY LIFE INS. CO. | PO BOX 1428 | DUNCAN | OK | 735344 | 8003668355 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---------------------------------------|----------------------------|----------------|----|-----------|------------|---|
| D34 | UNIVERSAL HEALTH CARE | PO BOX 3211 | ST. PETERSBURG | FL | 33731 | 8666904842 | MEDICARE ADVANTAGE PLAN |
| B93 | UNIVERSITY HEALTH ALLIANCE | 700 BISHOP ST., STE. 300 | HONOLULU | HI | 968134100 | 8005324000 | |
| 855 | UNIVERSITY HEALTH PLANS | PO BOX 830926 DEPT 003 | BIRMINGHAM | AL | 35283 | 8778780914 | |
| B68 | UPMC HEALTH BENEFITS, INC. | PO BOX 2999 | PITTSBURGH | PA | 15230 | 8773813764 | |
| D05 | UPMC HEALTH BENEFITS, INC. | PO BOX 2999 | PITTSBURGH | PA | 15230 | 8773813764 | MEDICARE ADVANTAGE PLAN |
| 409 | UPSTATE ADMINISTRATIVE SERVICES | PO BOX 6589 | SYRACUSE | NY | 132176589 | 3154221533 | |
| D85 | US FIRE INSURANCE COMPANY | 3195 LINWOOD RD., STE. 201 | CINCINNATI | OH | 45208 | 8005132981 | |
| 777 | US HEALTH AND LIFE | PO BOX 37504 | OAK PARK | MI | 482370504 | 8002259674 | THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA |
| B55 | US SCRIPTS | 2425 WEST SHAW AVE. | FRESNO | CA | 93711 | 8004608988 | |
| 717 | USA HEALTH CARE (MVP HEALTH CARE) | PO BOX 22920 | ROCHESTER | NY | 146922920 | 8009993920 | CODE ASSIGNED BY SCHA |
| 953 | USA HEALTHCARE ORGANIZATION | 7301 N. 16TH ST., STE. 201 | PHOENIX | AZ | 85020 | 8008723860 | CODE ASSIGNED BY SCHA |
| 582 | USAA GENERAL INDEMNITY CO. | PO BOX 15506 | SACRAMENTO | CA | 958521506 | 8005318222 | |
| 131 | USI | PO BOX 9888 | SAVANNAH | GA | 31412 | 9126911551 | THIS CARRIER BOUGHT JONES, HILL & MERCER INS. |
| 513 | VALUE OPTIONS | PO BOX 1850 | HICKSVILLE | NY | 118021850 | 8002880882 | |
| 466 | VALUE RX | PO BOX 421150 | PLYMOUTH | MN | 554420150 | 8009554879 | USE CODE 333 EXPRESS SCRIPTS |
| 633 | VETERANS ADMINISTRATION | | | | | | |
| 962 | VICARE PLUS | PO BOX 1710 | SUFFOLK | VA | 23439 | 8779344403 | |
| 491 | VISION SERVICE PLAN | PO BOX 997100 | SACRAMENTO | CA | 958997100 | 8006227444 | |
| 606 | VOCA.REHAB GENERAL | | | | | | |
| 608 | VOCATIONAL REHAB DISABILITY | | | | | | |
| E20 | VRX PHARMACY SERVICES | PO BOX 9780 | SALT LAKE CITY | UT | 84109 | 8778799722 | |
| A56 | VULCAN MATERIALS COMPANY | PO BOX 530187 | BIRMINGHAM | AL | 352530187 | 8642772371 | DORMANT 8/06 |
| B41 | VYTRA HEALTHCARE | PO BOX 9091 | MELVILLE | NY | 11747 | 8668089399 | |
| 549 | WAL-MART STORES GROUP HEALTH PLAN | 922 W. WALNUT STE. A | ROGERS | AR | 72756 320 | 5016212929 | USE CODE 401 BLUE CROSS BLUE SHIELD OF SC |
| 282 | WASHINGTON NATIONAL INSURANCE COMPANY | PO BOX 1934 | DES PLAINES | IL | 60017 | 8009470319 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------|---------------|----|-----------|------------|---------------------------------|
| 841 | WATKINS ASSOCIATED INDUSTRIES | PO BOX 1738 | ATLANTA | GA | 30301 | 8003333841 | CODE ASSIGNED BY SCHA |
| 139RX | WAUSAU INSURANCE COMPANY | PO BOX 8013 | WAUSAU | WI | 544028013 | 8008269781 | |
| B13 | WEB TPA | PO BOX 99906 | GRAPEVINE | TX | 760999706 | 8007582851 | |
| B13DN | WEB TPA | PO BOX 99906 | GRAPEVINE | TX | 76099 | 8007582851 | |
| 779 | WEB-TPA AMERICAN FIDELITY ASSURANCE CO | PO BOX 99906 | GRAPEVINE | TX | 760999706 | 8663932872 | DORMANT 8/06 |
| C32 | WELL FARGO INSURANCE | PO BOX 91608 | LUBBOCK | TX | 79490 | 8004354351 | |
| D17 | WELLCARE | PO BOX 795184 | SAN ANTONIO | TX | 78279 | 8662352770 | MEDICARE ADVANTAGE PLAN |
| D52 | WELLCARE OF GEORGIA | PO BOX 31224 | TAMPA | FL | 33531 | 8662311821 | MEDICARE ADVANTAGE PLAN |
| F23 | WELLDYNE RX | PO BOX 90369 | LAKELAND | FL | 33804 | 8884792000 | |
| 292 | WELLMARK ADMINISTRATORS | PO BOX 9901 | SIOUX CITY | IO | 51102 | 8005265710 | |
| X1O | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 5023 | SIOUX FALLS | SD | 57104 | 5152454500 | USE CARRIER CODE X2A |
| X2A | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 5023 | SIOUX FALLS | SD | 571175023 | 8005268995 | |
| X2ADN | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 9354 | DES MOINES | IA | 503069354 | 8773330164 | DENTAL |
| 252 | WELLNET HEALTHCARE | 57 STREET RD. | SOUTH HAMPTON | PA | 18966 | 8007271733 | |
| A24 | WELLPOINT NEXT RX | PO BOX 2902 | CLINTON | IA | 527332902 | 8009627378 | USE CARRIER 333 EXPRESS SCRIPTS |
| 912 | WELLS FARGO TPA-NC OFFICES | PO BOX 2857 | FAYETTEVILLE | NC | 28302 | 8003376288 | |
| 991 | WEST PORT BENEFITS | PO BOX 66743 | ST. LOUIS | MO | 63166 | 8883065299 | |
| D37 | WEST VIRGINIA LOCAL 152 HEALTH & WELFARE | 5 HOT METAL ST., STE. 200 | PITTSBURGH | PA | 15203 | 8448517293 | DENTAL ONLY |
| C76 | WESTERN AND SOUTHERN GROUPS | PO BOX 5735 | CINCINNATI | OH | 45201 | 8004248622 | |
| 415 | WEYCO, INC. | PO BOX 30132 | LANSING | MI | 48909 | 5173497010 | |
| 415DN | WEYCO, INC. | PO BOX 30132 | LANSING | MI | 48909 | 5173497010 | |
| 969 | WHP HEALTH INITIATIVE | PO BOX 968022 | SCHAUMBERG | IL | 601968022 | 8002072568 | |
| F31 | WILLIAM C. EARHART CO., INC. | PO BOX 97208 | PORTLAND | OR | 97208 | 8008460611 | |
| F31DN | WILLIAM C. EARHART CO., INC. | PO BOX 4148 | PORTLAND | OR | 97208 | 8008460611 | DENTAL ONLY |
| 694 | WILLIAMSBURG COUNTY | | | | | | |
| 116 | WILLIS CORROON ADMINISTRATIVE SERVICES | PO BOX 305154 | NASHVILLE | TN | 372305154 | 8002558109 | |
| 826 | WILLSE & ASSOCIATES, INC. | PO BOX 1196 | BALTIMORE | MD | 21203 | 4105470454 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------------------|---------------|----|-----------|------------|---|
| D75 | WINDSOR MEDICARE EXTRA | PO BOX 269025 | PLANO | TX | 750269025 | 8662705223 | MEDICARE ADVANTAGE PLAN |
| A88 | WINDSOR STERLING | PO BOX 269003 | PLANO | TX | 750269003 | 8888588551 | |
| 575 | WISCONSIN ELECTRICAL EMPLOYEES | PO BOX 2430 | BROOKFIELD | WI | 53008 | 6082769111 | CODE IN OPEN STATUS BY SCHA |
| 768 | WISCONSIN PHYSICIANS SERVICES | 1717 WEST BROADWAY ST. | MADISON | WI | 53708 | 8889154158 | |
| 598 | WJB DORN VA MEDICAL CENTER | 6439 GARNERS FERRY RD. | COLUMBIA | SC | 292091639 | 8037764000 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 285 | WOODMAN OF THE WORLD LIFE INSURANCE SOCIETY | 1700 FARNAM ST. | OMAHA | NE | 68102 | 8002253108 | |
| A34 | WOODS & GROOM | 2549 17TH ST. | COLUMBUS | IN | 47202 | 8003683429 | DORMANT 8/06 |
| 622 | WORKMEN'S COMP | | | | | | |
| 580 | WORLD INSURANCE COMPANY | PO BOX 3160 | OMAHA | NE | 681030160 | 4024968000 | |
| C57 | WORLD TRAVEL PROTECTION | 4600 WITMER INDUSTRIAL ESTATES #2 | NIAGARA FALLS | NY | 14305 | 8004564553 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 607 | WPS TRICARE FOR LIFE | PO BOX 7889 | MADISON | WI | 537077889 | 8667730404 | |
| C51 | YALEHEALTH PLAN | PO BOX 208217 | NEW HAVEN | CT | 065208217 | 2034320250 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 470 | YODER BROTHERS | 1001 LEBANON RD. | PENDLETON | SC | 29670 | 8646468331 | |
| 695 | YORK COUNTY | | | | | | |
| C10 | ZAVATA | PO BOX 1208 | AMERICUS | GA | 31709 | 8008417735 | WAS PARADIGM CARE PLAN |
| 977 | ZENITH ADMINISTRATION | 26359 | LAS VEGAS | NV | 89126 | 8004265980 | DORMANT 8/06 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

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APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Effective 01/01/19

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------------|----------------|----|-----------|------------|---|
| 100 | AETNA US HEALTHCARE | PO BOX 14079 | LEXINGTON | KY | 40512 | 8003334432 | |
| 101 | INTERNATIONAL CLAIMS SERVICES | 27092 BURBANK ST. | FOOTHILL RANCH | CA | 92610 | 8779167920 | ASSIGNED BY SCHA |
| 102 | | | | | | | |
| 103 | UNITED CLAIMS SOLUTIONS | 10835 N. 25TH AVE. 105 | PHOENIX | AZ | 85029 | 8667448482 | CODE ASSIGNED BY SCHA |
| 104 | KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA. | PO BOX 7004 | DOWNEY | CA | 90242 | 8003903510 | CODE ASSIGNED BY SCHA |
| 105 | ATHENE ANNUITY AND LIFE ASSURANCE COMPANY | PO BOX 19038 | GREENVILLE | SC | 29602 | 8646091000 | |
| 106 | AMERICAN FIDELITY ASSURANCE BENEFITS | PO BOX 25160 | OKLAHOMA CITY | OK | 731250160 | 8006548489 | |
| 107 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | 8002289090 | DO NOT USE FOR MED ADV. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| 108 | METROPOLITAN LIFE INSURANCE COMPANY | PO BOX 981282 | EL PASO | TX | 79998 | 8006386626 | |
| 109 | JEFFERSON PILOT INSURANCE COMPANY | PO BOX 26011 | GREENSBORO | NC | 27420 | 3366913000 | |
| 110 | AMERIHEALTH HMO, INC. | PO BOX 41574 | PHILADELPHIA | PA | 191011574 | 8886323862 | CODE ASSIGNED BY SCHA |
| 111 | PRUDENTIAL INSURANCE COMPANY OF AMERICA | 841 PRUDENTIAL DR. | JACKSONVILLE | FL | 32207 | 8003463778 | THIS CARRIER BOUGHT OUT BY AETNA CC100 |
| 112 | TRAVELERS INSURANCE COMPANY | PO BOX 473500 | CHARLOTTE | NC | 282473500 | 7045443665 | USE CODE 113 UNITED HEALTHCARE INACTIVE 8-02 |
| 113 | UNITED HEALTHCARE | PO BOX 740800 | ATLANTA | GA | 303740800 | 8778423210 | |
| 114 | CLAIMEDIX, INC. | PO BOX 140067 | KANSAS CITY | MO | 64114 | 8009224262 | CODE ASSIGNED BY SCHA |
| 115 | ALLSTATE INSURANCE | PO BOX 7068 | COLUMBIA | SC | 29202 | 8003668997 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 116 | WILLIS CORROON ADMINISTRATIVE SERVICES | PO BOX 305154 | NASHVILLE | TN | 372305154 | 8002558109 | |
| 117 | HEWITT COLEMAN AND ASSOCIATES | PO BOX 6708 | GREENVILLE | SC | 29606 | 8642405840 | |
| 118 | AMERICAN HEALTH & LIFE INSURANCE | 300 ST. PAUL PLACE | BALTIMORE | MD | 21202 | 3013323000 | |
| 119 | AMERICAN HERITAGE LIFE INSURANCE | 1776 AMERICAN HERITAGE LIFE DR. | JACKSONVILLE | FL | 32224 | 8005358086 | |
| 120 | AMERICAN NATIONAL INSURANCE COMPANY | PO BOX 1790 | GALVESTON | TX | 77553 | 8008996803 | |
| 121 | GREATER HEALTHCARE | PO BOX 3400 | MONROE | NC | 28110 | 7042258887 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---------------------------------|----------------|----|-----------|------------|---|
| 122 | ATLANTIC COAST LIFE INSURANCE COMPANY | PO BOX 20010 | CHARLESTON | SC | 294130010 | 8437638680 | |
| 123 | BANKERS LIFE & CASUALTY | PO BOX 66927 | CHICAGO | IL | 606660927 | 8006213724 | |
| 124 | UNITED COMMERICAL TRAVELERS OF AMERICA | PO BOX 159019 | COLUMBUS | OH | 43215 | 8008480123 | |
| 125 | AMERICAN TRAVELERS LIFE INSURANCE COMPANY | 3220 TILLMAN DR. | BEN SALEM | PA | 19020 | 2152441600 | |
| 126 | HEALTH PLAN SERVICES (COVENTRY HEALTH CARE) | PO BOX 24146 | SEATTLE | WA | 98124 | 8008610056 | CODE ASSIGNED BY SCHA |
| 127 | BENEFITSOURCE, INC. | PO BOX 240 | MONROE | MI | 48161 | 8004231028 | CODE ASSIGNED BY SCHA |
| 128 | CAPITOL LIFE INSURANCE COMPANY | PO BOX 1200 | DENVER | CO | 80201 | 8005252115 | PER HOSP. ASSO. 07/02, THIS IS STILL A VALID CARRIER |
| 129 | INTERGROUP SERVICES CORPORATION | 101 LINDENWOOD DR., STE. 150 | MALVERN | PA | 19355 | 8005379389 | |
| 130 | EMPLOYERS LIFE INSURANCE COMPANY | PO BOX 6305 | SPARTANBURG | SC | 29304 | 8889628437 | CARRIER WAS COASTAL STATE LIFE INS. CO. |
| 131 | USI | PO BOX 9888 | SAVANNAH | GA | 31412 | 9126911551 | THIS CARRIER BOUGHT JONES, HILL & MERCER INS. |
| 132 | COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY | PO BOX 1365 | COLUMBIA | SC | 29202 | 8037987000 | |
| 133 | COMBINED INSURANCE COMPANY OF AMERICA | PO BOX 6700 | SCRANTON | PA | 18505 | 8002254500 | |
| 134 | CIGNA | PO BOX 182223 | CHATTANOOGA | TN | 374227223 | 8008824462 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 135 | ALLIED NATIONAL, INC. | PO BOX 419233 | KANSAS CITY | MO | 641416233 | 8008257531 | CARRIER WAS ALLIED GROUP INSURANCE TRUST |
| 136 | CIGNA FLEXCARE | PO BOX 30575 | CHARLOTTE | NC | 282303211 | | CODE ASSIGNED BY SCHA |
| 137 | EDUCATORS MUTUAL LIFE INSURANCE COMPANY | PO BOX 3149 | LANCASTER | PA | 17601 | 7173972751 | |
| 138 | LIFEWELL HEALTH PLANS | PO BOX 16203 | LUBBOCK | TX | 79490 | 8775433935 | SUBSIDIARY OF HEALTHSCOPE |
| 139 | FISERV HEALTH | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | WAS WAUSAU INS. CO. |
| 140 | STERLING OPTION I (PFFS) | PO BOX 5348 | BELLINGHAM | WA | 982270010 | | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-------------------------------|----------------|----|-----------|------------|---|
| 141 | NEOA HEALTH BENEFITS FUND | 428 E SCOTT AVE., PO BOX 3070 | KNOXVILLE | TN | 37927 | | |
| 142 | SC DEPT OF DISABILITIES AND SPECIAL NEEDS | PO BOX 4706 | COLUMBIA | SC | 29240 | 8038989795 | CODE ASSIGNED BY SCHA |
| 143 | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | |
| 144 | GLOBE LIFE & ACCIDENT INSURANCE | 204 N. ROBINSON | OKLAHOMA CITY | OK | 73102 | 9725406542 | |
| 145 | GMP EMPLOYERS RETIREE TRUST | 5245 BIG PINE WAY SE | FORT MYERS | FL | 33907 | 9419366242 | |
| 146 | HARTFORD INSURANCE GROUP | PO BOX 25600 | CHARLOTTE | NC | 28212 | 7045366230 | |
| 147 | STATE MUTUAL INSURANCE | PO BOX 10811 | CLEARWATER | FL | 337578811 | 8887806388 | |
| 148 | TRANSAMERICA PREMIER LIFE INSURANCE COMPANY | PO BOX 742502 | CINCINNATI | OH | 45274 | 8004445431 | |
| 149 | INSURANCE COMPANY OF NORTH AMERICA (INA) | 195 BROADWAY 11TH FLOOR | NEW YORK | NY | 100073100 | 2126184000 | |
| 150 | AMERICAN GENERAL LIFE AND ACCIDENT INS CO | PO BOX 1500 | NASHVILLE | TN | 372021500 | 8008882452 | |
| 151 | CARELINK | PO BOX 7373 | LONDON | KY | 40742 | 8003482922 | MEDICAID HMO |
| 152 | MEDICA | PO BOX 30990 | SALT LAKE CITY | UT | 84130 | 8009523455 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA |
| 153 | KANAWHA LIFE INSURANCE COMPANY | PO BOX 6000 | LANCASTER | SC | 29721 | 8032862440 | |
| 154 | CONSUMER DRN BENEFITS ASSO. | PO BOX 6080-228 | MISSION VIEJO | CA | 926906080 | 8884114208 | CODE ASSIGNED BY SCHA |
| 155 | CROSSAMERICA HEALTH PLAN | PO BOX 5778 | PARSIPPANY | NJ | 07054 | 8663027332 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 156 | LIFE INSURANCE COMPANY OF GEORGIA | PO BOX 105006 | ATLANTA | GA | 303485006 | 7709805100 | |
| 157 | LIFE INSURANCE COMPANY OF VIRGINIA, THE | PO BOX 27601 | RICHMOND | VA | 23230 | 8042816000 | |
| 158 | LINCOLN NATIONAL LIFE INSURANCE COMPANY | PO BOX 614008 | ORLANDO | FL | 32861 | 8004232765 | |
| 159 | MAKSIN MANAGEMENT CORP | CN98000 | PENNSAUKEN | NJ | 08110 | 8002570625 | |
| 160 | UNI-CARE HEALTH AND LIFE INSURANCE CO | PO BOX 4458 | CHICAGO | IL | 606804458 | 8772179677 | WAS MASS MUTUAL |
| 161 | AMA INSURANCE AGENCY, INC. | PO BOX 804238 | CHICAGO | IL | 60680 | 8004585736 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 162 | HARVARD PILGRIM HEALTHCARE | PO BOX 656653 | SAN ANTONIO | TX | 82655 | 8004213550 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------|----------------|----|-----------|------------|--|
| 163 | NATIONWIDE LIFE INSURANCE COMPANY | PO BOX 182202 | COLUMBUS | OH | 432182202 | 6142497111 | |
| 164 | AMERICAN PROGRESSIVE INSURANCE | PO BOX 130 | PENSACOLA | FL | 325910130 | 8006268913 | |
| 165 | NEW YORK LIFE INSURANCE COMPANY | PO BOX 105095 | ATLANTA | GA | 30348 | 8003884580 | |
| 166 | CAPITOL AMERICAN LIFE INSURANCE COMPANY | PO BOX 94953 | CLEVELAND | OH | 441014953 | 2166966400 | |
| 167 | AMERICAN INTERNATIONAL GROUP (AIG) ACCIDENT | PO BOX 26050 | OVERLAND PARK | KS | 66225 | 8887221668 | |
| 168 | PRECISE BENEFIT ADMINISTRATORS | PO BOX 9064 | JERICO | NY | 11753 | 5163906000 | |
| 169 | CROWN CORK & SEAL COMPANY, INC. | 930 BEAUMONT AVE. | SPARTANBURG | SC | 29303 | 8645856456 | |
| 170 | OCCIDENTAL LIFE INSURANCE COMPANY OF NC | PO BOX 10324 | RALEIGH | NC | 27605 | 9198318189 | |
| 171 | AON | PO BOX 66 | WINSTON-SALEM | NC | 27102 | 8003683804 | |
| 172 | PAUL REVERE LIFE INSURANCE COMPANY | PO BOX 15118 | WORCESTER | MA | 016150118 | 5087994441 | |
| 173 | PENNSYLVANIA LIFE INSURANCE COMPANY | PO BOX 130 | PENSACOLA | FL | 325910100 | 8002757366 | |
| 174 | NMU PENSION & WELFARE FUND | 360 WEST 31ST ST., 3RD FL | NEW YORK | NY | 10001 | 2123374900 | |
| 175 | COLUMBIA UNIVERSAL LIFE INSURANCE CO. | PO BOX 200225 | AUSTIN | TX | 787200225 | 5123453200 | |
| 176 | GUIDESTAR HEALTH SYSTEMS | PO BOX 35238 | BIRMINGHAM | AL | 35238 | 8005956949 | |
| 177 | CINERGY HEALTH PREFERRED PLAN | 144 N BEVERWYCK RD. #332 | LAKE HIAWATHA | NJ | 080341997 | 8008471148 | CODE IN OPEN STATUS BY SCHA |
| 178 | INSURANCE & BENEFIT ADVOCATE, INC. | 5838 W BRICK RD STE. 106 | SOUTH BEND | IN | 46628 | 8662006700 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 179 | DESERET MUTUAL BENEFIT ADMINISTRATOR | PO BOX 45530 | SALT LAKE CITY | UT | 84145 | 8007773622 | |
| 180 | ESIS | PO BOX 31122 | TAMPA | FL | 33631 | 8008847975 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 181 | GROUP ADMINISTRATORS, LTD. | 450 E. REMINGTON RD. | SCHAUMBURG | IL | 60173 | 8475191880 | |
| 182 | PENN TREATY NETWORK AMERICA INS. CO. | PO BOX 7066 | ALLENTOWN | PA | 181057066 | 8003620700 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 183 | GILSBAR INSURANCE COMPANY | PO BOX 2947 | COVINGTON | LA | 70434 | 8002342643 | |
| 184 | SECURITY LIFE INSURANCE CO. OF AMERICA | PO BOX 82520 | LINCOLN | NE | 68501 | 8003009566 | |
| 185 | S&S HEALTHCARE STRATEGIES | PO BOX 46511 | CINCINNATI | OH | 45216 | 8888008717 | |
| 186 | SOUTHLAND LIFE INSURANCE COMPANY | PO BOX 105006 | ATLANTA | GA | 303485006 | 7709805100 | |
| 187 | RELIANCE STANDARD LIFE INS. CO. | PO BOX 82510 | LINCOLN | NE | 68501 | 8004977044 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|------------------------------|---------------|----|-----------|------------|--|
| 188 | STANDARD LIFE & CASUALTY INSURANCE COMPANY | PO DRAWER 1514 | FORT MILL | SC | 29716 | 8035483657 | |
| 189 | INTERNATIONAL EDUCATION EXCHANGE SERVICES | PO BOX 370 | ITHACA | NY | 148510307 | 8664337462 | |
| 190 | BOILERMAKERS NATIONAL HEALTH & WELFARE FUND | 754 MINNESOTA AVE., STE. 522 | KANSAS CITY | KS | 661012762 | 9133426555 | |
| 191 | COVENTRY HEALTHCARE OF DELAWARE, INC. | PO BOX 7713 | LONDON | KY | 40742 | 8008337423 | |
| 192 | CONVENTRY HEALTHCARE OF NEBRASKA, INC. | PO BOX 7705 | LONDON | KY | 40742 | 8002883343 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 193 | ALLSTATE WORKPLACE DIVISION | PO BOX 853916 | RICHARDSON | TX | 750853916 | 8009377039 | |
| 194 | DAKOTACARE | PO BOX 7406 | SIOUX FALLS | SD | 571177406 | 8003255598 | CODE ASSIGNED BY SCHA |
| 195 | UNION BANKERS INSURANCE COMPANY | PO BOX 655433 | DALLAS | TX | 752655433 | 2149547840 | |
| 196 | UNITED BENEFIT LIFE INSURANCE | 3909 HULEN ST. | FT. WORTH | TX | 76107 | 8007320657 | |
| 197 | RELIANCE STANDARD SPECIALTY PRODUCTS ADM | 505 S LENOLA RD., STE. 231 | MOORESTOWN | NJ | 08057 | 8663750775 | |
| 198 | UNIVERSAL FIDELITY LIFE INS. CO. | PO BOX 1428 | DUNCAN | OK | 735344 | 8003668355 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 199 | ALL OTHER CARRIERS | | | | | | |
| 200 | ALL AMERICAN LIFE INSURANCE CO. | 8501 WEST HIGGINS RD. | CHICAGO | IL | 60631 | 7733996645 | |
| 201 | HCH ADMINISTRATORS | PO BOX 1986 | PEORIA | IL | 61656 | 8003221516 | |
| 202 | JOHN HANCOCK INSURANCE COMPANY | PO BOX 852 | BOSTON | MA | 02117 | 8002331449 | |
| 203 | HEALTH CARE SUPPORT/PRIVATE HEALTH CARE SYSTEM | 29 COLUMBIA HEIGHTS | BROOKLYN | NY | 11201 | 8005544022 | CODE ASSIGNED BY SCHA |
| 204 | SELF INSURED BENEFIT ADMINISTRATORS | 18167 US HWY 19N | CLEARWATER | FL | 33764 | 7275320400 | |
| 205 | FIDELITY LIFE SECURITY | 3130 BROADWAY | KANSAS CITY | MO | 641112406 | 8006488624 | |
| 206 | MED COST BENEFITS SERVICES | PO BOX 25307 | WINSTON-SALEM | NC | 271145307 | 8007951023 | |
| 207 | MEDICAL SAVINGS HEALTH PLAN | 419 E. MAIN ST. | MIDDLETON | NY | 10940 | 3173298222 | |
| 208 | SIEBA, LTD | PO BOX 5000 | ENDICOTT | NY | 13761 | 8002524624 | |
| 209 | SUMMIT AMERICA INSURANCE SERVICES | PO BOX 25936 | OVERLAND PARK | KS | 662255936 | 8772466997 | |
| 210 | AMERITAS LIFE INSURANCE | PO BOX 82520 | LINCOLN | NE | 68501 | 8002559678 | |
| 211 | COORDINATED BENEFIT PLANS, INC. | PO BOX 853925 | RICHARDSON | TX | 750853925 | 8007531000 | |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------------|----------------|----|-----------|------------|--|
| 212 | TRUSTMARK INSURANCE CO. | PO BOX 2942 | CLINTON | IA | 52733 | 8476151500 | USE THIS CARRIER FOR GROUPS WITH MORE THAN 50 EMPLOYEES. USE CCA03 FOR GROUPS LESS THAN 50 EMPLOYEES |
| 213 | COVENANT ADMINISTRATORS | PO BOX 105738 | ATLANTA | GA | 30348 | 7702396230 | |
| 214 | RISK BENEFIT MANAGEMENT SERVICES, LLC (RBMS) | PO BOX 241569 | ANCHORAGE | AK | 99524 | 8007703740 | |
| 215 | OXFORD LIFE INSURANCE COMPANY | PO BOX 46518 | MADISON | WI | 53744 | 8774693073 | |
| 216 | HUMANA HEALTH INSURANCE OF FLORIDA | PO BOX 19080-F | JACKSONVILLE | FL | 32245 | 8004574708 | |
| 217 | UNITED WORLD LIFE INS. CO. | 3316 FARNAM ST. | OMAHA | NE | 68175 | 8776175587 | |
| 218 | ROCKY MOUNTAIN HEALTH PLAN (RMHP) | PO BOX 4517 | ENGLEWOOD | CO | 80155 | 8884792000 | |
| 219 | CLAIMS PRO | PO BOX 577 | SOUTHFIELD | MI | 48075 | 8008379600 | RX CARRIER ONLY |
| 220 | HEALTH NEW ENGLAND | ONE MONARCH PLACE, STE 1500 | SPRINGFIELD | MA | 011441500 | 8003102835 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 221 | QUAL CARE | PO BOX 249 | PISCATAWAY | NJ | 08855 | 8009926613 | |
| 222 | MEDICA | PO BOX 30990 | SALT LAKE CITY | UT | 84107 | 8009523455 | |
| 223 | MED COST PREFERRED | PO BOX 25437 | WINSTON-SALEM | NC | 27114 | 8008247406 | CODE ASSIGNED BY SCHA |
| 224 | SOUTHERN ELEC. HEALTH FUND | 3928 VOLUNTEER DR. | CHATTANOOGA | TN | 37416 | 4238992593 | |
| 225 | HEALTH SERVICES FOUNDATION | PO BOX 2109 | LIVERMORE | CA | 94551 | 5104497070 | |
| 226 | MASTER HEALTH PLAN | PO BOX 16367 | AUGUSTA | GA | 303919123 | 7068635955 | |
| 227 | MONUMENTAL GENERAL INSURANCE COMPANY | 1111 N CHARLES ST. | BALTIMORE | MD | 20201 | 8007529797 | |
| 228 | PHYSICIANS PLUS INS. CO. | PO BOX 909953 | MILWAUKEE | WI | 53209 | 8005455015 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 229 | SELF INSURED PLANS LLC | 1016 COLLIER CENTER WAY STE. 200 | LOS ANGELES | CA | 90080 | 8004212342 | CODE ASSIGNED BY SCHA |
| 230 | PYRAMID LIFE INSURANCE COMPANY | P O BOX 130 | PENSACOLA | FL | 32591 | 8004440321 | |
| 231 | SAVERS LIFE INSURANCE COMPANY | 8064 NORTH POINT BLVD., STE. 201 | WINSTON-SALEM | NC | 27106 | 8006420483 | |
| 232 | GENERAL ADJUSTMENT BUREAU | PO BOX 81808 | ATLANTA | GA | 30366 | 4044579555 | CODE ASSIGNED BY SCHA |
| 233 | STERLING LIFE INSURANCE | PO BOX 5348 | BELLINGHAM | WA | 98227 | 8006880010 | |
| 234 | ALWAYS CARE BENEFITS, INC. | PO BOX 80139 | BATON ROUGE | LA | 70898 | 8887295433 | DENTAL PLAN |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------|-----------------|----|-----------|------------|--|
| 235 | SHAW INDUSTRIES | PO BOX 10 | DALTON | GA | 30722 | 8003211855 | |
| 236 | GUARANTEE TRUST LIFE INSURANCE | PO BOX 1144 | GLENVIEW | IL | 60025 | 8476990600 | |
| 237 | GUARDIAN LIFE INSURANCE COMPANY OF AMERICA | P O BOX 981572 | EL PASO | TX | 799981572 | 6108076000 | |
| 238 | HORIZON HEALTHCARE | PO BOX 1028 | WEST TRENTON | NJ | 08628 | 8007923666 | |
| 239 | HORACE MANN LIFE INSURANCE COMPANY | 1 HORACE MANN PLAZA | SPRINGFIELD | IL | 62715 | 2177892500 | |
| 240 | STARBRIDGE | PO BOX 55270 | PHOENIX | AZ | 85078 | 8003085948 | POLICIES BEGINNING WITH "R" NEED TO BE "E" INDICATORS AND GO TO PO BOX 188004, CHATTANOOGA, TN 37422. POLICIES WITH PH SSN STAYS AS "C". |
| 241 | LIFE REINSURANCE CO. | PO BOX 792070 | SAN ANTONIO | TX | 78279 | 8002291024 | |
| 242 | HELLER ASSOCIATES | 8228 MAYFIELD RD., STE. 5B | CHESTERLANDE | OH | 44026 | 4405272955 | CODE IN OPEN STATUS BY SCHA |
| 243 | LIFE & CASUALTY INSURANCE COMPANY OF TENNESSEE | AMERICAN GENERAL CENTER | NASHVILLE | TN | 37250 | 6157491000 | |
| 244 | STERLING INVESTORS LIFE INS. CO. | PO BOX 10844 | CLEARWATER | FL | 337578844 | 8776045240 | |
| 245 | COVENTRY OF THE CAROLINA'S | PO BOX 7102 | LONDON | KY | 40742 | 8009357284 | |
| 246 | COVENTRY HEALTH CARE RX | PO BOX 8400 | LONDON | KY | 40742 | 8009476824 | |
| 247 | EMPLOYERS DIRECT HEALTH | 5050 SPRING VALLEY RD. | DALLAS | TX | 752443909 | 8008729934 | CARRIER WAS FIRST INTEGRATED HEALTH |
| 248 | NEW ENGLAND LIFE INSURANCE | 25145 COUNTRY CLUB BLVD. | NORTH OLMSTED | OH | 440705300 | 8002558063 | |
| 249 | FIRST HEALTH WORKERS COMP ONLY | PO BOX 23070 | TUCSON | AZ | 85735 | 8005544954 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 250 | IDEAL SCRIPTS | 50 WHITE CAP DR. | NORTH KINGSTOWN | RI | 02886 | 8007176614 | |
| 251 | PYRAMID LIFE INSURANCE CO. | PO BOX 12922 | PENSACOLA | FL | 325912922 | 8006581413 | CODE IN OPEN STATUS BY SCHA MEDICARE SUPPLEMENTAL PLAN G |
| 252 | WELLNET HEALTHCARE | 57 STREET RD. | SOUTH HAMPTON | PA | 18966 | 8007271733 | |
| 253 | AMERICAN STERLING INSURANCE SERVICES | PO BOX 26103 | OVERLAND PARK | KS | 66225 | 8772926037 | |
| 254 | PACIFIC MUTUAL LIFE INSURANCE COMPANY | 700 NEWPORT CENTER DR. | NEWPORT BEACH | CA | 92660 | 8004512513 | |
| 255 | PAN-AMERICAN LIFE INSURANCE COMPANY | PO BOX 981644 | EL PASO | TX | 79998 | 8006949888 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------------------|-----------------|----|-----------|------------|-----------------------------|
| 256 | BENICOMP | 8310 CLINTON PARK DR. | FT. WAYNE | IN | 46825 | 8008377400 | CODE ASSIGNED BY SCHA |
| 257 | PHARMACY NETWORK NATIONAL OF N.C. | 4000 OLD WAKEFOREST RD., STE. 101 | RALEIGH | NC | 27609 | 8003317108 | SEE CARRIER 366 CATALYST RX |
| 258 | DIVERSIFIED ADMINISTRATION CORPORATION | PO BOX 299 | MARLBOROUGH | CT | 06447 | 8883222524 | |
| 259 | CNA HEALTHCARE PARTNERS | PO BOX 34197 | LITTLE ROCK | AK | 72203 | 8005083772 | |
| 260 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 10136 | FAIRFAX | VA | 220388022 | 8662199292 | CODE IN OPEN STATUS BY SCHA |
| 261 | UICI ADMINISTRATORS | PO BOX 30087 | RENO | NV | 895203087 | 8003153440 | |
| 262 | CAIC (CONTINENTAL AMERICAN INS. CO) | PO BOX 6080226 | MISSION VIEJO | CA | 926906080 | 8887302244 | |
| 263 | NATIONAL FINANCIAL COMPANY | 110 WEST 7TH ST., STE. 300 | FT WORTH | TX | 76102 | 8007251407 | |
| 264 | HEALTH AMERICA | PO BOX 7089 | LONDON | KY | 40742 | 8007888445 | |
| 265 | TODAY'S OPTION | PO BOX 391883 | CAMBRIDGE | MA | 02139 | 8662225137 | MEDICARE ADVANTAGE PLAN |
| 266 | ACMG ADMINISTRATORS OF SOUTH CAROLINA | 2570 TECHNICAL DR. | MIAMISBURG | OH | 45342 | 8002326242 | |
| 267 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 220887 | CHARLOTTE | NC | 282220887 | 7043643865 | CODE ASSIGNED BY SCHA |
| 268 | MARQUETTE NATIONAL LIFE INS. CO. | PO BOX 130 | PENSACOLA | FL | 32591 | 8009348203 | |
| 269 | THE EPOCH GROUP | PO BOX 12170 | OVERLAND PARK | KS | 66212 | 8002556065 | |
| 270 | PREFERRED HEALTH PLAN OF THE CAROLINAS | PO BOX 220397 | CHARLOTTE | NC | 28222 | 8666360239 | |
| 271 | AMERICAN BENEFIT PLAN ADMINISTRATOR | 2200-B ROSSELLE ST. | JACKSONVILLE | FL | 32204 | 8004685126 | |
| 272 | ALLIANCE HEALTH BENEFIT PLAN | PO BOX 6443 | ROCKVILLE | MD | 20850 | 8003423289 | |
| 273 | CENTRAL BENEFITS USA (CENBEN USA) | PO BOX 619059 | DALLAS | TX | 85261 | 8007725924 | CODE ASSIGNED BY SCHA |
| 274 | CAPITAL DISTRICT PHYSICIANS PLAN | PO BOX 66602 | ALBANY | NY | 122066602 | 8009267526 | |
| 275 | AMERICAN TRUST ADMINISTRATORS | PO BOX 87 | SHAWNEE MISSION | KS | 66201 | 9134514900 | |
| 276 | PLAN HANDLERS | 930 CANTERBURY PLACE | ESCONDIDO | CA | 92025 | 8005385512 | |
| 277 | UNITED AMERICAN INSURANCE COMPANY | PO BOX 8080 | MCKINNEY | TX | 750708080 | 9725295085 | |
| 278 | ROCKY MOUNTAIN HEALTH PLAN | PO BOX 10600 | GRAND JUNCTION | CO | 81502 | 8008544558 | |
| 279 | UNITED INSURANCE COMPANY OF AMERICA | 1 E WACKER DR. | CHICAGO | IL | 60601 | 8007778467 | |
| 280 | CAREMARK PRESCRIPTION SERVICES | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8008415550 | USE CARRIER 471 |
| 281 | HEALTH NETWORK AMERICA/TRIVERIS | PO BOX 307 | EATONTOWN | NJ | 07724 | 8003371421 | CODE ASSIGNED BY SCHA |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|----------------------------|---------------|----|-----------|------------|--|
| 282 | WASHINGTON NATIONAL INSURANCE COMPANY | PO BOX 1934 | DES PLAINES | IL | 60017 | 8009470319 | |
| 283 | GUARDIAN HEALTHCARE | PO BOX 4197 | SCRANTON | PA | 77010 | 8668501256 | MEDICARE ADVANTAGE PLAN |
| 284 | AMERIHEALTH ADMINISTRATORS | 720 BLAIR RD. | HORSHAM | PA | 19044 | 8003454017 | |
| 285 | WOODMAN OF THE WORLD LIFE INSURANCE SOCIETY | 1700 FARNAM ST. | OMAHA | NE | 68102 | 8002253108 | |
| 286 | HEALTH EXCHANGE (TPA FOR CERNER HEALTH) | PO BOX 165750 | KANSAS CITY | MO | 64116 | 8002314015 | CODE IN OPEN STATUS BY SCHA |
| 287 | COMMUNITY HEALTH PLAN | PO BOX 14467 | CINCINNATI | OH | 45250 | 8888008717 | |
| 288 | FIRST ADMINISTRATORS, INC. | PO BOX 9900 | SIOUX CITY | IA | 51102 | 8002060827 | |
| 289 | AFTRA HEALTH FUND | 261 MADISON AVE. | NEW YORK | NY | 10016 | 8005624690 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 290 | FEDERATED MUTUAL INSURANCE COMPANY (REGIONAL) | PO BOX 31716 | TAMPA | FL | 336313716 | 8134968100 | |
| 291 | NALC HEALTH BENEFIT PLAN | 20547 WAVERLY CT. | ASHBURN | VA | 20149 | 7037294677 | |
| 292 | WELLMARK ADMINISTRATORS | PO BOX 9901 | SIOUX CITY | IO | 51102 | 8005265710 | |
| 293 | PARAMOUNT HEALTH CARE | PO BOX 497 | TOLEDO | OH | 43697 | 8888912564 | |
| 294 | BRIDGESTONE/FIRESTONE COMPANIES | PO BOX 26605 | AKRON | OH | 44319 | 8002378447 | |
| 295 | MEDICAL BENEFIT ADMINISTRATORS | 5940 SEMINOLE CENTER CT. | MADISON | WI | 53711 | 6082731776 | |
| 296 | RESERVE NATIONAL INSURANCE | PO BOX 26620 | OKLAHOMA CITY | OK | 73126 | 8006549106 | |
| 297 | AMALGAMATED LIFE INSURANCE | PO BOX 1451 | NEW YORK | NY | 101161451 | 2124735700 | |
| 298 | SMITH PREMIERE PHARMACY PLAN | PO BOX 5824 | SPARTANBURG | SC | 29304 | 8002474526 | |
| 299 | ALICARE | PO BOX 1447 | NEW YORK | NY | 10116 | 2125395115 | |
| 300 | BENEFIT ADMINISTRATORS, INC. | PO BOX 6279 | ERIE | PA | 16512 | 8007772524 | |
| 301 | BENEFIT PLAN ADMINISTRATORS | PO BOX 21392 | EAGEN | MN | 55121 | 8002778973 | |
| 302 | GOVERNMENT EMPLOYEE HOSP. ASSN (GEHA) | PO BOX 4665 | INDEPENDENCE | MO | 640514665 | 8162575500 | |
| 303 | PREFERRED HEALTH PLAN, INC. | PO BOX 24125 | LOUISVILLE | KY | 40224 | 5023397500 | |
| 304 | BUTLER BENEFIT SERVICE, INC. | PO BOX 3310 | DAVENPORT | IA | 528083310 | 8669272200 | |
| 305 | HEALTHSMART | PO BOX 91608 | LUBBOCK | TX | 79490 | 8668695597 | |
| 306 | UNION LABOR LIFE INSURANCE | 111 MASSACHUSETTS AVE., NW | WASHINGTON | DC | 20001 | 8004438087 | |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------|------------------|----|-----------|------------|--|
| 307 | STANDARD SECURITY LIFE INS. CO OF NEW YORK | PO BOX 828 | PARK RIDGE | IL | 60068 | 8665131479 | |
| 308 | GREAT WEST LIFE | PO BOX 188061 | CHATTANOOGA | TN | 374228061 | 8006638081 | GREAT WEST/CIGNA |
| 309 | AMERICAN ADMINISTRATIVE GROUP | PO BOX 5227 | LISLE | IL | 605325227 | 6304939252 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 310 | ADVANCED DATA SOLUTIONS | PO BOX 723097 | ATLANTA | GA | 31139 | 8007425246 | |
| 311 | BENEFIT PLANNERS, INC. | PO BOX 682010 | SAN ANTONIO | TX | 78269 | 2106991872 | |
| 312 | NATIONAL BENEFIT ADMINISTRATORS | PO BOX 690903 | CHARLOTTE | NC | 282277016 | 8004826736 | |
| 313 | GREAT WEST HEALTHCARE | 1000 GREAT WEST DR. | KENNETT | MO | 63857 | 8006638081 | |
| 314 | PHARMACY ADVANTAGE NETWORK | 50 LENNOX POINTE | ATLANTA | GA | 30324 | 8887275560 | SEE CARRIER 366 CATALYST RX |
| 315 | THOMAS COOPER AND COMPANY | PO BOX 63477 | NORTH CHARLESTON | SC | 29419 | 8437222115 | |
| 316 | PROFESSIONAL INSURANCE CORPORATION | 2610 WYCLIFF RD. | RALEIGH | NC | 27607 | 8002891122 | |
| 317 | EMPLOYEE BENEFITS MANAGEMENT CORPORATION | 4789 RINGS RD. | DUBLIN | OH | 43017 | 8005520455 | |
| 318 | KLAIS & COMPANY | 1867 WEST MARKET ST. | AKRON | OH | 443136977 | 3308678443 | |
| 319 | BENEFIT CONCEPTS | PO BOX 60608 | KING OF PRUSSIA | PA | 19406 | 8002202600 | |
| 320 | LAMAR LIFE INSURANCE COMPANY | PO BOX 880 | JACKSON | MS | 39201 | 6019493100 | |
| 321 | AMERICAN POSTAL WORKERS UNION HEALTH PLAN | PO BOX 188004 | CHATTANOOGA | TN | 37422 | 8002222798 | |
| 322 | TIME INSURANCE COMPANY | PO BOX 981602 | EL PASO | TX | 799980624 | 8005537654 | USE 386 ASSURANT HEALTH |
| 323 | LINCOLN HERITAGE LIFE INSURANCE CO | PO BOX 10843 | CLEARWATER | FL | 337578843 | 8885868810 | |
| 324 | HEALTH REIMBURSEMENT MANAGEMENT PARTNERSHIP | 5 HUTCHINSON DR. | DANVERS | MA | 01923 | 8889994767 | CODE IN OPEN STATUS BY SCHA |
| 325 | PERSONAL CARE | PO BOX 7141 | LONDON | KY | 40742 | 8004311211 | |
| 326 | PHYSICIANS HEALTH PLAN OF MID MICHIGAN | PO BOX 247 | ALPHARETTA | GA | 300090247 | 8008329186 | |
| 327 | MAIL HANDLERS BENEFIT PLAN | PO BOX 8402 | LONDON | KY | 40742 | 8004107778 | |
| 328 | PROVIDER SELECT, INC. | PO BOX 330070 | FORT WORTH | TX | 76163 | 8667747766 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 329 | SMITHFIELD FOODS HEALTHCARE | PO BOX 158 | SMITHFIELD | VA | 23431 | 8008095916 | |
| 330 | ANNUITY BOARD OF SOUTHERN BAPTIST CONVENTION | PO BOX 2190 | NASHVILLE | TN | 37234 | 2147200511 | |
| 331 | CONSECO HEALTH INS. CO | PO BOX 66904 | CHICAGO | IL | 606660904 | 8005412254 | |
| 332 | HEALTH PLANS, INC. | PO BOX 5199 | WESTBOROUGH | MA | 01581 | 8005327575 | |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|--|-----------------|----|-----------|------------|---|
| 333 | EXPRESS SCRIPTS | PO BOX 14713 | LEXINGTON | KY | 40512 | 8004516245 | |
| 334 | NATIONAL RURAL LETTER CARRIERS ASSOCIATION | 1750 PENNSYLVANIA AVE., NW | WASHINGTON | DC | 20006 | 8006388432 | |
| 335 | J.P. FARLEY CORP. | PO BOX 458022 | WESTLAKE | OH | 441468022 | 4402504300 | |
| 336 | CASEBP (CATSKILL AREA SCHOOLS EMPLOYEE PLAN) | PO BOX 968022 | SCHAUMBERG | IL | 60196 | 8009626294 | |
| 337 | BOARD OF PENSIONS OF THE PRESBYTERIAN CHURCH OF | PO BOX 13896 | PHILADELPHIA | PA | 19101 | 8007737752 | |
| 338 | PITTMAN & ASSOCIATES, INC. | PO BOX 111047 | MEMPHIS | TN | 38111 | 8002381344 | |
| 339 | CELTIC INDIVIDUAL HEALTH | PO BOX 33839 | INDIANAPOLIS | IN | 462030839 | 8004777870 | |
| 340 | UNITED HEALTHCARE PLAN OF RIVER VALLEY | 3800 23RD AVENUE OF THE CITIES, STE. 200 | MOLINE | IL | 61265 | 8002246602 | THIS COMPANY BOUGHT OUT JOHN DEERE INS. CO. 6/29/07 |
| 341 | ADMINISTRATIVE CONCEPTS, INC. | 994 OLD EAGLE SCHOOL RD., STE. 1005 | WAYNE | PA | 19087 | 8882939229 | |
| 342 | SUN LIFE INSURANCE COMPANY OF CANADA | ONE SUN LIFE EXECUTIVE PARK | WELLESLEY | MA | 02181 | 8002253950 | |
| 343 | GROUP BENEFITS ADMINISTRATORS | 70 GRAND AVE. | RIVEREDGE | NJ | 07661 | 2013433003 | |
| 344 | ALIA CLAIMS DEPARTMENT | PO BOX 9060 | PHOENIX | AZ | 850689060 | 8008825707 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 345 | EMPLOYEE BENEFIT SERVICES, INC. | PO BOX 1929 | FORT MILL | SC | 29716 | 8002421510 | |
| 346 | ADMINISTRATIVE SERVICES, INC. | 2187 NORTHLAKE PARKWAY STE. 106 BLD #9 | TUCKER | GA | 30084 | 7709343953 | |
| 347 | PREFERRED CARE, INC. (PCI) | 1300 VIRGINIA DR., STE. 315 | FORT WASHINGTON | PA | 19034 | 8002223085 | |
| 348 | FIRST AGENCY, INC. | 5071 WEST H AVE. | KALAMAZOO | MI | 490098501 | 2693816630 | THIS CODE ASSIGNED BY SCHA 8/28/07 |
| 349 | HEALTH PLAN SELECT | PO BOX 382767 | BIRMINGHAM | AL | 352382767 | 8002936260 | |
| 350 | NORTH AMERICA ADMINISTRATORS | PO BOX 1984 | NASHVILLE | TN | 37203 | 6152563561 | |
| 351 | FISERV | PO BOX 8077 | WAUSAU | WI | 544028077 | 8666848090 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 352 | FISERV HEALTH-COLORADO | PO BOX 720 | PUEBLO | CO | 810020720 | 8004468182 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 353 | ONE HEALTH PLAN OF SC | PO BOX 190019 | N CHARLESTON | SC | 29419 | 8003149010 | CODE ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--------------------------------------|------------------------------------|-------------------|----|-----------|------------|--|
| 354 | FIRST BENEFITS CORP | PO BOX 879 | ANDERSON | IN | 46015 | | CODE ASSIGNED BY SCHA |
| 355 | ACTIVA HEALTH GROUP | 4350 E. CAMELBACK RD. # 200 | PHOENIX | AZ | 85018 | 6024689500 | |
| 356 | UMR | PO BOX 2697 | WICHITA | KS | 67201 | 8008269781 | USE CODE 139 |
| 357 | HEALTH PLAN SERVICES | PO BOX 30298 | TAMPA | FL | 33630 | 8002377767 | |
| 358 | BAKERY & CONFECTIONERY UNION | 10401 CONNECTICUT AVE. STE. 300 | KENSINGTON | MD | 208953960 | 3014683742 | |
| 359 | NORTH CAROLINA MUTUAL LIFE INSURANCE | 411 W. CHAPEL HILL ST. | DURHAM | NC | 27701 | 9196829201 | |
| 360 | NEW ENGLAND FINANCIAL | PO BOX 190019 | N. CHARLESTON | SC | 29419 | 8004087681 | USE CARRIER 859 NEW ENGLAND GROUP TRUST |
| 361 | MDI GOVERNMENT HEALTH SERVICES | 822 HIGHWAY A1A NORTH STE. 310 | PONTE VEDRA BEACH | FL | 32082 | 8008416288 | CODE ASSIGNED BY SCHA |
| 362 | GUARDIAN HEALTHCARE | PO BOX 4197 | SCRANTON | PA | 18505 | 8668501253 | MEDICARE ADVANTAGE PLAN |
| 363 | PEARCE ADMINISTRATION | PO BOX 2437 | FLORENCE | SC | 29503 | 8886226001 | GM SOUTHWEST IS THE CLAIMS PROCESSOR FOR PEARCE ADMINISTRATION |
| 364 | CORESTAR | PO BOX 1195 | MINNEAPOLIS | MN | 55440 | 8004446965 | |
| 365 | GERBER CHILDRENS WEAR, INC. | PO BOX 2126 | GREENVILLE | SC | 29602 | 8649875200 | |
| 366 | CATALYSTRX | PO BOX 968022 | SCHAUMBERG | IL | 601968022 | 8009973784 | |
| 367 | LOOMIS INSURANCE COMPANY | PO BOX 7011 | WYOMISSING | PA | 196107011 | 8007820392 | |
| 368 | MED BENEFITS SYSTEM | PO BOX 177 | SOUTH BEND | IN | 46601 | 2192370560 | |
| 369 | AMERICAN INTERNATIONAL GROUP | PO BOX 25050 | WILMINGTON | DE | 19899 | 8004687077 | |
| 370 | DELTAHEALTH SYSTEMS | PO BOX 9554 | SALT LAKE | UT | 84109 | 8774740605 | WAS P5 HEALTH PLUS SOLUTIONS |
| 371 | ICON BENEFIT ADMINISTRATORS, INC. | PO BOX 53010 | LUBBOCK | TX | 794533070 | 8006589777 | |
| 372 | MEDIPLAN | 502 VALLEY RD. | WAYNE | NJ | 07410 | 9736963111 | |
| 373 | STATE FARM INSURANCE COMPANIES | 7401 CYPRESS GARDENS BLVD. | WINTER HAVEN | FL | 338880007 | 8633183000 | |
| 374 | STONEBRIDGE LIFE INSURANCE CO. | 2700 W. PLANO PARKWAY | PLANO | TX | 75075 | 8003319955 | |
| 375 | RESTAT | 11900 WESTLAKE PARK DR. | MILWAUKEE | WI | 53224 | 8009265858 | |
| 376 | TUFTS HEATH PLAN | PO BOX 9171 | WATERTOWN | MA | 024719171 | 8004620224 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|--------------------------------|----------------|----|-----------|------------|---|
| 377 | MERITAIN HEALTH | PO BOX 27267 | MINNEAPOLIS | MN | 554270267 | 8009252272 | WAS NORTH AMERICAN ADMINISTRATORS, INC. |
| 378 | SELF INSURERS SERVICE, INC. | 2218 SOUTH PRIEST DR. | TEMPE | AZ | 85282 | | |
| 379 | GOODYEAR TIRE & RUBBER COMPANY | PO BOX 677 DEPT. 609 | AKRON | OH | 44309 | 2167966531 | |
| 380 | BENCHMARK, INC. | PO BOX 16767 | JACKSON | MS | 39236 | 6013660596 | |
| 381 | PROVIDENT INDEMNITY LIFE INSURANCE COMPANY | PO BOX 511 | NORRISTOWN | PA | 19404 | 8005199175 | |
| 382 | HEALTH PLAN OF NEVADA | PO BOX 15645 | LAS VEGAS | NV | 891145615 | 8007771840 | MEDICARE ADVANTAGE PLAN |
| 383 | AMERICAN HEALTHCARE ALLIANCE | PO BOX 8530 | KANSAS CITY | MO | 641140530 | 8772840102 | |
| 384 | NORTH AMERICAN BENEFIT NETWORK | PO BOX 94928 | CLEVELAND | OH | 441014928 | 8003214085 | |
| 385 | POSTMASTERS BENEFIT PLAN | 1019 N. ROYAL ST. | ALEXANDRIA | VA | 22314 | 7036835585 | |
| 386 | ASSURANT HEALTH | PO BOX 624 | MILWAUKEE | WI | 532010624 | 8005537654 | WAS FORTIS INSURANCE COMPANY |
| 387 | HEALTHGRAM | PO BOX 11088 | CHARLOTTE | NC | 28220 | 8004465439 | HEALTHGRAM FORMERLY PRIMARY PHYSICIAN CARE |
| 388 | NATIONALWAY HEALTHCARE ASSOCIATES | PO BOX 682708 | HOUSTON | TX | 77268 | 8008107856 | |
| 389 | GROUP LINK | PO BOX 20593 | INDIANAPOLIS | IN | 46220 | 8003597408 | |
| 390 | BOARD OF PENSIONS EVANGELICAL LUTHERAN CHURCH | PO BOX 59093 | MINNEAPOLIS | MN | 554590093 | 6123337651 | |
| 391 | POMCO | PO BOX 6329 | SYRACUSE | NY | 13217 | 8002344393 | |
| 392 | SELF FUNDED GROUP INSURANCE ADMINISTRATORS | PO BOX 1719 | KALAMAZOO | MI | 490051790 | 8003421895 | |
| 393 | FOUNTAINHEAD ADMINISTRATORS, INC. | PO BOX 13188 | BIRMINGHAM | AL | 35202 | 8009919155 | |
| 394 | P5 HEALTH PLAN SOLUTIONS | PO BOX 9554 | SALT LAKE CITY | UT | 84109 | 8774740605 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 395 | PINNACLE CLAIMS MANAGEMENT, INC. | 1630 E SHAW AVE., STE. 190 | FRESNO | CA | 93710 | 8006499121 | CODE ASSIGNED BY SCHA |
| 396 | MACY'S HR SERVICES | PO BOX 850958 | RICHARDSON | TX | 75085 | 8003372363 | CODE ASSIGNED BY SCHA |
| 397 | PRIME THERAPEUTIC | PO BOX 25136 | LEHIGH VALLEY | PA | 18002 | 8886420447 | |
| 398 | RIGHT CHOICE BENEFITS ADMINISTRATORS | 12250 WEBER HILL RD., STE. 100 | ST. LOUIS | MO | 63127 | 8003659036 | CODE ASSIGNED BY SCHA |
| 399 | PACIFIC LIFE AND ANNUITY | PO BOX 34799 | PHOENIX | AZ | 85067 | 8007332285 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|------------------------------|-------------|----|-----------|------------|--|
| 400 | STATE EMPLOYEES HEALTH PLAN BLUE CROSS | 4101 PERCIVAL RD. | COLUMBIA | SC | 29219 | 8008682520 | CLAIMS SHOULD BE SENT TO THE ATTN OF SARAH TOWNES AX-B10 |
| 401 | BLUE CROSS AND BLUE SHIELD OF SC | PO BOX 100300 | COLUMBIA | SC | 29202 | 8037883860 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. STREET ADDRESS 4101 Percival RD. COLA 29219 |
| 402 | FEDERAL EMPLOYEE PLAN BLUE CROSS | I-20 AT ALPINE RD. | COLUMBIA | SC | 29260 | 8037883860 | |
| 403 | BLUE CHOICE/MEDICAID | PO BOX 6170 | COLUMBIA | SC | 29260 | 8772753256 | MEDICAID HMO |
| 404 | BOB JONES UNIVERSITY | 1700 WADE HAMPTON BLVD. | GREENVILLE | SC | 29614 | 8643701800 | |
| 405 | MARSH(INSURANCE TRUST PLAN-DELTA RETIREES) | PO BOX 10432 | DES MOINES | IA | 503060432 | 8773257265 | CODE ASSIGNED BY SCHA |
| 406 | RURAL CARRIER BENEFIT PLAN | PO BOX 7404 | LONDON | KY | 40742 | 8006388432 | |
| 407 | CINERGY HEALTH INS. | 1844 N. NOB HILL RD. #623 | PLANTATION | FL | 33322 | 8008471148 | |
| 408 | LIFE INVESTORS INSURANCE COMPANY OF AMERICA | PO BOX 8043 | LITTLE ROCK | AR | 72203 | 5013760426 | AKA AEGON |
| 409 | UPSTATE ADMINISTRATIVE SERVICES | PO BOX 6589 | SYRACUSE | NY | 132176589 | 3154221533 | |
| 410 | SAFECO INSURANCE COMPANY | PO BOX 34699 | REDMOND | WA | 981241699 | 2068678000 | |
| 411 | INTERPLAN HEALTH GROUP | PO BOX 90613 | ARLINGTON | TX | 76006 | 8665114757 | CODE ASSIGNED BY SCHA |
| 412 | CONNECTICARE | PO BOX 546 | FARRINGTON | CT | 06034 | 8002517722 | |
| 413 | ALLIED BENEFITS SYSTEM | PO BOX 909786-60690 | CHICAGO | IL | 606909786 | 8002882078 | |
| 414 | NATIONAL TELEPHONE COOP. ASSN. | 1 WEST PACK SQUARE, STE. 600 | ASHEVILLE | NC | 28801 | 8282529776 | |
| 415 | WEYCO, INC. | PO BOX 30132 | LANSING | MI | 48909 | 5173497010 | |
| 416 | COMPANION BENEFIT ALTERNATIVES | PO BOX 100185 | COLUMBIA | SC | 29202 | 8008681032 | THIS CARRIER ASSIGNED BY SCHA NOT REQUESTED OR USED BY DHHS. |
| 417 | JULY PRODUCTS | 5 GATEWAY CENTER STE 60 | PITTSBURG | PA | 15222 | 8669008322 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 418 | GUARDIAN INSURANCE COMPANY | PO BOX 8007 | APPLETON | WI | 549128007 | 8006854542 | CODE ASSIGNED BY SCHA |
| 419 | GEORGIA STATE HEALTH BENEFIT PLAN | PO BOX 38151 | ATLANTA | GA | 30334 | 8006266402 | |
| 420 | CUNA MUTUAL INSURANCE GROUP | PO BOX 391 | MADISON | WI | 53701 | 6082385851 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------|----------------|----|-----------|------------|---|
| 421 | UNITED FOOD & COMMERCIAL WORKER HEALTH&WELFARE | 911 RIDGEBROOK RD. | SPARKS | MD | 211529451 | 8006382972 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 432 | M-PLAN CARDINAL HEALTH | PO BOX 357 | LINTHICUM | MD | 210900357 | 8006752605 | CODE ASSIGNED BY SCHA |
| 433 | COMPANION LIFE | PO BOX 100102 | COLUMBIA | SC | 29202 | 8037880500 | |
| 434 | PIEDMONT HEALTH ALLIANCE | 116 BONHAM CT. | ANDERSON | SC | 29621 | 8643759661 | |
| 435 | SEABURY AND SMITH COMPANY, INC. | PO BOX 2545 | NASHVILLE | TN | 37219 | 8005822498 | |
| 436 | DAVIS-GARVIN AGENCY | #1 FERNANDINA CT. | COLUMBIA | SC | 29212 | 8037320060 | |
| 437 | NEW ERA LIFE INSURANCE CO | PO BOX 4884 | HOUSTON | TX | 772104884 | 2813687200 | |
| 438 | MAMSI LIFE AND HEALTH INSURANCE CO | PO BOX 993 | FREDERICK | MD | 21705 | 8002576458 | |
| 439 | UNION SECURITY INSURANCE CO | PO BOX 981602 | EL PASO | TX | 79998 | 8004446254 | USE 386 ASSURANT HEALTH |
| 440 | HEALTHNET | PO BOX 14702 | LEXINGTON | KY | 40512 | 8006417761 | |
| 441 | FEDERAL MOGUL HEALTHCARE | PO BOX 1999 | DETROIT | MI | 48235 | 8005220041 | |
| 442 | GE LIFE & ANNUITY ASSURANCE CO. | PO BOX 6700 | LYNCHBURG | VA | 24505 | 8002530856 | |
| 443 | COVENTRY HEALTHCARE OF KANSAS | PO BOX 7109 | LONDON | KY | 39026 | 8667858077 | CODE ASSIGNED BY SCHA |
| 444 | NATIONAL DISASTER MEDICAL SYSTEM | | | | | | |
| 445 | CAROLINA CARE PLAN/MEDICAL MUTUAL INS. CO. OF OHIO | PO BOX 6018 | CLEVELAND | OH | 441011018 | 8003153143 | ALSO KNOWN AS SUPERMED ANOTHER PHONE # 800-232-3143 |
| 446 | EMPLOYEE BENEFIT SERVICES | PO BOX 9888 | SAVANNAH | GA | 314120088 | 8035778051 | USE CODE 345 EMPLOYEE BENEFIT SERVICES |
| 447 | HEALTH NET | PO BOX 14700 | LEXINGTON | KY | 405125225 | 9004387886 | MEDICARE ADVANTAGE PLAN |
| 448 | ASSURANT HEALTH INSURANCE | PO BOX 42033 | HAZELWOOD | MD | 63042 | 8005537654 | CODE ASSIGNED BY SCHA |
| 449 | UNITED SERVICE ASSO. FOR HEALTHCARE | PO BOX 6080-288 | MISSION VAIEJO | CA | 926906080 | 8008721187 | CODE ASSIGNED BY SCHA |
| 450 | DESERET SECURE | PO BOX 45530 | SALT LAKE CITY | UT | 841450530 | 8772200110 | MEDICARE ADVANTAGE PLAN |
| 451 | ASSURECARE RISK MANAGEMENT | 340 QUADRANGLE BLVD. | BOLINGBROOK | IL | 60440 | 8007597422 | |
| 452 | CIGNA INTERNATIONAL EXPATRIATE BENEFITS | PO BOX 15050 | WILMINGTON | DE | 19850 | 8004412668 | |
| 453 | BLUE CROSS ANTHEM MEDICARE ADVANTAGE | 2100 CORPORATE CENTER | NEWBURY PARK | CA | 913201431 | 8006762583 | MEDICARE ADVANTAGE PLAN |
| 454 | INTERNATIONAL UNION OF OPERATING ENGINEERS | 166 WEST KELLY ST. | METUCHEN | NJ | 08840 | 9085486662 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------------|----------------|----|-----------|------------|------------------------------|
| 455 | ALASKA TEAMSTER TRUST | 520 E 34TH AVE., STE. 107 | ANCHORAGE | AK | 995034116 | 8004784450 | CODE ASSIGNED BY SCHA |
| 456 | FIRST HEALTH (A COVENTRY HEALTH CARE CO) | PO BOX 21680 | EAGAN | MN | 551210680 | 8664775465 | |
| 457 | COMMERICAL TRAVELERS | 70 GENESSE ST. | UTICA | NY | 13502 | 8007563702 | CODE ASSIGNED BY SCHA |
| 458 | ASSOCIATION BENEFIT PLAN (MEDICARE) | PO BOX 668587 | CHARLOTTE | NC | 282668587 | 8006340069 | CODE ASSIGNED BY SCHA |
| 459 | GLASS MOTORS & PLASTIC (GMPA) | 5245 BIG PINE WAY, SE 33907 | FORT MYERS | FL | 33907 | 8139366242 | |
| 460 | MORRIS ASSOCIATES | PO BOX 50440 | INDIANAPOLIS | IN | 462500440 | 3175549000 | |
| 461 | EVERCARE | PO BOX 31350 | SALT LAKE CITY | UT | 841310350 | 8888668298 | MEDICARE ADVANTAGE PLAN |
| 462 | 1ST MEDICAL NETWORK | PO BOX 724317 | ATLANTA | GA | 31139 | 8889806676 | CODE ASSIGNED BY SCHA |
| 463 | TIM BAR CORP | PO BOX 449 | HANOVER | PA | 17331 | 7176324727 | |
| 464 | INTERNATIONAL MEDICAL GROUP | 407 N. FULTON ST. | INDIANAPOLIS | IN | 46202 | 8006284664 | |
| 465 | INTER CARE BENEFIT SYSTEMS | PO BOX 3559 | ENGLEWOOD | CO | 801553559 | 3037705710 | |
| 466 | VALUE RX | PO BOX 421150 | PLYMOUTH | MN | 554420150 | 8009554879 | USE CODE 333 EXPRESS SCRIPTS |
| 467 | FIRSERV HEALTH | PO BOX 182173 | COLUMBUS | OH | 432182173 | 8008482664 | USE CODE 139 |
| 468 | PHOENIX HEALTHCARE | PO BOX 150809 | ARLINGTON | TX | 76015 | 8003976241 | |
| 469 | AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP) | PO BOX 740819 | ATLANTA | GA | 30374 | 8005235880 | |
| 470 | YODER BROTHERS | 1001 LEBANON RD. | PENDLETON | SC | 29670 | 8646468331 | |
| 471 | CAREMARK | PO BOX 52195 | PHOENIX | AZ | 850722195 | 8003030187 | |
| 472 | NATIONAL HEALTH CARE HEALTH BENEFITS PLAN (NHC) | PO BOX 1398 | MURFREESBORO | TN | 371331398 | 6158902020 | |
| 473 | INTERNATIONAL MISSION BOARD (IMB) | PO BOX 6767 | RICHMOND | VA | 232300767 | 8042191585 | CODE ASSIGNED BY SCHA |
| 474 | DIVERSIFIED PHARMACEUTICAL | PO BOX 169052 | DULUTH | MN | 55816 | 8002338065 | USE CODE 333 EXPRESS SCRIPTS |
| 475 | BENEFIT ASSISTANCE CORP. | PO BOX 950 | HURRICANE | WV | 25526 | 3045621913 | |
| 476 | CENTRAL STATES, SOUTHEAST & SOUTHWEST | PO BOX 5116 | DES PLAINES | IL | 60017 | 8003235000 | |
| 477 | MEGA LIFE AND HEALTH INSURANCE COMPANY | PO BOX 981606 | EL PASO | TX | 79998 | 8005272845 | |
| 478 | SMITH ADMINISTRATORS | PO BOX 163289 | FORT WORTH | TX | 76161 | 8008672582 | |
| 479 | PRIMEXTRA | PO BOX 1088 | TWINSBURG | OH | 44087 | 8004334893 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---------------------------------------|----------------------------------|---------------|----|-----------|------------|--|
| 480 | COVENTRY HEALTH CARE OF THE CAROLINAS | PO BOX 7715 | LONDON | KY | 40742 | 8008891947 | COVENTRY HEALTH CARE IS PARENT CO. OF SOUTHERN HEALTH AND WELLPATH |
| 481 | BENOVIATION | 3481 CENTRAL PARKWAY, STE. 200 | CINCINNATI | OH | 45223 | 8006816912 | CODE ASSIGNED BY SCHA |
| 482 | COVENTRY HEALTHCARE OF GEORGIA | PO BOX 7711 | LONDON | KY | 40742 | 8667321017 | |
| 483 | COOPERATIVE BENEFITS ADMINISTRATORS | PO BOX 6249 | LINCOLN | NE | 68506 | 4024839250 | |
| 484 | INTEGRITY BENEFITS NETWORK | PO BOX 4537 | MARIETTA | GA | 30061 | 7704281604 | |
| 485 | PROVIDENT HEALTH PLAN | PO BOX 3125 | PORTLAND | OR | 972083125 | 8006283912 | CODE ASSIGNED BY SCHA |
| 486 | PREFERRED CARE | PO BOX 22920 | ROCHESTER | NY | 146922920 | 8009993920 | MEDICARE ADVANTAGE PLAN |
| 487 | PIEDMONT INS COMPANY | PO BOX 979 | MARION | SC | 29571 | 8434235541 | |
| 488 | AMERICAN BENEFITS MANAGEMENT | 8310 PORT JACKSON AVE. NORTHWEST | NORTH CANTON | OH | 44720 | 3309665500 | |
| 489 | SAVRX | PO BOX 8 | FREEMONT | NE | 68026 | 8003506714 | |
| 490 | SHEET METAL LOCAL 20 | PO BOX 42489 | INDIANAPOLIS | IN | 43242 | 8002482141 | CODE ASSIGNED BY SCHA |
| 491 | VISION SERVICE PLAN | PO BOX 997100 | SACRAMENTO | CA | 958997100 | 8006227444 | |
| 492 | LT11-LIFETRAC NETWORK | 111100 WAYZATA BLVD. | MINNEAPOLIS | MN | 55305 | | CODE ASSIGNED BY SCHA |
| 493 | UNITED TEACHERS ASSOCIATION | PO BOX 30010 | AUSTIN | TX | 787553010 | 8668808824 | |
| 494 | AVESIS PHARMACY NETWORK | 3724 N 3RD ST., STE. 300 | PHOENIX | AZ | 85012 | 6022413400 | |
| 495 | NATIONAL PRESCRIPTION ADMINISTRATORS | PO BOX 1981 | EAST HANOVER | NJ | 079361981 | 8005226727 | BOUGHT OUT BY EXPRESS SCRIPTS CC333 |
| 496 | AMERICAN VETERINARIAN MEDICINE ASSN. | PO BOX 909720 | CHICAGO | IL | 606049720 | 8006216360 | |
| 497 | TEXAS INTERNATIONAL | PO BOX 11007 | WINSTON-SALEM | NC | 27116 | 8663074711 | |
| 498 | CAROLINA BENEFIT ADMINISTRATORS | PO BOX 3257 | SPARTANBURG | SC | 29304 | 8645736937 | |
| 499 | EMPLOYEE BENEFIT CONSULTANTS | PO BOX 928 | FINDLAY | OH | 45839 | 8005587798 | |
| 500 | DELTA DENTAL | PO BOX 1809 | ALPHARETTA | GA | 30023 | 8005212651 | |
| 501 | UNION FIDELITY INSURANCE COMPANY | 4850 ST. RD. | TREVOSE | PA | 19049- | 8005236599 | |
| 502 | HIP HEALTH PLAN | PO BOX 2803 | NEW YORK | NY | 101162803 | 8004478255 | MEDICARE ADVANTAGE PLAN |
| 503 | AMERICAN SPECIAL RISK MANAGEMENT | 509 SOUTH LENOLA RD., BLDG. TWO | MOORESTOWN | NJ | 08057 | 8003597475 | |
| 504 | M CARE | PO BOX 130799 | ANN ARBOR | MI | 481130779 | 2156578920 | CODE IN OPEN STATUS BY SCHA |
| 505 | ASSOCIATED ADMINISTRATORS | PO BOX 27806 | BALTIMORE | MD | 212857806 | 8006382972 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------------|----------------|----|-----------|------------|---|
| 506 | EMPLOYEE BENEFIT PLAN ADMINISTRATORS | PO BOX 2000 | EXETER | NH | 03833 | 8002587298 | |
| 507 | CENTRAL STATES HEALTH & LIFE CO. OF OMAHA | PO BOX 34350 | OMAHA | NE | 68134 | 4023971111 | |
| 508 | GROUP HEALTH, INC. /EMBLEM HEALTH COMPANY | PO BOX 3000 | NEW YORK | NY | 101163000 | 2125014444 | |
| 509 | EQUITABLE LIFE AND CASUALTY | PO BOX 2460 | SALT LAKE CITY | UT | 84110 | 8003525150 | |
| 510 | EQUITABLE PLAN SERVICES | PO BOX 720460 | OKLAHOMA | OK | 73172 | 8007492631 | |
| 511 | CIGNA BEHAVIORAL HEALTH | PO BOX 188022 | CHATTANOOGA | TN | 37422 | 8003364091 | |
| 512 | ST11-STRATEGIC HEALTH | 9501 NE 2ND AVE. | MIAMI SHORES | FL | 33138 | | CODE ASSIGNED BY SCHA |
| 513 | VALUE OPTIONS | PO BOX 1850 | HICKSVILLE | NY | 118021850 | 8002880882 | |
| 514 | JLT SERVICES (TPA FOR NY LIFE) | PO BOX 1511 | LATHAM | NY | 12110 | 8007933773 | NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 515 | LIFE OF THE SOUTH INSURANCE COMPANY | PO BOX 45237 | JACKSONVILLE | FL | 32232 | 8006616385 | THIS CODE ASSIGNED BY SCHA NOT A MEDICAID REQUEST |
| 516 | DIRECT REIMBURSEMENT BENEFIT PLANS | 1111 ALDERMAN DR., STE. 420 | ALPHARETTA | GA | 30202 | 7706645594 | |
| 517 | UNIFORM MEDICAL PLAN | PO BOX 34850 | SEATTLE | WA | 98124 | 8007626004 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 518 | NAT'L ASBESTOS WORKERS MED FUND | PO BOX 188004 | CHATTANOOGA | TN | 37422 | 8003863632 | |
| 519 | HEALTHSORE ADMINISTRATORS | PO BOX 382617 | BIRMINGHAM | AL | 35238 | 8778939294 | |
| 520 | NEW JERSEY CARPENTERS | PO BOX 7818 | EDISON | NJ | 088180846 | 8006243096 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 521 | ALLIANCE PPO, INC. | PO BOX 934 | FREDERICK | MD | 21705 | 8002350123 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 522 | NATIONAL AUTOMATIC SPRINKLER INDUSTRY | 800 CORPORATE DR. | LANDOVER | MD | 20785 | 3015771700 | |
| 523 | APA PARTNERS, INC. | PO BOX 1506 | LATHAM | NY | 121108006 | 8008333650 | |
| 524 | HEALTHFIRST | PO BOX 130217 | TYLER | TX | 75713 | 8004778957 | CODE ASSIGNED BY SCHA TPA |
| 525 | CONSECO MEDICAL INSURANCE CO. | PO BOX 1205 | ROCKFORD | IL | 61105 | 8009470319 | USE CODE 282 WASHINGTON NATIONAL |

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CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-------------------------------------|----------------|----|-----------|------------|---|
| 526 | AULTCARE | PO BOX 6910 | CANTON | OH | 44706 | 8003448858 | |
| 528 | KAISER PERMANENTE | PO BOX 190849 | ATLANTA | GA | 31119 | 8006111811 | MEDICARE ADVANTAGE PLAN |
| 529 | ANTHEM HEALTH | 3575 KROGER BLVD., STE. 400 | DULUTH | GA | 30316 | 8008881966 | |
| 530 | UNIVERSAL BENEFITS CORPORATION | PO BOX 97 | SCRANTON | PA | 185040097 | 8007470622 | CODE ASSIGNED BY SCHA |
| 531 | MARY BLACK HEALTHNETWORK | 1690 SKYLYNDR., | SPARTANBURG | SC | 29307 | 8645733535 | |
| 532 | AMERICAN MEDICAL SECURITY | PO BOX 19032 | GREEN BAY | WI | 543079032 | 8002325432 | |
| 533 | PHYSICIANS CARE NETWORK | PO BOX 101111 | COLUMBIA | SC | 292111111 | 8883239271 | |
| 534 | PROVANTAGE PRESCRIPTION BENEFIT MANAGEMENT SERVICE | PO BOX 1662 | WAUKEHA | WI | 53187 | 2627844600 | |
| 535 | CHP DIRECT/SUPERMED | PO BOX 94648 | CLEVELAND | OH | 441014648 | 8007731445 | |
| 536 | CLAIMSWARE MANAGEMED | PO BOX 6125 | GREENVILLE | SC | 29606 | 8642348200 | |
| 537 | KAISER PERMANENTE-OHIO REGION | PO BOX 5316-9774 | CLEVELAND | OH | 441010316 | 8006348816 | CODE ASSIGNED BY SCHA |
| 538 | PENN GENERAL SERVICES | PO BOX 72077 | ATLANTA | GA | 303581535 | 8004441535 | CODE ASSIGNED BY SCHA |
| 539 | MEDICAL MUTUAL INSURANCE OF OHIO | PO BOX 94648 | CLEVELAND | OH | 44101 | 8003621279 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 540 | LIBERTY NATIONAL LIFE INSURANCE COMPANY | PO BOX 2612 | BIRMINGHAM | AL | 35202 | 2053252722 | |
| 541 | CHILDRENS REHAB SERVICES | PO BOX 4217 | SPARTANBURG | SC | 293054217 | 8645962227 | CODE ASSIGNED BY SCHA |
| 542 | THIRD PARTY ADMINISTRATORS/AMERICAN BENEFIT | 1733 PARK ST. | NAPERVILLE | IL | 60563 | 8006315917 | |
| 543 | ACHA/CAREINGTON INTERNATIONAL CORP | PO BOX 2568 | FRISCO | TX | 75034 | 8002900523 | CODE ASSIGNED BY SCHA |
| 545 | MOLINA HEALTHCARE OF OHIO | PO BOX 22712 | LONG BEACH | CA | 90801 | 8006424148 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 546 | RISK MANAGEMENT SERVICES | PO BOX 6309 | SYRACUSE | NY | 13217 | 3154489000 | |
| 547 | HARRINGTON HEALTH | PO BOX 30544 | SALT LAKE CITY | UT | 841300544 | 8777370769 | |
| 548 | COMPBENEFITS INSURANCE CO. | PO BOX 804483 | CHICAGO | IL | 606804106 | 8005940977 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 549 | WAL-MART STORES GROUP HEALTH PLAN | 922 W. WALNUT STE. A | ROGERS | AR | 72756 320 | 5016212929 | USE CODE 401 BLUE CROSS BLUE SHIELD OF SC |
| 550 | EMPLOYEE SECURITY, INC. | 7125 THOMAS EDISON DR., STE. 105 | COLUMBIA | MD | 21046 | 8006381134 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------------|-------------------|----|-----------|------------|---|
| 551 | COOPERATIVE MANAGED CARE SERVICES LLC | PO BOX 502530 | INDIANAPOLIS | IN | 46250 | 8668734516 | CODE IN OPEN STATUS BY SCHA |
| 552 | CORESOURCE, INC. | PO BOX 2920 | CLINTON | IA | 52733 | 8003275462 | |
| 553 | HEALTHSCOPE BENEFITS, INC.. | PO BOX 99005 | LUBBOCK | TX | 79490 | 8883736102 | |
| 554 | DIAMOND G EMPLOYEE BENEFIT TRUST | PO BOX 1298 | GREENVILLE | TN | 37744 | 4236396145 | |
| 555 | PHILADELPHIA AMERICAN LIFE INSURANCE CO | PO BOX 4884 | HOUSTON | TX | 772104882 | 8005527879 | CODE ASSIGNED BY SCHA |
| 556 | UNIFIED GROUP SERVICES | PO BOX 10 | PENDLETON | IN | 46064 | 7657781535 | |
| 557 | AMERICORP INS. CO | PO BOX 3430 | CARMEL | IN | 46082 | 8666994186 | |
| 558 | NATIONAL TRAVELERS LIFE INS. CO. | PO BOX 9197 | DES MOINES | IA | 50306 | 8002325818 | INACTIVE 8/02 |
| 559 | CAROLINA HOSPITAL SYSTEMS BENEFIT PLAN | PO BOX 100569 | FLORENCE | SC | 295010659 | 8436613875 | |
| 560 | ALLEN MEDICAL CLAIMS ADMINISTRATORS | PO BOX 978 | FT. VALLEY | GA | 310300978 | 8008255406 | |
| 561 | PHOENIX MUTUAL LIFE INSURANCE COMPANY | ONE AMERICAN ROW | HARTFORD | CT | 06115 | 8004512513 | THIS CARRIER PURCHASED BY CC864 GE GROUP ADMINISTRATORS |
| 562 | HEALTH CLAIMS SERVICES, INC. | PO BOX 9615 | DEERFIELD BEACH | FL | 33442 | 8002223560 | |
| 563 | ADMINISTRATIVE SERVICE CONSULTANTS | 3301 E ROYALTON RD. BLDG. D | BROADVIEW HEIGHTS | OH | 44147 | | |
| 564 | MULTINATIONAL UNDERWRITERS | PO BOX 863 | INDIANAPOLIS | IN | 46206 | 8006052282 | CODE ASSIGNED BY SCHA |
| 565 | UNITED BENEFITS | PO BOX 2480 | DAYTONA BEACH | FL | 321152480 | 8004344890 | WAS POE & BROWN |
| 566 | UNIFIED GROUP SERVICES | PO BOX 10 | PENDLETON | IN | 46064 | 7657781535 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 567 | EASTERN BENEFIT SYSTEMS | 200 FREEWAY DR. E | EAST ORANGE | NJ | 07018 | 8005240227 | |
| 568 | SIMPLIFI | PO BOX 922043 | HOUSTON | TX | 772922043 | 8884465710 | FORMERLY CBCA ADMINISTRATORS |
| 569 | MARYLAND PHYSICIANS CARE | PO BOX 61778 | PHOENIX | AZ | 85082 | 8009538854 | CODE IN OPEN STATUS BY SCHA |
| 570 | SAMBA HEALTH BENEFIT PLAN | 11301 OLD GEORGETOWN RD. | ROCKVILLE | MD | 20852 | 8006386589 | |
| 571 | CORESOURCE, INC. | PO BOX 8215 | LITTLE ROCK | AR | 722218215 | 8886049397 | CODE IN OPEN STATUS BY SCHA |
| 572 | CATAMARAN | PO BOX 29044 | HOT SPRINGS | AR | 71093 | 8778398119 | FORMERLY HEALTH TRANS |
| 573 | ST JOHN'S CLAIMS ADMINISTRATION | PO BOX 14409 | SPRINGFIELD | MO | 65814 | 8778757700 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---|----------------|----|-----------|------------|---|
| 574 | CITY OF AMARILLO GROUP HEALTH | PO BOX 15130 | AMARILLO | TX | 79105 | 8063784235 | CODE IN OPEN STATUS BY SCHA |
| 575 | WISCONSIN ELECTRICAL EMPLOYEES | PO BOX 2430 | BROOKFIELD | WI | 53008 | 6082769111 | CODE IN OPEN STATUS BY SCHA |
| 576 | SIOUX VALLEY HEALTH | PO BOX 91110 | SIOUX FALLS | SD | 57109 | 8007525863 | |
| 577 | HEALTHMARKETS CARE ASSURED | PO BOX 69349 | HARRISBURG | PA | 17110 | 8772195460 | CODE ASSIGNED BY SCHA |
| 578 | PROFESSIONAL ADMINISTRATORS, INC. | 3751 MAGUIRE BLVD., STE. 100 | ORLANDO | FL | 32814 | 8007410521 | |
| 579 | ANTHEM PRESCRIPTION MANAGEMENT | PO BOX 145433 | CINCINNATI | OH | 45250 | 8006620210 | USE CARRIER A24 |
| 580 | WORLD INSURANCE COMPANY | PO BOX 3160 | OMAHA | NE | 681030160 | 4024968000 | |
| 581 | ALTA RX | PO BOX 30081 | SALT LAKE CITY | UT | 84130 | 8009985033 | |
| 582 | USAA GENERAL INDEMNITY CO. | PO BOX 15506 | SACRAMENTO | CA | 958521506 | 8005318222 | |
| 583 | ONE NATION BENEFIT ADMINISTRATORS | PO BOX 528 | COLUMBUS | OH | 43216 | 8008246796 | NAME CHANGE WAS ANTHEM BENEFIT ADMINISTRATORS |
| 584 | UNITED HEALTH ONE | PO BOX 31374 | SALT LAKE CITY | UT | 841310374 | 8006578205 | FORMALLY GOLDEN RULE |
| 585 | PLUMBERS & STEAMFITTERS WELFARE FUND | 1024 MCKINLEY ST. | PEEKSILL | NY | 10566 | 9147377220 | |
| 586 | MCA ADMINISTRATORS (MANAGED CARE OF AMERICA) | MANOR OAK TWO, STE 605 1910 COCHRAN RD. | PITTSBURGH | PA | 15220 | 4129220780 | WAS DIVERSIFIED GROUP ADMINISTRATORS |
| 587 | FUTURE SCRIPTS | PO BOX 419019 | KANSAS CITY | MO | 64141 | 8886787012 | |
| 588 | AUTOMATED BENEFIT SERVICES, INC. | PO BOX 321223 | DETROIT | MI | 482321223 | 8002751896 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 589 | POLY AMERICA LP | 2000 W MARSHALL DR. | GRAND PRAIRIE | TX | 75051 | 8007855301 | CODE IN OPEN STATUS BY SCHA |
| 590 | PHYSICIANS HEALTH SERVICES | PO BOX 981 | BRIDGEPORT | CT | 06601 | 8008484747 | |
| 591 | OLD AMERICAN INSURANCE COMPANY | PO BOX 418573 | KANSAS CITY | MO | 64141 | 8167534900 | |
| 592 | CONTEC | 525 LOCUS GROVE RD. | SPARTANBURG | SC | 29303 | 8645038333 | CODE ASSIGNED BY SCHA |
| 593 | MUTUAL ASSURANCE ADMINISTRATORS, INC. | PO BOX 42096 | OKLAHOMA CITY | OK | 73123 | 8006489652 | |
| 594 | NORWEST FINANCIAL | 206 EIGHTH ST. | DES MOINES | IA | 50309 | 5152432131 | CODE ASSIGNED BY SCHA |
| 595 | AFLAC-AMERICAN FAMILY LIFE ASSO CO | 1932 WYNNTON RD. | COLUMBUS | GA | 31999 | 8009923522 | |
| 596 | SECURE HORIZONS | PO BOX 659787 | SAN ANTONIO | TX | 782659787 | 8665798811 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--------------------------|----------------|----|-----------|------------|--|
| 597 | MONARCH DIRECT | PO BOX 9004 | SPRINGFIELD | MA | 01101 | 8006289000 | |
| 598 | WJB DORN VA MEDICAL CENTER | 6439 GARNERS FERRY RD. | COLUMBIA | SC | 292091639 | 8037764000 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 599 | NATIONAL ELEVATOR INDUSTRY HEALTH BENEFITS | PO BOX 477 | NEWTOWN SQUARE | PA | 190730477 | 8005234702 | |
| 603 | OTHER INDIGENT (HOSPITAL CHARITY) | | | SC | | | |
| 604 | CHAMPVA | PO BOX 469064 | DENVER | CO | 80246 | 3033317599 | |
| 606 | VOCA.REHAB GENERAL | | | | | | |
| 607 | WPS TRICARE FOR LIFE | PO BOX 7889 | MADISON | WI | 537077889 | 8667730404 | |
| 608 | VOCATIONAL REHAB DISABILITY | | | | | | |
| 609 | COMM FOR BLIND | | | | | | |
| 610 | DHEC CANCER | | | | | | |
| 611 | DHEC C. CHILDREN | | | | | | |
| 612 | DHEC LOW RISK MATERNITY | | | | | | |
| 613 | DHEC HIGH RISK MATERNITY | | | | | | |
| 614 | TRICARE WEST | PO. BOX 202112 | FLORENCE | SC | 295022112 | 8004033950 | INTERNET WWW.TRICARE-WEST.COM |
| 615 | DHEC STERILIZATION | | | | | | |
| 616 | MEDICAID-OUT-OF-STATE | | | | | | |
| 617 | MEDICARE RAILROAD (PGBA) PROFESSIONAL PART B | PO BOX 10066 | AUGUSTA | GA | 30999 | 8772887600 | |
| 618 | MEDICARE PART A | | | | | | |
| 619 | MEDICAID, SC | | | | | | |
| 620 | MEDICARE PART B ONLY | | | | | | |
| 621 | DEPT CORRECTIONS | | | | | | |
| 622 | WORKMEN'S COMP | | | | | | |
| 623 | CAROLINA MEDICARE PRIME HMO | 201 EXECUTIVE CENTER DR. | COLUMBIA | SC | 29210 | 8037507473 | MEDICARE ADVANTAGE PLAN |
| 624 | OTHER SPONSOR | | | | | | |
| 625 | DHEC MIGRANT HEALTH | | | | | | |
| 626 | DHEC SICKLE CELL | | | | | | |
| 627 | DHEC HEART | | | | | | |
| 628 | DHEC HEMOPHILIA | | | | | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|------------------------------|-------------------------------|-------------|----|-----------|------------|------------------------------|
| 629 | DHEC FAMILY PLANNING | | | | | | |
| 630 | DHEC TB | | | | | | |
| 631 | SHRINERS | | | | | | |
| 632 | CRIME VICTIMS | | | | | | |
| 633 | VETERANS ADMINISTRATION | | | | | | |
| 635 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | 4023427600 | MEDICARE INTERMEDIARY PART A |
| 636 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | | MEDICARE INTERMEDIARY PART B |
| 637 | SELECT HEALTH/FIRST CHOICE | PO BOX 7120 | LONDON | KY | 40742 | 8882762020 | MEDICAID HMO |
| 638 | UNISON HEALTH PLAN HMO | 250 BERRYHILL RD. | COLUMBIA | SC | 29210 | 8037985852 | MEDICAID HMO |
| 639 | HEALTHFIRST HMO | 255 ENTERPRISE BLVD., STE. 20 | GREENVILLE | SC | 29615 | 8644551100 | MEDICAID HMO |
| 642 | TRICARE FOR LIFE | PO BOX 7890 | MADISON | WI | 537077890 | 8667730404 | |
| 643 | BCBS OF TENNESSEE | 730 CHESTNUT ST. | CHATTANOOGA | TN | 37402 | 8772966189 | MEDICARE INTERMEDIARY |
| 644 | BCBS OF GEORGIA | PO BOX 9907 | COLUMBUS | GA | 31908 | 8004412273 | MEDICARE INTERMEDIARY |
| 645 | STERLING MEDICARE CHOICE HMO | PO BOX 70 | LINTHIEUM | MD | 21900 | 6152445600 | MEDICARE ADVANTAGE PLAN |
| 646 | CIGNA-MEDICARE | PO BOX 671 | NASHVILLE | TN | 37202 | 6152445600 | MEDICARE INTERMEDIARY |
| 648 | HUMANA GOLD CHOICE (PFFS) | PO BOX 7060 | CAMDEN | SC | 29020 | 8775115000 | MEDICARE ADVANTAGE PLAN |
| 650 | ABBEVILLE COUNTY | | | | | | |
| 651 | AIKEN COUNTY | | | | | | |
| 652 | ALLENDALE COUNTY | | | | | | |
| 653 | ANDERSON COUNTY | | | | | | |
| 654 | BAMBERG COUNTY | | | | | | |
| 655 | BARNWELL COUNTY | | | | | | |
| 656 | BEAUFORT COUNTY | | | | | | |
| 657 | BERKELEY COUNTY | | | | | | |
| 658 | CALHOUN COUNTY | | | | | | |
| 659 | CHARLESTON COUNTY | | | | | | |
| 660 | CHEROKEE COUNTY | | | | | | |
| 661 | CHESTER COUNTY | | | | | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---------------------|--------------|------|----|-----|-----------|-----------------|
| 662 | CHESTERFIELD COUNTY | | | | | | |
| 663 | CLARENDON COUNTY | | | | | | |
| 664 | COLLETON COUNTY | | | | | | |
| 665 | DARLINGTON COUNTY | | | | | | |
| 666 | DILLON COUNTY | | | | | | |
| 667 | DORCHESTER COUNTY | | | | | | |
| 668 | EDGEFIELD COUNTY | | | | | | |
| 669 | FAIRFIELD COUNTY | | | | | | |
| 670 | FLORENCE COUNTY | | | | | | |
| 671 | GEORGETOWN COUNTY | | | | | | |
| 672 | GREENVILLE COUNTY | | | | | | |
| 673 | GREENWOOD COUNTY | | | | | | |
| 674 | HAMPTON COUNTY | | | | | | |
| 675 | HORRY COUNTY | | | | | | |
| 676 | JASPER COUNTY | | | | | | |
| 677 | KERSHAW COUNTY | | | | | | |
| 678 | LANCASTER COUNTY | | | | | | |
| 679 | LAURENS COUNTY | | | | | | |
| 680 | LEE COUNTY | | | | | | |
| 681 | LEXINGTON COUNTY | | | | | | |
| 682 | MARION COUNTY | | | | | | |
| 683 | MARLBORO COUNTY | | | | | | |
| 684 | MCCORMICK COUNTY | | | | | | |
| 685 | NEWBERRY COUNTY | | | | | | |
| 686 | OCONEE COUNTY | | | | | | |
| 687 | ORANGEBURG COUNTY | | | | | | |
| 688 | PICKENS COUNTY | | | | | | |
| 689 | RICHLAND COUNTY | | | | | | |
| 690 | SALUDA COUNTY | | | | | | |
| 691 | SPARTANBURG COUNTY | | | | | | |
| 692 | SUMTER COUNTY | | | | | | |
| 693 | UNION COUNTY | | | | | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------|-----------------|----|-----------|------------|---|
| 694 | WILLIAMSBURG COUNTY | | | | | | |
| 695 | YORK COUNTY | | | | | | |
| 696 | OUT-OF-STATE GA | | | | | | |
| 697 | OUT-OF-STATE NC | | | | | | |
| 698 | OUT-OF-STATE OTHER | | | | | | |
| 700 | | | | | | | |
| 701 | UNI-CARE CHOICE HEALTH BENEFITS | PO BOX 51130 | SPRINGFIELD | MA | 01151 | 8002888630 | |
| 702 | BOON CHAPMAN BENEFIT ADMINISTRATORS | PO BOX 9201 | AUSTIN | TX | 787669201 | 8002529653 | CODE ASSIGNED BY SCHA |
| 702DN | BOON CHAPMAN BENEFIT ADMINISTRATORS | PO BOX 9201 | AUSTIN | TX | 787669201 | 8002529653 | DENTAL ONLY |
| 703 | TUCKER COMPANY & ADMINISTRATORS | 9140 ARROW POINT BLVD. #200 | CHARLOTTE | NC | 282738102 | 7045259666 | |
| 704 | UNITED FOOD & COMMERICAL WORKERS (UFCW) | 1800 PHOENIX BLVD. STE. 310 | ATLANTA | GA | 30349 | 8002417701 | |
| 705 | APS HEALTHCARE, INC. | PO BOX 1307 | ROCKVILLE | MD | 20849 | 8002218699 | |
| 706 | PLUMBERS & PIPEFITTERS LOCAL NO. 421 | PO BOX 840 | MACON | GA | 312020840 | 8887412673 | |
| 707 | DILLON YARNMEDICAL BENEFITS | 1019 TITAN RD. | DILLON | SC | 29536 | 8437747353 | |
| 708 | PERFORMAX | PO BOX 61505 | KING OF PRUSSIA | PA | 19406 | 8885547629 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 709 | MERCER ADMINISTRATION | PO BOX 4546 | IOWA CITY | IA | 52244 | 8008687526 | |
| 710 | 21ST CENTURY HEALTH AND BENEFITS, INC. | PO BOX 5037 | CHERRY HILL | NJ | 08034 | 8003234890 | |
| 711 | LABORERS DISTRICT COUNCIL OF GA AND SC | PO BOX 607 | JONESBORO | GA | 302370607 | 4044771888 | |
| 712 | TDI MANAGED CARE SERVICES | 620 EPSILON DR. | PITTSBURG | PA | 15238 | 8005815300 | CARRIER BOUGHT OUT BY PHARMACARE CC 740 |
| 713 | HEALTH CARE CREDIT UNION ASSOC. HCCUA | PO BOX 260957 | PLANT | TX | 750260957 | 8663736366 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 714 | STOWE ASSOCIATES | 2872 WOODCOCK BLVD. #200 | ATLANTA | GA | 30341 | 8005337896 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 715 | UNITED HEALTH & LIFE INSURANCE COMPANY | PO BOX 169050 | DULUTH | MN | 558168200 | 8005262414 | USE CC113 UNITED HEALTHCARE |
| 716 | INDECS CORP | PO BOX 668 | LYNDHURST | NJ | 07071 | 8884463327 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------|----------------|----|-----------|------------|--|
| 717 | USA HEALTH CARE (MVP HEALTH CARE) | PO BOX 22920 | ROCHESTER | NY | 146922920 | 8009993920 | CODE ASSIGNED BY SCHA |
| 718 | CIGNA PHARMACY SERVICES | PO BOX 188053 | CHATTANOOGA | TN | 374228053 | 8006225579 | |
| 719 | FLORIDA HEALTH ALLIANCE | PO BOX 10269 | JACKSONVILLE | FL | 322470269 | 9043548335 | |
| 720 | UNITED MINE WORKERS HEALTH & RETIREMENT FUND | ROUTE 2 BOX 218A | BIG STONE GAP | VA | 24219 | 8006549763 | |
| 721 | UNITED RESOURCE NETWORK | PO BOX 30758 | SALT LAKE CITY | UT | 84130 | 8778013507 | CODE ASSIGNED BY SCHA |
| 722 | AMERICAN REPUBLIC INSURANCE COMPANY | PO BOX 21670 | EAGAN | MN | 55121 | 8002472190 | |
| 723 | CAROLINA CONTINENTAL INSURANCE | PO BOX 427 | COLUMBIA | SC | 29202 | 8032566265 | |
| 724 | MUTUAL MEDICAL PLANS | PO BOX 689 | PEORIA | IL | 61652 | 8004484689 | CODE ASSIGNED BY SCHA |
| 725 | DIALYSIS CLINIC, INC. | 203 FREEMONT AVE. | SPARTANBURG | SC | 29303 | 8645852046 | |
| 726 | INSURANCE SERVICE AND BENEFITS | 3218 HIGHWAY 67 STE. 218 | MESQUITE | TX | 75150 | 8008783157 | |
| 727 | GUARANTEE MUTUAL LIFE CO. | 8801 INDIAN HILLS DR. | OMAHA | NE | 68114 | 8004624660 | |
| 728 | GENERAL PRESCRIPTION PROGRAMS, INC. | 305 MADISON AVE. STE 1166B | NEW YORK | NY | 10165 | 8003412234 | |
| 729 | U.A. LOCAL 446 PLUMBERS AND PIPEFITTERS | PO BOX 191030 | SACRAMENTO | CA | 958191030 | 9164570821 | CODE IN OPEN STATUS BY SCHA |
| 730 | GEORGIA HEALTHCARE PARTNERSHIP | PO BOX 16388 | SAVANNAH | GA | 314163088 | 8005666710 | |
| 731 | ADOVA HEALTH | PO BOX 725549 | ATLANTA | GA | 31139 | 8664704959 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 732 | HERTZ CLAIM MANAGEMENT | PO BOX 726 | PARK RIDGE | NJ | 07656 | 2013072177 | |
| 733 | MOUNTAIN CLAIMS MANAGEMENT | PO BOX 1008 | FRUITLAND | ID | 83619 | 2084527979 | CODE IN OPEN STATUS BY SCHA |
| 734 | STRATEGIC OUTBURSTING, INC. | PO BOX 241508 | CHARLOTTE | NC | 28224 | 8888367764 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 735 | INTEGRITAS BENEFIT GROUP | PO BOX 1447 | CORDOVA | TN | 38088 | 9016858980 | |
| 736 | SPECTERA | 2811 LORD BALTIMORE DR. | BALTIMORE | MD | 212442644 | 8006383120 | |
| 737 | UNITED CONCORDIA | PO BOX 69451 | HARRISBURG | PA | 17106 | 8003320366 | |
| 738 | FHA-TPA DIVISION | PO BOX 327810 | FT. LAUDERDALE | FL | 333329711 | 8037988698 | CODE IN OPEN STATUS BY SCHA |
| 739 | BOLLINGER, INC. | PO BOX 727 | SHORT HILLS | NJ | 07078 | 8662670092 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|----------------------------------|--------------|----|-----------|------------|---|
| 740 | PHARMACARE | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8002376184 | AS OF 1/1/08 CO. MERGED WITH CAREMARK (471) ADD NEW POLICIES WITH 471 |
| 741 | SPENCER & ASSOCIATES INS. | 1 S. LIMESTONE ST., STE. 301 | SPRINGFIELD | OH | 45502 | 8667669016 | CODE ASSIGNED BY SCHA |
| 742 | MIDA DENTAL PLAN | 2000 TOWN CENTER, STE. 2200 | SOUTHFIELD | MI | 48075 | 8009376432 | |
| 743 | EMPLOYEE PLANS, INC. | PO BOX 2362 | FT. WAYNE | IN | 468012362 | 2606257500 | |
| 744 | SENIOR DIMENSIONS | PO BOX 15645 | LAS VAGAS | NV | 891145645 | 8009257455 | |
| 745 | GROUP BENEFIT SERVICES | 1312 BELLONE AVE. | LUTHERVILLE | MD | 21093 | 8006386085 | |
| 746 | MED-TAC CLAIMS | PO BOX 9110 | NEWTON | MA | 02160 | 8003479355 | |
| 747 | PACIFICARE | PO BOX 6099 | CYPRESS | CA | 90630 | 8663169776 | CODE ASSIGNED BY SCHA |
| 748 | HEALTH CARE SAVINGS, INC. | 4530 PARK RD | CHARLOTTE | NC | 28209 | | CODE ASSIGNED BY SCHA |
| 749 | GERBER LIFE INSURANCE COMPANY | PO BOX 2088 | GRAND RAPIDS | MI | 49501 | 8002533074 | |
| 750 | BENEFIT ADMINISTRATIVE SERVICES | PO BOX 4509 | ROCKFORD | IL | 61110 | 8159699663 | |
| 751 | POLARIS BENEFIT ADMINISTRATORS | PO BOX 2010 | WESTERVILLE | OH | 43086- | 8002340225 | |
| 752 | HYGEIA CORPORATION | 15500 NEW BARN RD. | MIAMI LAKES | FL | 33014 | 8005912650 | CODE ASSIGNED BY SCHA |
| 753 | HEALTHNET | PO BOX 2226 | AUGUSTA | GA | 309032226 | 9009778221 | |
| 754 | 1199 SEIU NATIONAL BENEFIT FUND | PO BOX 1007 | NEW YORK | NY | 101081007 | 6464739200 | |
| 755 | TOTAL BENEFIT SERVICES, INC. | PO BOX 30180 | NEW ORLEANS | LA | 70190 | | |
| 756 | INSURANCE MANAGEMENT ADMINISTRATORS (IMA) | PO BOX 71120 | BOSSIER CITY | LA | 711719944 | 8007429944 | |
| 757 | J C PENNEY LIFE INSURANCE COMPANY | PO BOX 869090 | PLANO | TX | 750860909 | 9728816000 | |
| 758 | HEALTHCHOICE | PO BOX 24870 | OKLAHOMA | OK | 731270870 | 8004892974 | CODE ASSIGNED BY SCHA |
| 759 | MEDIPLUS | PO BOX 9126 | DES MOINES | IA | 50309 | 8002472192 | AKA TROA |
| 760 | KEY BENEFIT ADMINISTRATORS | PO BOX 3253 | MILWAUKEE | WO | 53201 | 8003314757 | |
| 761 | EMPLOYEE BENEFIT STRATEGIES | 229 EAST MICHIGAN AVE., STE. 235 | KALAMAZOO | MI | 49007 | 8003257477 | |
| 762 | ROYAL NEIGHBORS OF AMERICA | PO BOX 10850 | CLEARWATER | FL | 337578850 | 8778158857 | CODE ASSIGNED BY SCHA |
| 763 | THE PROVIDENT | PO BOX 31499 | TAMPA | FL | 33631 | 8005257268 | |
| 764 | CARE LINK HEALTH PLAN | PO BOX 7373 | LONDON | KY | 407427373 | 8003482922 | |
| 765 | FREEDOM HEALTH | PO BOX 151348 | TAMPA | FL | 33684 | 8004012740 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|------------------------------|------------------|----|-----------|------------|---|
| 766 | PALMER & CAY/CARSWELL, INC. | PO BOX 1286 | SAVANNAH | GA | 31402 | 9122346621 | |
| 767 | HEALTHSCOPE BENEFITS | PO BOX 619055 | DALLAS | TX | 752619055 | 8006006212 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 768 | WISCONSIN PHYSICIANS SERVICES | 1717 WEST BROADWAY ST. | MADISON | WI | 53708 | 8889154158 | |
| 769 | FEDEX FREIGHTWAYS | PO BOX 840 | HARRISON | AR | 72602 | 8008744723 | |
| 770 | PEOPLES BENEFIT LIFE INSURANCE | PO BOX 484 | VALLEY FORGE | PA | 19493 | 8005237900 | |
| 771 | PACIFIC FIDELITY LIFE INSURANCE CO (P.F.L.) | PO BOX 982009 | N RICHLAND HILLS | TX | 761828009 | 8176566040 | USE CODE 477 MEGA LIFE |
| 772 | BENEFIT SYSTEMS, INC. | PO BOX 6001 | INDIANAPOLIS | IN | 462066001 | 8008243216 | |
| 773 | PHYSICIANS MUTUAL INSURANCE COMPANY | PO BOX 2018 | OMAHA | NE | 681032018 | 8002289100 | DO NOT USE THIS CODE FOR MEDICARE ADVANTAGE PLANS OFFERED BY THIS CARRIER |
| 774 | MOLINA MEDICARE OPTIONS PLUS | PO BOX 22811 | LONG BEACH | CA | 90801 | 8006651328 | MEDICARE ADVANTAGE PLAN |
| 775 | FIRST CHOICE BENEFITS MANAGEMENT | PO BOX 658 | BELOIT | WI | 535120658 | 8003035770 | |
| 776 | AFID (ASSO. OF FRANCHISE AND INDEPENDENT DIST.) | 1 S. LIMESTONE ST., STE. 301 | SPRINGFIELD | OH | 45502 | 8667669016 | CODE IN OPEN STATUS BY SCHA |
| 777 | US HEALTH AND LIFE | PO BOX 37504 | OAK PARK | MI | 482370504 | 8002259674 | THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA |
| 778 | AMERICAN CONTINENTAL INSURANCE CO | PO BOX 14770 | LEXINGTON | KY | 40512 | 8002644000 | |
| 779 | WEB-TPA AMERICAN FIDELITY ASSURANCE CO | PO BOX 99906 | GRAPEVINE | TX | 760999706 | 8663932872 | DORMANT 8/06 |
| 780 | CORPORATE SYSTEMS ADMINISTRATION, INC. | PO BOX 4985 | JOHNSON CITY | TN | 376024985 | 8002752847 | |
| 781 | MEDICAL CLAIMS MANAGEMENT CORP | PO BOX 25307 | WINSTON-SALEM | NC | 271145307 | 8003340609 | |
| 782 | HOUSING BENEFIT PLAN | PO BOX 542077 | DALLAS | TX | 753542077 | 8009372036 | |
| 784 | PACIFIC HEALTH ADMINISTRATORS | PO BOX 620123 | ORLANDO | FL | 328620123 | 8007766070 | CODE ASSIGNED BY SCHA |
| 785 | THE HARVEST INSURANCE CO. | PO BOX 956003 | LAKE MARY | FL | 327950856 | 8002530856 | CODE ASSIGNED BY SCHA |
| 786 | ACS BENEFIT SERVICES, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 271022000 | 8008495370 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 787 | PACIFICARE SENIOR SUPPLEMENT PLAN | PO BOX 6072 | CYPRESS | CA | 906300072 | 8008513802 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------------|----------------|----|-----------|------------|---|
| 788 | TRANSAMERICA LIFE INSURANCE CO. | PO BOX 97 | SCRANTON | PA | 185040097 | 8008203372 | CODE ASSIGNED BY SCHA |
| 789 | FIRST COMMUNITY HEALTH PLAN, INC. | PO BOX 382947 | BIRMINGHAM | AL | 35238 | 8007347826 | CODE IN OPEN STATUS BY SCHA |
| 790 | MHNET BEHAVIORAL HEALTH | PO BOX 7802 | LONDON | KY | 40742 | 8007527242 | |
| 791 | UNITEDHEALTH INTEGRATED SERVICES | PO BOX 30783 | SALT LAKE CITY | UT | 841300786 | 8665968447 | |
| 792 | PIONEER LIFE INSURANCE COMPANY OF ILLINOIS | PO BOX 1250 | ROCKFORD | IL | 611051250 | 8159875000 | USE CODE 282 WASHINGTON NATIONAL |
| 793 | HUMANA GOLD PLUS | PO BOX 14601 | LEXINGTON | KY | 405124601 | 8004574708 | MEDICARE ADVANTAGE PLAN |
| 794 | UNITED FAMILY LIFE INSURANCE COMPANY | PO BOX 2204 | ATLANTA | GA | 30371 | 4046593300 | |
| 795 | REGIONAL MEDICAL ADMINISTRATORS, INC. | PO BOX 4128 | GLEN RAVEN | NC | 272150901 | 3362267950 | |
| 796 | LINECO | 821 PARKVIEW BLVD. | LOMBARD | IL | 601483230 | 8003237268 | CODE ASSIGNED BY SCHA |
| 797 | TODAY'S OPTIONS UNIVERSAL AMERICAN | PO BOX 742528 | HOUSTON | TX | 77274 | 8664225009 | MEDICARE ADVANTAGE PLAN |
| 798 | MEDCARE INTERNATIONAL | 12480 WEST ATLANTIC BLVD., STE. 2 | CORAL SPRINGS | FL | 33071 | 9543455650 | |
| 799 | GENWORTH FINANCIAL | PO BOX 8021 | SAN RAFAEL | CA | 949129974 | 8008764582 | WAS GE FINANCIAL SERVICES |
| 800 | NEBCO (TENNECO) | PO BOX 97 | SCRANTON | PA | 185040097 | 8007177562 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 801 | IMERICA LIFE AND HEALTH INS. CO | PO BOX 3287 | ENGLEWOOD | CO | 80155 | 8882738020 | |
| 802 | CONSTITUTION LIFE INSURANCE CO | PO BOX 130 | PENSACOLA | FL | 325910130 | 8007896364 | |
| 803 | FIRST CONTINENTAL LIFE INSURANCE | PO BOX 1911 | CARMEL | IN | 46032 | 8005381235 | |
| 804 | PIEDMONT COMMUNITY HEALTHCARE, INC. | PO BOX 14408 | CINCINNATI | OH | 452500408 | 8004007247 | |
| 805 | PENN TREATY NETWORK AMERICA (PTNA) | PO BOX 130 | PENSACOLA | FL | 325910130 | 8006357418 | CODE ASSIGNED BY SCHA |
| 806 | NETWORK HEALTH PLAN | PO BOX 568 | MENASHA | WI | 54952 | 9207201300 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 807 | OPTIMA HEALTH PLAN | PO BOX 5028 | TROY | MI | 460071199 | 8002291199 | |
| 808 | NEW MARKET DIMENSION | PO BOX 1338 | COCKEYVILLE | MD | 21031 | 8005706745 | |
| 809 | INTER VALLEY HEALTH PLAN | 300 SOUTH PARK, PO BOX 6002 | POMONA | CA | 917696002 | 8002518191 | CODE ASSIGNED BY SCHA |
| 810 | UNITED RESOURCE NETWORK | PO BOX 30758 | SALT LAKE CITY | UT | 84130 | 8778013507 | CODE ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--------------------------------|----------------|----|-----------|------------|---|
| 811 | SPARTANBURG REGIONAL HEALTHCARE SYSTEM | PO BOX 1000 | LANCASTER | SC | 29721 | | CODE ASSIGNED BY SCHA |
| 812 | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 813 | CENTURY PLANNER | 9201 WATSON RD., STE. 350 | ST. LOUIS | MO | 631261509 | 8007762453 | |
| 814 | HEALTHCOMP ADMINISTRATORS | PO BOX 45018 | FRESNO | CA | 93718 | 8004427247 | |
| 815 | BANKERS FIDELITY LIFE INSURANCE COMPANY | PO BOX 260040 | PLANO | TX | 75026 | 8664587499 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 816 | ARCADIAN MEMBER CARE | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | MEDICARE ADVANTAGE PLAN |
| 817 | PRIORITY HEALTH | PO BOX 232 | GRAND RAPIDS | MI | 49501 | 8004465674 | |
| 818 | SEAFARERS HEALTH & BENEFIT PLAN (SHBP) | PO BOX 380 | PINEY POINT | MD | 20674 | 8002524674 | |
| 819 | TRICARE OVERSEAS PROGRAM | PO BOX 7985 | MADISON | WI | 537077985 | 8009826257 | CODE ASSIGNED BY SCHA 6/07/10 |
| 820 | MMSI MAYO MANAGEMENT SERVICES | 4001 41ST ST. WEST | ROCHESTER | NM | 41154 | 8006356671 | CODE ASSIGNED BY SCHA SEE CARRIER CODE 536 |
| 821 | ODS HEALTH PLAN ADVANTAGE | PO BOX 4030 | PORTLAND | OR | 972084030 | 8773370650 | |
| 822 | MEDICAL MUTUAL | PO BOX 6018 | CLEVELAND | OH | 44101 | 8002582873 | CODE ASSIGNED BY SCHA |
| 823 | HEALTH ALLIANCE PLAN | PO BOX 02459 | DETROIT | MI | 48202 | 8004224641 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 824 | ENVISION RX OPTIONS | 2181 EAST AURORA RD., STE. 201 | TWINSBURG | OH | 44087 | 8003614542 | |
| 825 | UNITED HEALTHCARE COMMUNITY PLAN | PO BOX 8207 | KINGSTON | NY | 12402 | 8006009007 | MEDICARE ADVANTAGE PLAN |
| 826 | WILLSE & ASSOCIATES, INC. | PO BOX 1196 | BALTIMORE | MD | 21203 | 4105470454 | |
| 827 | J. SMITH LANIER | PO BOX 72749 | NEWNAN | GA | 30271 | 8882954864 | |
| 828 | NATIONAL PHARMACEUTICAL SERVICES | PO BOX 407 | BOYSTOWN | NE | 68017 | 8005465677 | |
| 829 | ADMINISTRATIVE SOLUTIONS | PO BOX 2490 | ALPHARETTA | GA | 30023 | 6783390211 | |
| 830 | CONTRACTORS EMPLOYEE BENEFIT ADM. (CEBA) | PO BOX 559017 | AUSTIN | TX | 78755 | 8002477724 | |
| 831 | CORPORATE BENEFIT SOLUTIONS, INC. | PO BOX 8215 | LITTLE ROCK | AR | 72221 | 8886049397 | |
| 832 | CAMERON AND ASSOCIATES | 6100 LAKE FOREST DR. | ATLANTA | GA | 30328 | 8003879919 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------|-----------------|----|-----------|------------|---|
| 833 | MERCY HEALTH PLANS | PO BOX 4568 | SPRINGFIELD | MO | 658084568 | 8006472240 | |
| 834 | DEFINITY HEALTH | PO BOX 9525 | AMHERST | NY | 14226 | 8663334648 | BROUGHT OUT BY UNITED HEALTHCARE CARRIER 113 |
| 835 | MANAGED PHARMACY BENEFITS | 1100 NORTH LINDBERGH | ST. LOUIS | MO | 63132 | 8006729540 | THIS CARRIER BOUGHT OUT BY EXPRESS SCRIPTS. |
| 836 | HUMANA | PO BOX 14601 | LEXINGTON | KY | 40512 | 8005584444 | |
| 837 | HEALTH ADMINISTRATION SERVICES | PO BOX 6724208 | HOUSTON | TX | 77267 | 8008655440 | |
| 838 | SHESFIELD, OLSON & MCQUEEN | PO BOX 16608 | ST. PAUL | MN | 55116 | 8883308408 | |
| 839 | CITIZENS SECURITY LIFE INS. | PO BOX 436149 | LOUISVILLE | KY | 402536149 | 5022442420 | |
| 840 | AMERICAN, INCOME LIFE INSURANCE COMPANY | PO BOX 2608 | WACO | TX | 76797 | 8177723050 | |
| 841 | WATKINS ASSOCIATED INDUSTRIES | PO BOX 1738 | ATLANTA | GA | 30301 | 8003333841 | CODE ASSIGNED BY SCHA |
| 842 | GARDNER AND WHITE, INC. | PO BOX 40619 | INDIANAPOLIS | IN | 462400619 | 3172579131 | |
| 843 | CORE MANAGEMENT RESOURCES GROUP | PO BOX 840 | MACON | GA | 31202 | 8887412673 | |
| 844 | PRIME TIME HEALTH PLAN | PO BOX 6905 | CANTON | OH | 44706 | 8006177446 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 845 | GEISINGER HEALTH PLAN GOLD | PO BOX 8200 | DANVILLE | PA | 178218200 | 8004989731 | MEDICARE ADVANTAGE PLAN |
| 846 | SCRIPT CARE, INC. | 6380 FOLSOM DR. | BEAUMONT | TX | 77706 | 8008809988 | |
| 847 | MAHONEY BENEFIT ADMINISTRATORS | PO BOX 7260 | FORT LAUDERDALE | FL | 33338 | 8002807093 | |
| 848 | HERITAGE | PO BOX 1730 | AUBURNDALE | FL | 33823 | 8002822460 | |
| 849 | E.O.S. HEALTH | PO BOX 27088 | TEMPE | AZ | 85285 | 8884568417 | |
| 850 | ONENET PPO | PO BOX 934 | FREDERICK | MD | 217050934 | 8003423289 | CODE ASSIGNED BY SCHA |
| 852 | BUILDERS MUTUAL INSURANCE CO | PO BOX 150006 | RALEIGH | NC | 276240006 | 8008094861 | |
| 853 | COMPSYCH CORP. | PO BOX 8379 | CHICAGO | IL | 60680 | 8775955282 | |
| 854 | BOYD CARE (BOYD BROTHERS TRANSPORTATION) | PO BOX 70 | CLAYTON | AL | 36016 | 3347751284 | |
| 855 | UNIVERSITY HEALTH PLANS | PO BOX 830926 DEPT 003 | BIRMINGHAM | AL | 35283 | 8778780914 | |
| 856 | TRANSAMERICA OCCIDENTAL LIFE | PO BOX 2101 TERMINAL ANNEX | LOS ANGELES | CA | 90051 | 2137422111 | |
| 857 | CORPORATE BENEFIT SERVICES, INC. | PO BOX 211778 | EAGAN | MN | 55121 | 7043730447 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------|--------------|----|-----------|------------|---|
| 858 | DENTAQUEST | PO BOX 2136 | COLUMBIA | SC | 29202 | 8003076553 | NAIC 52040 MEDICAID DENTAL CLAIMS PROCESSOR |
| 859 | NEW ENGLAND GROUP TRUST | PO BOX 30466 | TAMPA | FL | 33630 | 8006541731 | |
| 860 | MANAGED HEALTH NETWORK | PO BOX 209010 | AUSTIN | TX | 78720 | 8008352094 | |
| 861 | SUPERIOR ESSEX | PO BOX 724907 | ATLANTA | GA | 31139 | 8772917920 | |
| 862 | PERFORMAX | 300 CORPORATE PARKWAY | AMHERST | NY | 11226 | 8777776076 | |
| 863 | INSURANCE ADMINISTRATION CORP. | PO BOX 39119 | PHOENIX | AZ | 85069 | 8008433106 | |
| 864 | GE GROUP ADMINISTRATORS | PO BOX 150809 | ARLINGTON | TX | 76015 | 8882558961 | |
| 865 | SECURIAN DENTAL PLANS | PO BOX 9385 | MINNEAPOLIS | MN | 554409385 | 8002349009 | NAIC 93742 |
| 866 | OLYMPIC HEALTH MANAGEMENT | PO BOX 5348 | BELLINGHAM | WA | 98227 | 3607349888 | |
| 867 | BCBS OF NC | PO BOX 30087 | DURHAM | NC | 27702 | 9194897431 | |
| 868 | KANSAS CITY LIFE | PO BOX 9040 | AUSTIN | TX | 78766 | 8008745254 | |
| 869 | EMPLOYEE BENEFIT MANAGEMENT SERVICES | PO BOX 21367 | BILLINGS | MT | 59104 | 8007773575 | |
| 870 | FOUNDATION HEALTH | PO BOX 453219 | SUNRISE | FL | 33345 | 8004415501 | |
| 871 | UNITED BEHAVIORAL HEALTH | PO BOX 169053 | DULUTH | MN | 55816 | 8008776003 | CODE ASSIGNED BY SCHA |
| 872 | UNITED HEALTHCARE PLAN OF RIVER VALLEY | 3800 23RD AVE. #200 | MOLINE | IL | 61215 | 8002246602 | CODE ASSIGNED BY SCHA THESE COMPANY BOUGHT OUT JOHN DEERE INS. CO. THIS WAS THE HMO FOR JOHN DEERE 6/29/07 |
| 873 | MEDCO HEALTH | PO BOX 8190 | MADISON | WI | 537088190 | 8002217006 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY THE SCHA |
| 874 | HEALTH NET | PO BOX 14700 | LEXINGTON | KY | 40512 | 8887477823 | THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA |
| 875 | AMERICAN SENTINEL | PO BOX 61140 | HARRISBURG | PA | 171061140 | 8006927338 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 876 | HEALTHSOURCE OF NC, INC. | PO BOX 28087 | RALEIGH | NC | 27611 | 8008499000 | USE CODE 134 CIGNA HEALTHCARE |
| 877 | PRE-EXISTING CONDITION INSURANCE PLAN (PCIP) | PO BOX 300 | INDEPENDENCE | MO | 640510300 | 8002207898 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|------------------------------------|---------------|----|-----------|------------|--|
| 878 | HRM CLAIM MANAGEMENT | PO BOX 4022 | KALAMAZOO | MI | 490034022 | 8002530966 | |
| 879 | COVENTRY OF THE CAROLINAS | PO BOX 7102 | LONDON | KY | 40742 | 8662083610 | FORMALLY WELLPATH |
| 880 | OPTIMUM HEALTH PARTNERS | PO BOX 2243 | GREENVILLE | SC | 29602 | 8642134992 | |
| 881 | BEHAVIORAL HEALTH SYSTEMS | PO BOX 830724 | BIRMINGHAM | AL | 352830724 | 8002451150 | |
| 882 | CONNECTICARE | PO BOX 4000 | FARMINGTON | CT | 06034 | 8772248230 | CODE ASSIGNED BY SCHA |
| 883 | SELECT HEALTH OF SOUTH CAROLINA, INC. | 7410 NORTHSIDE DR., STE. 208 | CHARLESTON | SC | 29420 | 8435691759 | CODE IN OPEN STATUS BY SCHA |
| 884 | HEALTH FIRST HEALTH PLANS | PO BOX 565001 | ROCKLEDGE | FL | 329565001 | 8007167737 | CODE IN OPEN STATUS BY SCHA |
| 885 | JOHN ALDEN INSURANCE COMPANY | PO BOX 020270 | MIAMI | FL | 33102 | 8003284316 | |
| 886 | PLANNED ADMINISTRATORS, INC. | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037540041 | |
| 887 | CNIC HEALTH SOLUTIONS | PO BOX 3559 | ENGLEWOOD | CO | 80155 | 8004267453 | |
| 888 | SOUTHEASTERN BENEFIT PLANS, INC. | 335 ARCHDALE DR. | CHARLOTTE | NC | 282174246 | 7045295400 | |
| 889 | GROUP INSURANCE ADMINISTRATION, INC. | 3350 PEACHTREE RD. NE STE. 1040 | ATLANTA | GA | 30326 | 8006210683 | |
| 890 | PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA | PO BOX 17368 | WINSTON-SALEM | NC | 271167368 | 8009425695 | |
| 891 | OPTIMUM CHOICE OF THE CAROLINAS, INC. | 4 TAFT CT. | ROCKVILLE | MD | 20850 | 8003438205 | |
| 892 | INDEPENDENT HEALTH | PO BOX 9066 | BUFFALO | NY | 14231 | 8002471466 | |
| 893 | KEYSTON HEALTH PLAN EAST | PO BOX 8339 | PHILADELPHIA | PA | 19101 | 8002273116 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 894 | AMERIHEALTH MERCY HEALTH PLAN | PO BOX 7118 | LONDON | KY | 40742 | 8889917200 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 895 | CONTINENTAL LIFE INS. OF TENNESSEE | PO BOX 1188 | BRENTWOOD | TN | 37024 | 8002644000 | |
| 896 | OPTIMED HEALTH PLAN | 4 TERRY DR., STE. 1 | NEWTOWN | PA | 18940 | 8004828770 | |
| 897 | SOUTHERN BENEFIT ADM. | PO BOX 188006 | CHATTANOOGA | TN | 37422 | 8006784656 | |
| 898 | ASSOCIATION & SOCIETY INS. CORP | PO BOX 2510 | ROCKVILLE | MD | 20847 | 8006382610 | |
| 899 | AETNA HEALTH PLANS OF THE CAROLINAS, INC. | 3 CENTERVIEW DR. | GREENSBORO | NC | 27407 | 8004591466 | HMO PLAN ONLY |
| 900 | KOHLER COMPANY | 444 HIGHLAND DR. | KOHLER | WI | 530441515 | 9204574441 | |
| 901 | DENTAL CARE PLUS | 100 CROWNE POINT PLACE | CINCINNATI | OH | 45241 | 8003679466 | |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|------------------------------------|------------------------------|----|-----------|------------|---|
| 902 | BLUE CARE NETWORK OF MI | PO BOX 68710 | GRAND RAPID | MI | 49516 | 8006588878 | CODE ASSIGNED BY SCHA. THIS IS THE HMO TO CC 504 WHICH IS THE POS |
| 903 | CAREPLUS HEALTH PLAN | PO BOX 31286 | TAMPA | FL | 336313286 | 8008674445 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 904 | BEST CHOICE HEALTH PLAN | PO BOX 21128 | FORT LAUDERDALE | FL | 33335 | 8008674446 | |
| 905 | GERBER LIFE MEDICARE SUPPLEMENT | PO BOX 2271 | OMAHA | NE | 68103 | 8776565425 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 906 | GROUP HEALTH ADMINISTRATOR, INC. | PO BOX 6244 | CHARLOTTE | NC | 282071018 | 8002225790 | |
| 907 | CELTIC LIFE INSURANCE CO. | PO BOX 46337 | MADISON | WI | 53744 | 8007662525 | |
| 909 | PREFERRED HEALTH ALLIANCE CORP. | PO BOX 382048 | BIRMINGHAM | AL | 35238 | 8007228477 | |
| 910 | AMERICAN ADMINISTRATIVE GROUP | PO BOX 5227 | LISLE | IL | 605325227 | 8003545112 | WAS GALLAGER & BASSETT SERVICES |
| 911 | COMMUNITY HEALTH PARTNERS | PO BOX 5787 | SPARTANBURG | SC | 29304 | 8889628437 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 912 | WELLS FARGO TPA-NC OFFICES | PO BOX 2857 | FAYETTEVILLE | NC | 28302 | 8003376288 | |
| 913 | FLORIDA HOSPITAL HEALTHCARE SYSTEM | PO BOX 536847 | ORLANDO | FL | 328536847 | 8007414810 | |
| 914 | NATIONAL TEACHERS ASSO LIFE INSURANCE CO. | PO BOX 2369 | ADDISON | TX | 75001 | 8886716771 | |
| 915 | MANAGED HEALTH RESOURCES | PO BOX 30742 | CHARLOTTE | NC | 28208 | 7043555200 | |
| 916 | MHEALTH | PO BOX 742567 | HOUSTON | TX | 77274 | 8886425040 | |
| 919 | AMERICAN HEALTH GROUP, INC. | PO BOX 1500 | MAUMEE | OH | 43537 | 8008728276 | |
| 920 | HEALTHSMART PREFERRED CARE | PO BOX 53010 | LUBBOCK | TX | 794533010 | 8064732500 | |
| 922 | BLUE CHOICE HEALTHPLAN | PO BOX 6170 | COLUMBIA | SC | 292606170 | 8037868466 | WAS COMPANION HEALTHCARE NAME CHANGE EFFECTIVE 7/1/05 |
| 923 | UNITED HEALTHCARE COMMUNITY PLAN | PO BOX 6170 | COLUMBIA | SC | 292606170 | 8008682528 | MEDICAID MCO PLAN |
| 927 | UNITED HEALTHCARE HERITAGE PLUS | UHC OF RIVER VALLEY PO BOX 5230 | KINGSTON | NY | 124025230 | 8002246602 | |
| 928 | COOK INSURANCE | PO BOX 1029 | BLOOMINGTON | IN | 47402 | 8005932080 | |
| 929 | NATIONAL HEALTH INSURANCE COMPANY | PO BOX 619999 | DALLAS/FORT WORTH AIRPORT | TX | 752619999 | 8002371900 | |
| 930 | SENTRY LIFE INSURANCE COMPANY | PO BOX 8025 | STEVENS POINT | WI | 54481 | 8004267234 | |

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CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--|-------------|----|-----------|------------|---|
| 931 | GOOD SAMARITAN PROGRAM | 5151 WEST HWY 40 | BEACHGROVE | IN | 46140 | 3178942000 | |
| 932 | MANHATTAN INSURANCE GROUP | PO BOX 925309 | HOUSTON | TX | 772925309 | 8006699030 | CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| 933 | PREFERRED HEALTHCARE SYSTEMS | 620 HOWARD AVE. | ALTOONA | PA | 166014899 | | CODE ASSIGNED BY SCHA |
| 934 | ASSOCIATION & SOCIETY INS. CORP | PO BOX 2510 | ROCKVILLE | MD | 20847 | 8006382610 | |
| 936 | KEY BENEFITS-TRANSCHOICE PLUS | PO BOX 3252 | MILWAUKEE | WI | 53201 | 8668676883 | |
| 937 | MVP HEALTH CARE | PO BOX 2207 | SCHENECTADY | NY | 12301 | 8002295851 | NAME CHANGE ONLY 4/09. WAS PREFERRED CARE |
| 939 | PREMIER HEALTH SYSTEMS | PO BOX 1640 | COLUMBIA | SC | 292021640 | 8032968999 | CODE ASSIGNED BY SCHA |
| 940 | PRIVATE HEALTH CARE SYSTEMS (PHCS) | PO BOX 6090 | DEPERE | WI | 54115 | 6087793000 | CODE ASSIGNED BY SCHA 6/18/07 |
| 941 | FIDELITY SECURITY LIFE INSURANCE CO | 419 E MAIN ST. | MIDDLETOWN | NY | 10940 | 8008267531 | THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 942 | PRINCIPAL FINANCIAL GROUP | PO BOX 10357 | DES MOINES | IA | 503060357 | 8002474695 | |
| 943 | LIBERTY MUTUAL LIFE INSURANCE | 5 HUTCHINSON DR. | DANVERS | MA | 01923 | 8889994767 | CODE IN OPEN STATUS BY SCHA |
| 945 | CAROLINA ATLANTIC MEDICAL SERVICES ORGANIZATION | PO BOX 22528 | CHARLESTON | SC | 29413 | 8008100906 | DORMANT 8/06 |
| 946 | FIRST HEALTH | PO BOX 1377 | THOMASVILLE | GA | 31799 | 8668478235 | |
| 948 | PHILADELPHIA AMERICAN LIFE INS. CO. | PO BOX 2465 | HOUSTON | TX | 77252 | 8005527879 | |
| 951 | AMERICAN GROUP ADMINISTRATORS | 101 CONVENTION CENTER DR., STE. 200 | LAS VEGAS | NE | 89109 | 8008424742 | |
| 952 | STARK TRUSS CO., INC. | PO BOX 2080C | STOW | OH | 44224 | 8004564002 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 953 | USA HEALTHCARE ORGANIZATION | 7301 N. 16TH ST., STE. 201 | PHOENIX | AZ | 85020 | 8008723860 | CODE ASSIGNED BY SCHA |
| 954 | MULTIPLAN | 115 5TH AVE. | NEW YORK | NY | 100031004 | 8005463887 | |
| 955 | DESIGN SAVERS PLAN | 2814 SPRING RD., STE. 122 | ATLANTA | GA | 30339 | 8006165709 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 958 | ITPE-NMU HEALTH AND WELFARE FUND | PO BOX 13817 | SAVANNAH | GA | 31416 | 9123527169 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------|--------------|----|-----------|------------|---|
| 960 | HEALTH EOS | PO BOX 6090 | DER PERE | WI | 541156090 | 8004355694 | CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| 961 | MHN (MANAGED HEALTH NETWORK) | PO BOX 27018 | LAS VEGAS | NV | 89126 | 8004584642 | CODE ASSIGNED BY SCHA |
| 962 | VICARE PLUS | PO BOX 1710 | SUFFOLK | VA | 23439 | 8779344403 | |
| 963 | UNITED HEALTHCARE CLAIMS | PO BOX 29130 | HOT SPRINGS | AR | 71903 | 8882014111 | |
| 964 | PHARMACEUTICAL CARE NETWORK | 9343 TECH CENTER DR. | SACRAMENTO | CA | 95826 | 8007770074 | |
| 965 | PROFESSIONAL BENEFIT ADMINISTRATORS, INC. (PBA) | PO BOX 4687 | OAKBROOK | IL | 605223755 | 6306553755 | |
| 966 | CAPITOL ADMINISTRATORS OF THE SOUTHEAST | PO BOX 188061 | CHATTANOOGA | TN | 37422 | 8886506566 | |
| 967 | UNDERWRITERS SAFETY AND CLAIMS | PO BOX 23507 | LOUISVILLE | KY | 40223 | 8006781536 | |
| 968 | AMERICAN BENEFIT ADMINISTRATIVE SERVICES | PO BOX 0928 | BROOKFIELD | WI | 53008 | 6304161111 | |
| 969 | WHP HEALTH INITIATIVE | PO BOX 968022 | SCHAUMBERG | IL | 601968022 | 8002072568 | |
| 970 | CONSOLIDATED WORKERS ASSOCIATION (CWA) | PO BOX 2647 | CHINO HILLS | CA | 91709 | 8009195514 | CODE ASSIGNED BY SCHA |
| 971 | ATLANTA ADMINISTRATIONS | 135 BEAVER ST. | WALTHAM | MA | 02452 | 8005481256 | |
| 972 | ASR CORP (ADMINISTRATION SYSTEM RESEARCH) | PO BOX 6392 | GRAND RAPIDS | MI | 49516 | 8009682449 | |
| 973 | CAMBRIDGE INTEGRATED SERVICES GROUP, INC. | PO BOX 1687 | GRAND RAPIDS | MI | 49501 | 8007669780 | USE CARRIER 171 AON |
| 974 | COMMERCE BENEFIT GROUP | PO BOX 900 | ELYRIA | OH | 44036 | 8002239941 | |
| 975 | INFORMED RX | PO BOX 968022 | SCHAUMBURG | IL | 601968022 | 8006453332 | WAS NATIONAL MEDICAL HEALTH CARD |
| 976 | PARAGON BENEFITS, INC. | PO BOX 12288 | COLUMBUS | GA | 31917 | 7062776710 | |
| 977 | ZENITH ADMINISTRATION | 26359 | LAS VEGAS | NV | 89126 | 8004265980 | DORMANT 8/06 |
| 978 | LEGGETT & PLATT | PO BOX 7687 | HIGH POINT | NC | 27264 | 8773112150 | |
| 979 | MEDICAL REIMBURSEMENT OF AMERICA | 113 SEABOARD LANE | FRANKLIN | TN | 37067 | 6159633826 | THIS CODE IS USED BY SCHA NOT AN ACTIVE MEDICAID CODE |
| 980 | BENEFIT SUPPORT, INC. | PO BOX 2977 | GAINESVILLE | GA | 30503 | 8007774782 | |
| 981 | ARGUS HEALTH SYSTEMS | PO BOX 419019 | KANSAS CITY | MO | 64141 | 8005227487 | |
| 982 | OFFICE OF GROUP BENEFITS STATE OF LOUISIANA | PO BOX 44036 | BATON ROUGE | LA | 708044036 | 8002728451 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------------------|----------------|----|-----------|------------|---|
| 983 | INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS | 3901 E. WINSLOW AVE. | PHOENIX | AZ | 85040 | 6022340497 | |
| 984 | HOMELAND HEALTHCARE | PO BOX 3726 | SEATTLE | WA | 98124 | 8004934240 | |
| 985 | BENESIGHT | PO BOX 340 | PUEBLO | CO | 81002 | 8003621116 | |
| 986 | COMMONWEALTH BENEFIT ADMINISTRATORS | 115 HANOVER ST. | ASHLAND | VA | 23005 | 8005261677 | |
| 987 | BANKERS FIDELITY LIFE INS CO | PO BOX 105652 | ATLANTA | GA | 30348 | 4042665500 | |
| 988 | MID WEST NATIONAL LIFE INS. CO. | PO BOX 981606 | EL PASO | TX | 799981610 | 8007331110 | |
| 989 | UNIVERA HEALTHCARE | PO BOX 23000 | ROCHESTER | NY | 14692 | 8772429464 | |
| 990 | SOUTHERN GROUP ADMINISTRATORS, INC. | 200 SOUTH MARSHALL ST. | WINSTON-SALEM | NC | 27101 | 8003348159 | |
| 991 | WEST PORT BENEFITS | PO BOX 66743 | ST. LOUIS | MO | 63166 | 8883065299 | |
| 992 | CHESTERFIELD RESOURCES, INC. | PO BOX 1884 | AKRON | OH | 44309 | 8003210935 | |
| 993 | MPI INTERNATIONAL, INC. | PO BOX 81913 | ROCHESTER | MI | 483081913 | 2488539010 | |
| 994 | UNITED PROVIDER SERVICES | PO BOX 820277 | FORT WORTH | TX | 76182 | 8005198374 | CARRIER BOUGHT OUT BY CC 740 PHARMACARE |
| 995 | MEDIMPACT | 10680 TREENA ST., STOP 5 | SAN DIEGO | CA | 92131 | 8007882949 | |
| 996 | J.F. MOLLOY & ASSO. | PO BOX 68947 | INDIANAPOLIS | IN | 46268 | 8003313287 | SEE CARRIER 942 PRINCIPAL FINANCIAL GROUP |
| 997 | GENWORTH FINANCIAL | PO BOX 10821 | CLEARWATER | FL | 33757 | 8778259337 | CODE IN OPEN STATUS BY SCHA |
| 998 | CANADA LIFE ASSURANCE CO. | 6201 POWERS FERRY RD., STE. 100 | ATLANTA | GA | 30348 | 8003332542 | |
| 999 | CIGNA HEALTHCARE OF SC/HEALTHSOURCE SC | PO BOX 190024 | CHARLESTON | SC | 294199024 | 8007203150 | BOUGHT BY CIGNA HEALTHCARE CC 134 |
| 100DN | AETNA US HEALTHCARE | PO BOX 14094 | LEXINGTON | KY | 40512 | 8004517715 | |
| 100RX | AETNA PHARMACY | PO BOX 52444 | PHOENIX | AZ | 850722444 | 8002386279 | |
| 110RX | PROVIDENT/CAREMARK | PO BOX 686005 | SAN ANTONIO | TX | 78268 | 8008415550 | USE CODE 280 CAREMARK |
| 113DN | UNITED HEALTHCARE | PO BOX 30567 | SALT LAKE CITY | UT | 84130 | 8005215505 | |
| 134DN | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 188037 | CHATTANOOGA | TN | 37422 | 8002446224 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 134RX | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 188053 | CHATTANOOGA | TN | 374228053 | 8006225579 | USE CARRIER CODE 718 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-------------------|------------------|----|-----------|------------|---|
| 139DN | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 84130 | 8008269781 | WAS WAUSAU INS. CO. |
| 139RX | WAUSAU INSURANCE COMPANY | PO BOX 8013 | WAUSAU | WI | 544028013 | 8008269781 | |
| 143DN | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | |
| 153DN | KANAWHA LIFE INSURANCE COMPANY | PO BOX 6000 | LANCASTER | SC | 29721 | 8032862440 | |
| 160DN | UNICARE HEALTH AND LIFE INSURANCE | PO BOX 659444 | SAN ANTONIO | TX | 75265 | 8772179677 | |
| 201DN | HCH ADMINISTRATORS | PO BOX 1986 | PEORIA | IL | 61656 | 8003221516 | |
| 206DN | MED COST BENEFITS SERVICES | PO BOX 25987 | WINSTON-SALEM | NC | 27114 | 8007951023 | |
| 237DN | GUARDIAN LIFE INSURANCE CO. OF AMERICA | PO BOX 981572 | EL PASO | TX | 799981572 | 8005417846 | |
| 245RX | FIRST HEALTH | PO BOX 23070 | TUCSON | AZ | 85734 | 8005544954 | |
| 300DN | BENEFIT ADMINISTRATORS, INC. | PO BOX 6279 | ERIE | PA | 16512 | 8007772524 | |
| 302DN | GOVERNMENT EMPLOYEE HOSP. ASSOC. (GEHA) | PO BOX 21542 | EAGAN | MN | 55121 | 8774342336 | DENTAL COVERAGE |
| 308DN | GREAT WEST LIFE | PO BOX 188037 | CHATTANOOGA | TN | 37422 | 8776314227 | |
| 312DN | NATIONAL BENEFIT ADMINISTRATORS | PO BOX 690903 | CHARLOTTE | NC | 282277016 | 8004826736 | |
| 315DN | THOMAS COOPER AND COMPANY | PO BOX 63477 | NORTH CHARLESTON | SC | 29419 | 8437222115 | |
| 321DN | AMERICAN POSTAL WORKERS UNION HEALTH PLAN | PO BOX 1358 | GLEN BURNIE | MD | 21060 | 8002222798 | |
| 345DN | EMPLOYEE BENEFIT SERVICES, INC. | PO BOX 1929 | FORT MILL | SC | 29716 | 8002421510 | |
| 370DN | DELTAHEALTH SYSTEMS | PO BOX 702500 | WEST VALLEY | UT | 84170 | 8774740605 | |
| 386DN | ASSURANT HEALTH | PO BOX 2940 | CLINTON | IA | 527332940 | 8004427742 | DHHS INTERNAL RECOVERY CLAIMS BILLING MUST BE FAX TO: 414-224-0472 |
| 387DN | HEALTHGRAM | PO BOX 11088 | CHARLOTTE | NC | 28220 | 8004465439 | DENTAL - HEALTHGRAM FORMERLY PRIMARY PHYSICIANS CARE |
| 401DN | BLUE CROSS AND BLUE SHIELD OF SC | 4101 PERCIVAL RD. | COLUMBIA | SC | 29219 | 8037883860 | THIS CODE USED ONLY FOR DENTAL CLAIMS WHERE BCBS IS THE INSURANCE CARRIER |
| 415DN | WEYCO, INC. | PO BOX 30132 | LANSING | MI | 48909 | 5173497010 | |
| 445DN | CAROLINA CARE PLAN/MEDICAL MUTUAL INS. CO. | PO BOX 6018 | CLEVELAND | OH | 441011018 | 800315 314 | DENTAL ONLY |
| 476DN | CENTRAL STATES, SOUTHEAST & SOUTHWEST | PO BOX 5116 | DES PLAINES | IL | 60017 | 8003235000 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------------------------|--------------|----|-----------|------------|--|
| 536DN | CLAIMSWARE MANAGEMED | PO BOX 6125 | GREENVILLE | SC | 29606 | 8642348200 | |
| 552DN | CORESOURCE, INC. | PO BOX 2920 | CLINTON | IA | 52733 | 8003275462 | |
| 553DN | HEALTHSCOPE BENEFITS, INC. | PO BOX 99005 | LUBBOCK | TX | 79490 | 8009676831 | |
| 709DN | MARSH ADVANTAGEAMERICA | 501 NORTH BROADWAY, STE. 500 | ST. LOUIS | MO | 63102 | 8008687526 | FORMERLY BENEFIT PLAN SERVICES |
| 751DN | POLARIS BENEFIT ADMINISTRATORS | PO BOX 1008 | DELAWARE | OH | 43015- | 8002340225 | |
| 751RX | POLARIS BENEFIT ADMINISTRATORS | PO BOX 1008 | DELAWARE | OH | 43015- | 8002340225 | |
| 766DN | PALMER & CAY/CARSWELL, INC. | PO BOX 1286 | SAVANNAH | GA | 31402 | 9122346621 | |
| 781DN | MEDICAL CLAIMS MANAGEMENT CORP | PO BOX 12995 | CHARLOTTE | NC | 282202995 | 8003340609 | |
| 836DN | HUMANA | PO BOX 14601 | LEXINGTON | KY | 40512 | 8005584444 | |
| 842DN | GARDNER AND WHITE, INC. | PO BOX 40619 | INDIANAPOLIS | IN | 462400619 | 3172579131 | |
| 857DN | CORPORATE BENEFIT SERVICES, INC. | PO BOX 12954 | CHARLOTTE | NC | 28220 | 7043730447 | |
| 879DN | DENEX DENTAL | 111 ROCKVILLE PIKE STE. 700 | ROCKVILLE | MD | 20850 | 8666904908 | DENEX DENTAL IS A PLAN UNDER WELLPATH SELECT/COENTRY |
| 885DN | JOHN ALDEN INSURANCE COMPANY | PO BOX 020270 | MIAMI | FL | 33102 | 8003284316 | |
| 886DN | PLANNED ADMINISTRATORS, INC. | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037540041 | |
| 889DN | GROUP INSURANCE ADMINISTRATION, INC. | 3350 PEACHTREE RD. NE STE. 1040 | ATLANTA | GA | 30326 | 8006210683 | |
| 897DN | SOUTHERN BENEFITS ADMINISTRATORS DENTAL | 5305 VIRGINIA BEACH BLVD. | NORFOLK | VA | 23502 | 7574618091 | |
| 909DN | PREFERRED HEALTH ALLIANCE CORP. | PO BOX 382048 | BIRMINGHAM | AL | 35238 | 2059691155 | |
| 937DN | MVP HEALTH CARE | PO BOX 763 | SCHENECTADY | NY | 12301 | 8004805640 | |
| 958DN | ITPE-NMU HEALTH AND WELFARE FUND | PO BOX 13817 | SAVANNAH | GA | 31416 | 9123527169 | |
| A01 | THRIVENT FINANCIAL FOR LUTHERANS | 4341 N. BALLARD RD. | APPLETON | WI | 54919 | 8008474836 | |
| A02 | ALTERNATIVE BENEFITS PLANS, INC. | 2920 BRANDYWINE RD., STE. 106 | ATLANTA | GA | 30341 | 8002417319 | |
| A03 | STARMARK | PO BOX 2942 | CLINTON | IA | 52733 | 8005221246 | THIS CARRIER HANDLES GROUPS WITH LESS THAN 50 EMPLOYEES. SEE CC212 FOR GROUPS OVER 50 EMPLOYEES. |
| A04 | CONSULTEC PRESCRIPTION BENEFITS MANAGEMENT | 9040 ROSWELL RD., STE. 700 | ATLANTA | GA | 303501853 | 8003654944 | |
| A05 | AMERICAN PUBLIC LIFE INSURANCE CO. | PO BOX 925 | JACKSON | MS | 39205 | 8002568606 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|----------------------------|-------------------|----|-----------|------------|--|
| A06 | COLONIAL PENN FRANKLIN LIFE INSURANCE COMPANY | 1818 MARKET ST. | PHILADELPHIA | PA | 191811250 | 8005234000 | THIS CARRIER PART OF CONSECO INSURANCE GROUP |
| A07 | CONTINENTAL LIFE INSURANCE CO. OF SOUTH CAROLINA | PO BOX 6138 | COLUMBIA | SC | 29260 | 8037824947 | |
| A08 | INDEPENDENCE AMERICAN INS. CO. (IHC HEALTH SOLUTION) | PO BOX 21456 | EAGON | MN | 55121 | 8664290608 | |
| A09 | RX AMERICA | 221 N CHARLES LINDBERG DR. | SALT LAKE CITY | UT | 84116 | 8007708014 | |
| A10 | AMERISCRIPIT | 4301 DARROW RD., STE. 4200 | STOW | OH | 44224 | 8006816912 | |
| A11 | PREFERRED ADMINISTRATORS | 15560 NORTH FLW BLVD. | SCOTTSDALE | AZ | 85260 | 8772767198 | |
| A12 | MOUNTAIN CLAIMS MANAGEMENT | PO BOX 1008 | FRUITLAND | ID | 83616 | 8669527979 | |
| A13 | HOLDEN & COMPANY | PO BOX 10411 | SAVANNAH | GA | 31412 | 8004043344 | |
| A14 | EB RX | 2045 MIDWAY DR. | TWINSBURG | OH | 44087 | 8008007153 | |
| A15 | MANAGED PRESCRIPTIONS SERVICES (MPS) | ONE CITY CENTRE STE. 1100 | ST. LOUIS | MO | 631016922 | 8007596959 | |
| A16 | FCE BENEFIT ADMINISTRATOR | 4615 WALZEM RD., STE. 300 | SAN ANTONIO | TX | 782181610 | 8008999355 | |
| A17 | NOVA HEALTHCARE ADMINISTRATORS | 2680 GRAND ISLAND BLVD. | GRAND ISLAND | NY | 140720308 | 8003333195 | |
| A18 | MSH MOBILITY BENEFITS | PO BOX 77 | BEEBE PLAIN | VT | 05823 | 8888421530 | CODE ASSIGNED BY SCHA |
| A19 | ISLAND GROUP ADMINISTRATION, INC. | 3 TOILSOME LANE | EAST HAMPTON | NY | 11937 | 8009262306 | CODE ASSIGNED BY SCHA |
| A20 | PROFESSIONAL CLAIMS MANAGEMENT | PO BOX 35276 | CANTON | OH | 443155276 | 8003258424 | |
| A20DN | PROFESSIONAL CLAIMS MANAGEMENT | PO BOX 35276 | CANTON | OH | 443155276 | 8003258424 | |
| A21 | PC HEALTH PLAN ADMINISTRATION | PO BOX 1377 | THOMASVILLE | GA | 31799 | 8884261937 | CODE ASSIGNED BY SCHA |
| A22 | PIEDMONT ADMINISTRATORS | PO BOX 25307 | WINSTON-SALEM | NC | 271145307 | 8008527040 | |
| A23 | SERV U PRESCRIPTION | PO BOX 26096-0096 | MILWAUKEE | WI | 53226 | 8007593203 | |
| A24 | WELLPOINT NEXT RX | PO BOX 2902 | CLINTON | IA | 527332902 | 8009627378 | USE CARRIER 333 EXPRESS SCRIPTS |
| A25 | BENESCRIPIT | 8300 E. MAPLEWOOD AVE. | GREENWOOD VILLAGE | CO | 80111 | 8003453189 | |
| A26 | MARKEL SMART STM | PO BOX 15953 | LUBBOCK | TX | 79490 | 8002792290 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------|------------------|----|-----------|------------|---|
| A27 | HEALTHCARE SUPPORT | 25 COLUMBIA HEIGHTS | BROOKLYN HEIGHTS | NY | 112012482 | 8005544022 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A28 | SHENANDOAH LIFE INSURANCE CO | PO BOX 12847 | ROANOKE | VA | 24029 | 8008485433 | |
| A29 | MERITAN HEALTH | PO BOX 80884 | INDIANAPOLIS | IN | 46280 | 8006064841 | |
| A30 | RMSCO, INC. | PO BOX 678 | LIVERPOOL | NY | 130880678 | 8772047086 | |
| A30DN | RMSCO, INC. | PO BOX 678 | LIVERPOOL | NY | 130880678 | 8772047086 | |
| A31 | UNITY HEALTH INSURANCE | PO BOX 610 | SAUK CITY | WI | 535831374 | 8003623308 | |
| A32 | MAGELLAN BEHAVIORAL HEALTH | PO BOX 1659 | MARYLAND HEIGHTS | MO | 63043 | 8003592422 | |
| A33 | ALLIANT HEALTH PLANS, INC. | PO BOX 21109 | ROANOKE | VA | 24108 | 8002834927 | |
| A34 | WOODS & GROOM | 2549 17TH ST. | COLUMBUS | IN | 47202 | 8003683429 | DORMANT 8/06 |
| A35 | FABRI-KAL CORPORATION | PO DRAWER C | PIEDMONT | SC | 29773 | 8642991720 | CODE IN OPEN STATUS BY SCHA |
| A36 | FIELDCREST CANNON (CANNON MILLS) | PO BOX 5000 | EDEN | NC | 272895000 | 8002223693 | |
| A37 | UNITED BEHAVIORAL/DENTAL SYSTEMS | PO BOX 30755 | SALT LAKE CITY | UT | 84130 | 8005575745 | |
| A38 | UNITED HEALTHCARE OF NC | PO BOX 2604 | GREENSBORO | NC | 274386304 | 8009991147 | |
| A39 | COMPLETE BENEFITS SOLUTIONS | 6071 CARMEL RD., STE 305 | CHARLOTTE | NC | 28226 | 8662702316 | |
| A40 | STRATEGIC RESOURCE COMPANY | PO BOX 14079 | LEXINGTON | KY | 40512 | 8887729682 | |
| A41 | CLAIMS MANAGEMENT SERVICES | PO BOX 10888 | GREEN BAY | WI | 54307 | 8004727130 | |
| A42 | PRIMERICA LIFE INSURANCE COMPANY | 3120 BRECKINRIDGE BLVD. | DULUTH | GA | 30199 | 4043811000 | |
| A43 | PREMIER BENEFIT MANAGEMENT, INC. | 7070-A KAIGHN AVE. | PENSAUKEN | NJ | 08109 | | CODE ASSIGNED BY SCHA |
| A44 | GLOBAL MEDICAL MANAGEMENT, INC. | 7901 SW 36TH ST., STE. 100 | DAVIE | FL | 33328 | 9543706404 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A45 | INTEQ GROUP | 5445 LASIERRA DR., STE. 400 | DALLAS | TX | 75231 | 8009593953 | |
| A46 | STANDARD INSURANCE COMPANY | PO BOX 82622 | LINCOLN | NE | 68501 | 5033217000 | |
| A47 | STATESMAN NATIONAL LIFE INSURANCE COMPANY | 3815 MONTROSE BLVD. | HOUSTON | TX | 77006 | 7135266000 | |
| A48 | QUALMED OF OREGON | PO BOX 286 | CLACKMAS | OR | 970150286 | 8005685628 | DORMANT 8/06 |
| A49 | ARIZONA FOUNDATION FOR MEDICAL CARE | PO BOX 2909 | PHOENIX | AZ | 850622909 | 6022318855 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-------------------------------------|-----------------|----|-----------|------------|---|
| A50 | FEDERAL EMPLOYEES COMPENSATION ACT | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A51 | COAL MINE WORKERS COMP PROGRAM | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A52 | NATIONWIDE SPECIALTY HEALTH CLAIMS | PO BOX 420 | SPRINGFIELD | MA | 01101 | 8005174791 | |
| A53 | LONGSHORE & HARBOR WORKERS COMP PROGRAM | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A54 | CENTURY HEALTHCARE | PO BOX 2256 | GRAPEVINE | TX | 76099 | 8884441995 | NEIC 30018 |
| A55 | AETNA LIFE AND CASUALTY | PO BOX 36890 | LOUISVILLE | KY | 40232 | 8004233289 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A56 | VULCAN MATERIALS COMPANY | PO BOX 530187 | BIRMINGHAM | AL | 352530187 | 8642772371 | DORMANT 8/06 |
| A57 | AMERICAN GROUP ADMINISTRATORS, INC. | 101 CONVENTION CENTER DR., STE. 200 | LAS VEGAS | NV | 89109 | 8008424742 | CODE ASSIGNED BY SCHA |
| A58 | COMPREHENSIVE BENEFITS | PO BOX 8955 | MELVILLE | NY | 11747 | 8008283605 | |
| A60 | | | | | | | |
| A61 | SUMMACARE HEALTH PLAN | PO BOX 3620 | AKRON | OH | 743893628 | 8009968701 | |
| A62 | AMERICAN MEDICAL AND LIFE INSURANCE (AML) | PO BOX 1353 | CHICAGO | IL | 60690 | 8882641512 | |
| A63 | CITIZENS INSURANCE | PO BOX 1627 | ANDERSON | SC | 29622 | 8643340090 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A64 | NTCA (NAT'L TELECOMMUNICATIONS COOPERATIVE ASSO.) | ONE WEST PACK SQUARE STE 600 | ASHEVILLE | NC | 288013459 | 8282819000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A65 | DATARX | 5920 ODELLE ST. | CUMMINGS | GA | 30040 | 8778231273 | |
| A66 | PRAIRIE STATES ENTERPRISES, INC. | PO BOX 23 | SHEBOYGAN | WI | 530820023 | 8008157020 | |
| A67 | HEALTHSCOPE BENEFITS | PO BOX 99005 | LUBBOCK | TX | 794906831 | 8009676831 | |
| A68 | HOLLINGSWORTH SACO LOWELL CORP. | PO DRAWER 2327 | GREENVILLE | SC | 29602 | 8648593211 | DORMANT 8/06 |
| A69 | KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA | PO BOX 7004 | DOWNEY | CA | 902427004 | 8003310420 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A70 | NATIONAL EMPLOYEE BENEFIT ADMINISTRATORS | 1920 N. FLORIDA MANGO RD | WEST PALM BEACH | FL | 33409 | 8008225899 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-------------------------------|------------------|----|-----------|------------|---|
| A71 | CAROLINA BEHAVIORAL HEALTH ALLIANCE | PO BOX 571137 | WINSTON-SALEM | NC | 271571137 | 8004757900 | |
| A72 | BABB, INC. | 850 RIDGE AVE. | PITTSBURGH | PA | 15212 | 8002456102 | |
| A73 | CLAIMS TECHNOLOGY, INC. | 100 COURT AVE., STE. 306 | DES MOINES | IA | 50309 | 8002458813 | |
| A74 | FIRST CAROLINA CARE, INC. | PO BOX 381686 | BIRMINGHAM | AL | 35238 | 8008113298 | |
| A75 | HEALTH COST SOLUTIONS | PO BOX 1439 | HENDERSONVILLE | TN | 37077 | 8882295020 | WASLIFECARE CENTERS OF AMERICA |
| A76 | TOWER LIFE INS. CO. | 310 S. MARY ST. | SAN ANTONIO | TX | 78205 | 8006606077 | |
| A77 | SISCO | PO BOX 389 | DUDUQUE | IA | 52004 | 8004574725 | |
| A78 | HIGHWAY TO HEALTH (HTH) | PO BOX 968 | HORSHAM | PA | 19044 | 8883502002 | THIS CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| A79 | HEALTH SPECIAL RISK | 4001 N. JOSEY LANE | CARROLLTON | TX | 75007 | 9724926474 | |
| A80 | TOTAL SCRIPT | 10901 WEST 120TH AVE. STE 110 | BROOMFIELD | CO | 80021 | 8007522211 | |
| A81 | BENESYS | PO BOX 90082 | LUBBOCK | TX | 79402 | 3372341789 | |
| A82 | UNITED HEALTHCARE INDEMNITY | PO BOX 740801 | ATLANTA | GA | 303740801 | 8008488406 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A83 | GROUP RESOURCES, INC. | PO BOX 100043 | DULUTH | GA | 300969343 | 7706238383 | |
| A84 | HCC LIFE INSURANCE COMPANY | PO BOX 2005 | FARMINGTON HILLS | MI | 48333 | 8664004102 | |
| A85 | QUALCHOICE | PO BOX 25610 | LITTLE ROCK | AR | 722219914 | 8002357111 | |
| A86 | BENEFIT MANAGEMENT CO | PO BOX 269000 | WESTON | FL | 333269000 | 8002629175 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A87 | SOUTHEAST COMMUNITY CARE (ARCADIAN HEALTH) | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | |
| A88 | WINDSOR STERLING | PO BOX 269003 | PLANO | TX | 750269003 | 8888588551 | |
| A89 | SPECIAL INSURANCE SERVICES (SIS) | PO BOX 250349 | PLANO | TX | 750250349 | 8007676811 | CODE ASSIGNED BY SCHA |
| A90 | EMPLOYEE BENEFIT CLAIMS, INC. | 9501 WEST DEVON | ROSEMONT | IL | 60018 | 3126963660 | |
| A91 | STATES GENERAL LIFE INS. CO | 115 WEST 7TH ST., STE. 1200 | FORT WORTH | TX | 761027012 | 8007828375 | |
| A92 | PROVIDENT AMERICAN LIFE & HEALTH INS. | PO BOX 29158 | SHAWNEE MISSION | KS | 66201915 | 8007535133 | |
| A93 | AMERICAN COLLEGE OF SURGEONS | PO BOX 2522 | FORT WORTH | TX | 761132522 | 8004331672 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-------------------------------------|---------------|----|-----------|------------|---|
| A94 | FORETHOUGHT LIFE INSURANCE COMPANY | PO BOX 981721 | EL PASO | TX | 79998 | 8774925870 | |
| A95 | REYNOLDS & REYNOLDS | PO BOX 1272 | DAYTON | OH | 45401 | 8007363539 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A96 | HAMRICKS, INC. | 742 PEACHOID RD. | GAFFNEY | SC | 29340 | 8644877505 | |
| A98 | MERITAIN HEALTH | PO BOX 853921 | RICHARDSON | TX | 75085 | 8007654224 | |
| A99 | CHEROKEE INSURANCE | PO BOX 853925 | RICHARDSON | TX | 750853925 | 8002010450 | |
| B01 | HEALTH PARTNERS | PO BOX 1289 | MINNEAPOLIS | MN | 554401289 | 8889222313 | |
| B01DN | HEALTH PARTNERS DENTAL | PO BOX 1172 | MINNEAPOLIS | MN | 55440 | 8889222313 | |
| B02 | LIFE INSURANCE CO. OF ALABAMA | PO BOX 349 | GADSDEN | AL | 35902 | 8002262371 | |
| B03 | CHESAPEAKE LIFE INS. CO. | PO BOX 809025 | DALLAS | TX | 753809025 | 8887563534 | |
| B04 | CARITEN HEALTHCARE | PO BOX 22987 | KNOXVILLE | TN | 37933 | 8002840042 | CODE IN OPEN STATUS BY SCHA |
| B05 | FOCUS HEALTHCARE MANAGEMENT, INC. | 720 COOL SPRINGS BLVD. | FRANKLIN | TN | 37067 | 6157784000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B06 | SOUTHCARE HEALTHCARE PREFERRED | 1100 CIRCLE 75 PARKWAY, STE. 1400 | ATLANTA | GA | 30339 | 8004702004 | |
| B07 | MAGNACARE | PO BOX 1001 | GARDEN CITY | NY | 11530 | 8666246259 | |
| B08 | AMFIRST INSURANCE CO | PO BOX 16708 | JACKSON | MS | 39236 | 8888882519 | |
| B09 | DEARBORN NATIONAL | PO BOX 23060 | BELLEVILLE | IL | 62223 | 8003484512 | |
| B10 | PILGRIM HEALTH & LIFE INSURANCE | PO BOX 897 | ATLANTA | GA | 30303 | 4046592100 | CODE IN OPEN STATUS BY SCHA |
| B11 | CBCA ADMINISTRATORS, INC. | PO BOX 1339 | MINNEAPOLIS | MN | 55440 | 8008243882 | |
| B12 | JOHN HANCOCK LIFE AND HEALTH INSURANCE | JOHN HANCOCK B5-03 200 BERKELEY ST. | BOSTON | MA | 02116 | 8003777311 | |
| B13 | WEB TPA | PO BOX 99906 | GRAPEVINE | TX | 760999706 | 8007582851 | |
| B13DN | WEB TPA | PO BOX 99906 | GRAPEVINE | TX | 76099 | 8007582851 | |
| B14 | A.C.S. CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 271022000 | 3367592013 | |
| B14DN | A.C.S. CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 271022000 | 3367592013 | DENTAL ONLY |
| B15 | HILLCREST BENEFIT ADMINISTRATORS | PO BOX 1516 | MT. DORA | FL | 32756 | 8007439264 | |
| B16 | MAGELLAN RX | 11013 W BROAD ST., STE. 500 | GLEN ALLEN | VA | 23060 | 8006594112 | |
| B17 | ULTRA BENEFITS | PO BOX 763 | WESTBORO | MA | 01581 | 8668587223 | |
| B18 | LUMENOS | PO BOX 69309 | HARRISBURG | PA | 17106 | 8774957223 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--|----------------|----|-----------|------------|---|
| B19 | RENAISSANCE DENTAL | PO BOX 17250 | INDIANAPOLIS | IN | 46217 | 8883589484 | |
| B20 | FMH BENEFIT SERVICES, INC. | PO BOX 25946 | OVERLAND PARK | KS | 66225 | 8009909058 | |
| B21 | PIONEER HEALTH | PO BOX 6600 | HOLYOKE | MA | 01041 | 8004234586 | |
| B22 | COVENTRY HEALTHCARE OF VIRGINIA | PO BOX 7704 | LONDON | KY | 40742 | 8006274872 | |
| B23 | LINCOLN FINANCIAL GROUP | PO BOX 614008 | ORLANDO | FL | 32861 | 8004232765 | |
| B24 | EMBLEM HEALTH CARE CO. | PO BOX 3000 | NEW YORK | NY | 10116 | 2125014444 | |
| B25 | HEALTH AND WELFARE FUND LOCAL 218 | PO BOX 115027 | ATLANTA | GA | 30310 | 4047555665 | |
| B26 | IMSCO HEALTH PLAN | PO BOX 697 | BUCKEYSTOWN | MD | 217170697 | 8009442833 | IMSCO - INTERNATIONAL MANAGEMENT SERVICE CO. |
| B27 | HEALTH FIRST (PPO) | PO BOX 17709 | GREENVILLE | SC | 29606 | 8642893000 | |
| B28 | THE STANDARD | PO BOX 82622 | LINCOLN | NE | 68501 | 8005479515 | |
| B29 | PANAMERICAN BENEFIT SOLUTIONS | PO BOX 981644 | EL PASO | TX | 799981644 | 8006949888 | WAS US NOW INSURANCE GROUP |
| B30 | SOUTHERN BENEFITS, SOUTHEASTERN PIPE TRADERS | PO BOX 1449 | GOODLETTSVILLE | TN | 370701449 | 8008314914 | |
| B31 | GREAT AMERICAN LIFE INS. CO (GALIC) | PO BOX 559002 | AUSTIN | TX | 787553010 | 8008802745 | |
| B32 | MAXCARE | PO BOX 16430 | OKLAHOMA CITY | OK | 73113 | 8002597765 | |
| B33 | PHARMAVAIL DRUG COMPANY | 3380 TRICKHUM RD., BLDG. 400, UNIT 100 | WOODSTOCK | GA | 30188 | 8009333734 | |
| B34 | ATLANTA LIFE INSURANCE COMPANY | 100 AUBURN AVE., NE | ATLANTA | GA | 30303 | 4046592100 | |
| B35 | PROCARE RX PBM | 1267 PROFESSIONAL PARKWAY | GAINESVILLE | GA | 30507 | 8006993542 | |
| B36 | COMMONWEALTH INDEMNITY PLAN | PO BOX 9016 | ANDOVER | MA | 01810 | 8004429033 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B37 | BENEFIT ADMINISTRATORS | PO BOX 21308 | COLUMBIA | SC | 29221 | 8778400936 | |
| B37DN | BENEFIT ADMINISTRATORS | PO BOX 1957 | BEATTYVILLE | KY | 41311 | 8003258424 | |
| B38 | MEDBEN | PO BOX 1009 | NEWARK | OH | 43058 | 8006868425 | |
| B39 | MEDICAL SAVINGS INSURANCE CO. | 5835 WEST 74TH ST. | INDIANAPOLIS | IN | 462781758 | 3173298222 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B40 | TOTAL CLAIMS SOLUTION (TCS) | PO BOX 10888 | GREEN BAY | WI | 543070888 | 8003760110 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B41 | VYTRA HEALTHCARE | PO BOX 9091 | MELVILLE | NY | 11747 | 8668089399 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------------|----------------|----|-----------|------------|---|
| B42 | UMR | PO BOX 266 | ONALASKA | WI | 546568764 | 8002368672 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B43 | AFFINITY HEALTH PLAN | PO BOX 981726 | EL PASO | TX | 799981726 | 8662475678 | |
| B44 | AMERICAN CHOICE HEALTH PLAN, LLC | PO BOX 922043 | HOUSTON | TX | 77292 | 8006334226 | |
| B44DN | AMERICAN CHOICE HEALTH PLAN, LLC | PO BOX 922009 | HOUSTON | TX | 77292 | 8005989799 | |
| B45 | ATLANTICARE | PO BOX 613 | HAMMONTON | NJ | 08037 | 8883282287 | |
| B46 | TOTAL CLAIMS SOLUTION (TCS) | PO BOX 10888 | GREEN BAY | WI | 54307 | 8003760110 | |
| B47 | PHARMACY DATA MANAGEMENT, INC. | 1170 E WESTERN RESERVE RD. | POLAND | OH | 44514 | 8007740890 | |
| B48 | SELECT HEALTH | PO BOX 30192 | SALT LAKE CITY | UT | 84123 | 8005385038 | |
| B49 | FALLON COMMUNITY HEALTH PLAN | PO BOX 15121 | WORCHESTER | MA | 01615 | 8008685200 | |
| B50 | MEMBER HEALTH | PO BOX 391180 | CLEVELAND | OH | 44139 | 8888685854 | |
| B51 | INNOVIA NT | PO BOX 8082 | WAUSAU | WI | 54402 | 8775592955 | |
| B52 | SOUTHERN PLANNED ADMINISTRATORS | PO BOX 218180 | HOUSTON | TX | 77218 | 2818291033 | |
| B53 | NATIONAL FOUNDATION LIFE INSURANCE COMPANY | 110 WEST 7TH ST., STE. 300 | FORT WORTH | TX | 76102 | 8002219039 | |
| B54 | NGS AMERICAN, INC. | PO BOX 2310 | MT. CLEMENS | MI | 48046 | 8107797676 | |
| B55 | US SCRIPTS | 2425 WEST SHAW AVE. | FRESNO | CA | 93711 | 8004608988 | |
| B56 | MEDSAVE USA | 3035 LAKELAND HILLS BLVD. | LAKELAND | FL | 33805 | 8002263155 | |
| B57 | SOUTHERN FARM BUREAU LIFE INS. CO. | PO BOX 78 | JACKSON | MS | 39205 | 8004579611 | |
| B58 | AVMED HEALTH | PO BOX 569000 | MIAMI | FL | 332569000 | 8004528633 | |
| B59 | CASTIARX | 701 EMERSON RD., STE. 301 | CREVE COEUR | MO | 63141 | 8665163121 | |
| B60 | STATE MUTUAL LIFE ASSURANCE COMPANY OF AMERICA | 1100 31ST ST. | DOWNERS GROVE | IL | 60515 | 8003233359 | CODE IN OPEN STATUS BY SCHA |
| B61 | AMERICAN BEHAVIORAL | 3680 GRANDVIEW PARKWAY STE. 100 | BIRMINGHAM | AL | 35243 | 8009258327 | |
| B62 | LIBERTY DENTAL | PO BOX 26110 | SANTA ANNA | CA | 92799 | 8889020349 | |
| B63 | EASTERN LIFE AND HEALTH INSURANCE | PO BOX 10188 | LANCASTER | PA | 17605 | 8002330307 | |
| B64 | UNITED MEDICAL RESOURCES, INC. | PO BOX 30541 | SALT LAKE CITY | UT | 84130 | 5136193000 | |
| B65 | COMPASS ROSE HEALTH PLAN | PO BOX 141501 | NASHVILLE | TN | 37214 | 8775311159 | |
| B66 | KIRKE-VAN ORSDEL, INC. | PO BOX 9126 | DES MOINES | IA | 503069126 | 8002472192 | USE CODE 759 MEDIPLUS PER SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------------|---------------|----|-----------|------------|--|
| B67 | NAVITUS HEALTH SOLUTIONS LLC | PO BOX 999 | APPLETON | WI | 549120999 | 8662682501 | |
| B68 | UPMC HEALTH BENEFITS, INC. | PO BOX 2999 | PITTSBURGH | PA | 15230 | 8773813764 | |
| B69 | AMERICAN INSURANCE ADMINISTRATORS | PO BOX 2348 | COLUMBUS | OH | 432162348 | 8009221245 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B70 | DECARE DENTAL | PO BOX 1348 | MINNEAPOLIS | MN | 55440 | 8005876857 | |
| B71 | CHCS SERVICES, INC. | PO BOX 12467 | PENSACOLA | FL | 325912457 | 8888031780 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B72 | INTEGRITY NATIONAL LIFE INS. | PO BOX 32350 | LOUISVILLE | KY | 40232 | 5024261843 | CODE ASSIGNED BY SCHA |
| B73 | SOUTHERN CALIFORNIA PIPE TRADES TRUST FUND | 501 SHATTO PLACE, 5TH FLOOR | LOS ANGELES | CA | 90020 | 2133856161 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B74 | STAR HRG | PO BOX 54150 | PHOENIX | AZ | 850784150 | 8002881474 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B75 | HEALTH DESIGN PLUS | PO BOX 2584 | HUDSON | OH | 442362584 | 8008930777 | |
| B76 | INTERNATIONAL ASSO. BENEFITS | 1747 PENNSYLVANIA AVE. NORTH WEST | WASHINGTON | DC | 20006 | 8002751171 | |
| B77 | UNITED HEALTHCARE PLAN ADMINISTRATORS | PO BOX 121212 | MARIETTA | GA | 300670092 | 8005627079 | USE CODE 985 BENESIGHT |
| B78 | ARM GROUP (OMNICARE) | 340 QUADRANGLE DR. | BOLINGBROOK | IL | 60440 | 8009687222 | |
| B79 | FOX-EVERETT, INC. | PO BOX 6012 | RIDGELAND | MI | 39158 | 8774766327 | |
| B80 | INTEGRATED BEHAVIORAL HEALTH/IBH | PO BOX 30018 | LAGUNA NIGUEL | CA | 92607 | 8003951616 | |
| B81 | HM BENEFITS ADMINISTRATORS, INC. | PO BOX 535078 | PITTSBURGH | PA | 152535078 | 8002792624 | |
| B82 | AVANTE HEALTH | 1111 E. HERNDON AVE., STE. 308 | FRESNO | CA | 93720 | 8664163617 | |
| B83 | STATE OF LOUISIANA EMPLOYEES | PO BOX 44036 | BATON ROUGE | LA | 70804 | 8002728451 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B84 | HEALTH CARE CORPORATION | 203 JANDERS RD. | CARY | IL | 60013 | | CODE IN OPEN STATUS BY SCHA |
| B85 | TUFTS HEALTHCARE | PO BOX 9185 | WATERTOWN | MA | 02471 | 8004238080 | |
| B86 | PREFERRED ONE ADMINISTRATIVE SERVICES | PO BOX 59212 | MINNEAPOLIS | MN | 55459 | 8009971750 | |
| B87 | HEALTH ALLIANCE | PO BOX 6003 | URBANA | IL | 616036003 | 8003227451 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---|-------------------|----|-----------|------------|---|
| B88 | GETTYSBURG HEALTH ADMINISTRATORS | PO BOX 1169 | FREDERICK | MD | 21702 | 8004974474 | |
| B89 | RXEDO | 7800 DALLAS PARKWAY STE 460 | PLANO | TX | 75024 | 8888797336 | |
| B90 | FIRST CHOICE VIP CARE | PO BOX 307 | LINTHICUM | MD | 210900307 | 8005750418 | THIS IS A MEDICARE ADVANTAGE PLAN. |
| B91 | CHRISTIAN BROTHERS EMPLOYEE BENEFIT TRUST | 1205 WINDHAM PARKWAY | ROMEDEVILLE | IL | 60446 | 8008070400 | |
| B92 | CARE SOURCE | ONE SOUTH MAIN | DAYTON | OH | 45402 | 8004880134 | |
| B93 | UNIVERSITY HEALTH ALLIANCE | 700 BISHOP ST., STE. 300 | HONOLULU | HI | 968134100 | 8005324000 | |
| B94 | THE CAPELLA GROUP | PO BOX 200368 | ARLINGTON | TX | 76006 | 8884113888 | |
| B95 | SINCLAIR HEALTH SERVICES | PO BOX 30827 | SALT LAKE CITY | UT | 84130 | 8888002230 | |
| B96 | ALTERNATIVE RISK MANAGERMENTS (ARM LTD) | 814 N.W. HIGHWAY | ARLINGTON HEIGHTS | IL | 60004 | 8003921770 | |
| B97 | NIPPON LIFE INSURANCE CO. | PO BOX 25951 | SHAWNEE MISSION | KS | 662255951 | 8003741835 | |
| B98 | AMERICAN PIONEER LIFE INSURANCE COMPANY | PO BOX 130 | PENSACOLA | FL | 32591 | 8005381053 | |
| B99 | GROUP & PENSION ADMINISTRATORS, INC. | PO BOX 749075 | DALLAS | TX | 75374 | 8662063224 | |
| C01 | TERMINIX SERVICE | PO BOX 2627 | COLUMBIA | SC | 29202 | 8037721783 | CODE ASSIGNED BY SCHA |
| C02 | FOUNDATION BENEFITS ADMINISTRATORS | 6300 BRIDGEPOINT PKWAY, BLDG. 3 #400 | AUSTIN | TX | 78730 | 8883687910 | |
| C03 | TOTAL PLAN SERVICES, INC. | PO BOX 251369 | PLANO | TX | 75025 | 8009695238 | |
| C04 | CBA BLUE | PO BOX 9350 | SOUTH BURLINGTON | VT | 05407 | 8882229206 | DENTAL ONLY |
| C05 | STRATEGIC OUTSOURCING, INC. (SOI) | PO BOX 241508 | CHARLOTTE | NC | 28224 | 8888367764 | |
| C06 | MISSIONARY MEDICAL | PO BOX 45730 | SALT LAKE CITY | UT | 84145 | 8007771647 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C07 | AMERIBEN SOLUTIONS | PO BOX 7186 | BOISE | ID | 83707 | 8007867930 | |
| C08 | BENECARD | PO BOX 2187 | CLIFTON | NJ | 07015 | 8007379528 | |
| C09 | HEALTH PLAN ADMINISTRATORS | PO BOX 2638 | ROCKFORD | IL | 61132 | 8156335800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C10 | ZAVATA | PO BOX 1208 | AMERICUS | GA | 31709 | 8008417735 | WAS PARADIGM CARE PLAN |
| C11 | MAESTRO HEALTH | P O BOX 1178 | MATTHEWS | NC | 28106 | 8002281803 | |
| C11DN | MAESTRO HEALTH | P O BOX 1178 | MATTHEWS | NC | 28106 | 8002281813 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------------|-----------------|----|-----------|------------|---|
| C12 | BENEFIT MANAGEMENT, INC. | PO BOX 1090 | GREAT BEND | KS | 66210 | 8002901368 | |
| C13 | CENTRAL RESERVE LIFE OF NORTH AMERICA INSURANCE CO | 17800 ROYALTON RD. | STRONGSVILLE | OH | 441365197 | 8003213997 | |
| C14 | COASTAL LUMBER CO | PO BOX 1576 | WALTERBORO | SC | 29488 | 8435382876 | CODE IN OPEN STATUS BY SCHA |
| C15 | ADVANCE PCS | PO BOX 52188 | PHOENIX | AZ | 850722196 | 4803914600 | SEE CARRIER 471 |
| C16 | CONSOLIDATED BENEFITS, INC. | PO BOX 23686 | COLUMBIA | SC | 29224 | 8037365088 | |
| C17 | NATIONAL BENEFITS | 110 GIBRALTAR RD. | HORSHAM | PA | 19044 | 2154430404 | |
| C18 | EVOLUTIONS HEALTHCARE SYSTEMS | PO BOX 5001 | NEW PORT RICHEY | FL | 34656 | 8008814474 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C19 | TAYLOR BENEFIT RESOURCES, INC. | PO BOX 6580 | THOMASVILLE | GA | 31758 | 8883525246 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C20 | SCREEN ACTORS GUILD-PRODUCERS HEALTH PLAN | PO BOX 7830 | BURBANK | CA | 915107830 | 8007774013 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C22 | BOSTON MUTUAL LIFE INSURANCE COMPANY | 120 ROYALL ST. | CANTON | MA | 02021 | 6178287000 | |
| C23 | | | | | | | |
| C24 | ENCOMPASS HEALTH MANAGEMENT SYSTEM | 6000 WEST TOWN PARKWAY STE 350 | DES MOINES | IA | 50266 | 8005113389 | |
| C25 | MEDICAL CLAIMS SERVICES | 1 WALL ST., STE. 2A | RAVENSWOOD | WV | 26164 | 8882250522 | |
| C26 | INTERACTIVE MEDICAL SYSTEMS, INC. | PO BOX 1349 | WAKE FOREST | NC | 27588 | 8004268739 | |
| C27 | SELECT BENEFIT ADMINISTRATORS | PO BOX 3245 | MILWAUKEE | WI | 53201 | 8004973699 | |
| C27DN | SELECT BENEFIT ADMINISTRATORS | PO BOX 440 | ASHLAND | WI | 54806 | 8004973699 | |
| C28 | BENEFIT PLAN MANAGEMENT | PO BOX 536 | ROCKLYN | MA | 02370 | 8776427500 | |
| C29 | TRUE CHOICE USA | PO BOX 251369 | PLANO | TX | 75025 | 8002519665 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C30 | KEENAN AND COMPANY | PO BOX 11431 | TORRANCE | CA | 90510 | 8006533626 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C31 | CONSUMER HEALTH SOLUTIONS | PO BOX 3492 | SPARTANBURG | SC | 29304 | 8645739541 | THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|--------------------------|-----------------|----|-----------|------------|---|
| C32 | WELL FARGO INSURANCE | PO BOX 91608 | LUBBOCK | TX | 79490 | 8004354351 | |
| C32DN | ASSURANT HEALTH | PO BOX 91608 | LUBBOCK | TX | 79490 | 8004354351 | FORMALLY WELLS FARGO |
| C33 | THE DESTINY HEALTH PLAN | PO BOX 4628 | OAKBROOK | IL | 60522 | 8668269345 | |
| C34 | GEOBLUE | 933 FIRST AVENUE | KING OF PRUSSIA | PA | 19406 | 8552823517 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C35 | MUTUAL PROTECTIVE MEDICO LIFE INSURANCE COMPANIES | 1515 S 75TH ST. | OMAHA | NE | 68124 | 8002286080 | SEE CODE C99 |
| C36 | NORTH AMERICAN INSURANCE COMPANY | PO BOX 44160 | MADISON | WI | 53744 | 6086621232 | |
| C37 | OLD SURETY LIFE INSURANCE CO | PO BOX 54407 | OKLAHOMA CITY | OK | 731541407 | 8002725466 | |
| C38 | STANDARD LIFE & ACCIDENT INSURANCE COMPANY | PO BOX 1800 | GALVESTON | TX | 775531800 | 8883501488 | |
| C39 | CONTINENTAL GENERAL INSURANCE COMPANY | PO BOX 247007 | OMAHA | NE | 681247007 | 4023973200 | |
| C40 | AVERA HEALTH PLANS | PO BOX 381506 | BIRMINGHAM | AL | 35238 | 8883222115 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C41 | INTERNATIONAL BENEFITS ADMINISTRATORS, INC. | PO BOX 9306 | GARDEN CITY | NY | 11530 | 8004227617 | |
| C41DN | INSUREX BENEFITS ADMINISTRATORS, INC. | PO BOX 41779 | MEMPHIS | TN | 381741799 | 9017256435 | |
| C42 | STANDARD CORPORATION | 1400 MAIN ST., STE. 1300 | COLUMBIA | SC | 29201 | 8037716785 | |
| C43 | EMPLOYEE BENEFIT ADMINISTRATORS | PO BOX 5150 | GREENVILLE | SC | 29606 | 8642356474 | |
| C44 | S C MEDICAL ASSOCIATION-MEMBERS INSURANCE TRUST | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037986207 | |
| C45 | TALL TREE ADMINISTRATORS | PO BOX 71747 | SALT LAKE CITY | UT | 841710747 | 8774534201 | |
| C46 | MEDCO HEALTH SOLUTIONS | PO BOX 2902 | CLINTON | IA | 527332902 | 8002727243 | USE CARRIER 333 EXPRESS SCRIPTS |
| C47 | KANAWHA BENEFIT SERVICES | PO BOX 50098 | KNOXVILLE | TN | 379500098 | 8008221274 | |
| C47DN | KANAWHA BENEFIT SERVICES | PO BOX 50098 | KNOXVILLE | TN | 379500098 | 8008221274 | |
| C48 | SOUTHERN ADMINISTRATIVE SERVICES | PO BOX 8069 | COLUMBUS | GA | 31908 | 8004268803 | |
| C49 | ACS CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 27102 | 8008495370 | WAS PENN WESTERN |
| C49DN | PENN WESTERN BENEFITS, INC. | PO BOX 2000 | WINSTON-SALEM | NC | 27102 | 8008465370 | |
| C50 | TENNESSEE BENEFIT ADMINISTRATORS | PO BOX 3257 | SPARTANBURG | SC | 29304 | | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------------------|------------------|----|-----------|------------|---|
| C51 | YALEHEALTH PLAN | PO BOX 208217 | NEW HAVEN | CT | 065208217 | 2034320250 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C52 | TPA OF GEORGIA | 4574 LAWRENCEVILLE HWY, STE. 201 | LILBURN | GA | 30047 | 7704517550 | |
| C53 | | | | | | | |
| C54 | INTER-AMERICAS INS. CORP. (OIDA) | PO BOX 9510 | WICHITA | KS | 672770510 | | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C55 | PLAN ADMINISTRATORS (MATURE AMERICAN) | 734 15TH ST. NW, STE. 500 | WASHINGTON | DC | 20005 | 2023936600 | |
| C56 | COMPDET | 1930 BISHOP LANE STE. 132 | LOUISVILLE | KY | 40218 | 8006331262 | |
| C57 | WORLD TRAVEL PROTECTION | 4600 WITMER INDUSTRIAL ESTATES #2 | NIAGARA FALLS | NY | 14305 | 8004564553 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C59 | HUMANA CHOICE (PPO) | PO BOX 14605 | LEXINGTON | KY | 405784602 | 8004574708 | MEDICARE ADVANTAGE PLAN |
| C60 | INSTILL HEALTH SYSTEMS (FFS) | PO BOX 7061 | CAMDEN | SC | 290207845 | 8774467845 | MEDICARE ADVANTAGE PLAN |
| C61 | INSTILL HEALTH SYSTEMS (PPO) | PO BOX 7061 | CAMDEN | SC | 290207845 | 8774467845 | MEDICARE ADVANTAGE PLAN |
| C62 | BCBS OF SC MEDICARE BLUE PRIVATE (PFFS) | PO BOX 100133 | COLUMBIA | SC | 29202 | 8006053256 | MEDICARE ADVANTAGE PLAN |
| C63 | BCBS OF SC MEDICARE BLUE&MEDICARE BLUE PLUS (PPO) | PO BOX 100133 | COLUMBIA | SC | 29202 | 8006053256 | MEDICARE ADVANTAGE PLAN |
| C64 | BLUE CHOICE HEALTH PLAN (PPO) | PO BOX 6170 | COLUMBIA | SC | 29260 | 8772753256 | MEDICARE ADVANTAGE (PPO) |
| C65 | PRESBYTERIAN HEALTHCARE SERVICES | PO BOX 27489 | ALBUQUERQUE | NM | 87125 | 8003562219 | |
| C66 | CATERPILLAR, INC. | PO BOX 62920 | COLORADO SPRINGS | CO | 809622920 | 3094942363 | |
| C67 | | | | | ----- | | |
| C68 | DENTAL BENEFIT PROVIDERS | PO BOX 389 | ROCKVILLE | MD | 20848 | 8004459090 | |
| C69 | | | | | | | |
| C70 | AMERICAN RETIREMENT LIFE | PO BOX 30010 | AUSTIN | TX | 757553010 | 8664591755 | REQUESTED BY THE SCHA |
| C71 | JOHNS HOPKINS HEALTHCARE | 6704 CURTIS CT. | GLEN BURNIE | MD | 21060 | 8002612393 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------------------------|--------------|----|-----------|------------|---|
| C72 | ADVANCED INSURANCE ADMINISTRATION | 125 MERRILL DR., STE. 2000 | LITTLE ROCK | AR | 72211 | 8882424800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C73 | UNION PACIFIC RAILROAD EMPLOYEES HEALTH | 795 NORTH 400 WEST | SALT LAKE | UT | 84103 | 8005470421 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C74 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 981610 | EL PASO | TX | 799981610 | 7043643865 | |
| C74DN | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 220887 | CHARLOTTE | NC | 28222 | 7043643865 | |
| C75 | FLORIDA 1ST SERVICE ADMINISTRATORS, INC. | PO BOX 3607 | WINTER HAVEN | FL | 338853067 | 8002263155 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C76 | WESTERN AND SOUTHERN GROUPS | PO BOX 5735 | CINCINNATI | OH | 45201 | 8004248622 | |
| C77 | CARPENTERS HOSPITALIZATION PLAN | 3611 CHESTER AVE. | CLEVELAND | OH | 44114 | 8004213959 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C78 | KAISER PERMANENTE | PO BOX 370010 | DENVER | CO | 80237 | 4042612590 | |
| C79 | BENEFIT ADMINISTRATIVE SYSTEM, LTD | PO BOX 17475 JOVANNA DR., STE. 1B | HOMEWOOD | IL | 60430 | 7087997400 | |
| C80 | ELDER HEALTH (MHN/HMC) | PO BOX 4433 | BALTIMORE | MD | 21223 | 8887768851 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C81 | UNITED PAYORS & UNITED PROVIDERS | 2273 RESEARCH BLVD. | ROCKVILLE | MD | 20850 | 8002474144 | |
| C82 | AMERICAN STANDARD LIFE & ACCIDENT INS. CO. | PO DRAWER 3248, 224 NORTH INDEPENDENT | ENID | OK | 73701 | 4052334000 | CODE IN OPEN STATUS BY SCHA |
| C83 | FREEDOM LIFE INSURANCE CO. OF AMERICA | PO BOX 1468 | ARLINGTON | TX | 76004 | 8669734647 | |
| C84 | CENTRAL UNITED & CHRISTIAN MUTUAL LIFE INS. CO. | 2727 ALLEN PARKWAY | HOUSTON | TX | 770192115 | 7135290045 | |
| C85 | LOYAL AMERICAN LIFE INSURANCE COMPANY | PO BOX 559004 | AUSTIN | TX | 78755 | 8006336752 | |
| C86 | NATIONAL STATES INSURANCE COMPANY | PO BOX 27321, 1830 CRAIG PARK CT. | ST. LOUIS | MO | 63141 | 3148780101 | |
| C87 | SIHO INSURANCE SERVICES | PO BOX 1787 | COLUMBUS | IN | 47202 | 8008732022 | |
| C88 | ADVENTIST RISK MANAGEMENT | PO BOX 1928 | GRAPEVINE | TX | 76099 | 8006380589 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|----------------------------------|---------------|----|-----------|------------|---|
| C89 | NEW SOURCES BENEFITS | PO BOX 6305 | SPARTANBURG | SC | 29304 | 8004761555 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C92 | AMERICAN HEALTH CARE | 3850 AHERTON RD. | ROCKLIN | CA | 95765 | 8008728276 | |
| C92DN | AMERICAN HEALTH CARE | 3001 DOUGLAS ST. | ROSEVILLE | CA | 95661 | 8008728276 | |
| C93 | STUDENT ASSURANCE INSURANCE SERVICES | PO BOX 196 | STILL WATER | MN | 55085 | 8003282739 | |
| C94 | ERIN GROUP ADMINISTRATORS | PO BOX 7777 | LANCASTER | PA | 17604 | 8004333746 | ANOTHER PHONE NUMBER 717-581-1300 |
| C94DN | ERIN GROUP ADMINISTRATORS | PO BOX 7777 | LANCASTER | PA | 17604 | 8004333746 | ANOTHER PHONE NUMBER 717-581-1300 |
| C95 | MIDWEST SECURITY | 2700 MIDWEST DR. | ONALASKA | WI | 54650 | 8002368672 | |
| C96 | MEDTRACK SERVICES | 7101 COLLEGE BLVD., STE. 1000 | OVERLAND PARK | KS | 66210 | 8007714648 | |
| C97 | GEM GROUP | 1200 THREE GATEWAY CENTER | PITTSBURGH | PA | 15222 | 8002428923 | |
| C98 | MEDICAL BENEFIT ADM. OF MARYLAND, INC. | PO BOX 950 | FORREST HILL | MA | 60631 | 8885323467 | |
| C99 | MEDICO INSURANCE COMPANY | PO BOX 21660 | EAGAN | MN | 55121 | 8002286080 | CARRIER WAS PREVIOUSLY C35. |
| CAS | CASUALTY CASE | | | | | | |
| CO5 | | | | | | | |
| CO9 | EMPLOYEE BENEFITS TRUST | PO BOX 1431 | WICHITA FALLS | TX | 76307 | 8177617611 | CODE ASSIGNED WITH LETTER O INSTEAD OF NUMERIC ZERO. |
| D01 | INTERLINK HEALTH SERVICES | 4950 NE BELNAP CT. #205 | HILLSBORO | OR | 97124 | 5036402000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D02 | INSURANCE ADMINISTRATOR OF AMERICA | PO BOX 5082 | MT. LAUREL | NJ | 08054 | 8009896739 | |
| D03 | PACIFIC SOURCE | PO BOX 7068 | EUGENE | OR | 97401 | 8006246052 | |
| D04 | LBA HEALTH PLANS, INC./PRIMARY SELECT | PO BOX 17098 | OWINGS MILL | MD | 211177098 | 8008158240 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D05 | UPMC HEALTH BENEFITS, INC. | PO BOX 2999 | PITTSBURGH | PA | 15230 | 8773813764 | MEDICARE ADVANTAGE PLAN |
| D06 | SOUTHERN CALIFORNIA BAKERY & CONFECTIONARY | PO BOX 22041 | COMMERCE | CA | 90022 | 3237227171 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-------------------------------|--------------|----|-----------|------------|--|
| D08 | BIG LOTS ASSOCIATE BENEFIT PLAN | PO BOX 9071 | DUBLIN | OH | 430170971 | 8772542363 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D09 | JM FAMILY ENTERPRISES | 8019 BAYBERRY RD. | JACKSONVILLE | FL | 32256 | 8008920059 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D10 | SEVEN CORNERS, INC. | PO BOX 3430 | CARMEL | IN | 46082 | 8666994186 | |
| D11 | ADVANCED BENEFIT SOLUTIONS | PO BOX 71490 | PHOENIX | AZ | 85050 | 8884191094 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA MEDICARE SUPPLEMENTAL PLAN |
| D12 | SECUREHORIZONS DIRECT PFFS | PO BOX 12466 | PENSACOLA | FL | 325912466 | 8882024340 | MEDICARE ADVANTAGE PLAN |
| D13 | ARCADIAN | PO BOX 4946 | COVINA | CA | 91723 | 8007756490 | CODE ORIGINALLY ASSIGNED AS MA IN ERROR USE CODE 816 FOR MA PLAN |
| D14 | MEDICARE PLUS BLUE (BCBS OF MICHIGAN) | 27000 ELEVEN MILE RD. | SOUTHFIELD | MI | 48034 | 8002495103 | MEDICARE ADVANTAGE PLAN |
| D15 | SECURITYCHOICE ENHANCED PLUS | PO BOX 795180 | SAN ANTONIO | TX | 78279 | 8884458916 | MEDICARE ADVANTAGE PLAN |
| D16 | AETNA MEDICARE OPEN PLAN | PO BOX 14079 | LEXINGTON | KY | 405124079 | 8006240756 | MEDICARE ADVANTAGE PLAN |
| D17 | WELLCARE | PO BOX 795184 | SAN ANTONIO | TX | 78279 | 8662352770 | MEDICARE ADVANTAGE PLAN |
| D18 | COMMUNITY CARE SENIOR HEALTH PLAN | PO BOX 3249 | TULSA | OK | 741013249 | 8006428065 | MEDICARE ADVANTAGE PLAN |
| D19 | HEALTHFIRST 65 PLUS | PO BOX 5196 | NEW YORK | NY | 10274 | 8882601010 | MEDICARE ADVANTAGE PLAN |
| D20 | EXCELLUS MEDICARE BLUE CHOICE OPTIMUM | PO BOX 41915 | ROCHESTER | NY | 14604 | 8778839577 | MEDICARE ADVANTAGE PLAN |
| D21 | CARITEN SENIOR HEALTH | PO BOX 22885 | KNOXVILLE | TN | 37933 | 8656707790 | MEDICARE ADVANTAGE PLAN |
| D22 | SMART VALUE (BC OF GA) (PFFS) | PO BOX 3897 | SCRANTON | PA | 18505 | 8668659329 | MEDICARE ADVANTAGE PLAN |
| D23 | AMERICA'S HEALTH CHOICE MEDICAL PLANS,(HMO) | 762 SOUTH US HWY. ONE PMB 224 | VERO BEACH | FL | 32962 | 8003089823 | MEDICARE ADVANTAGE PLAN |
| D24 | MOUNT CARMEL HEALTH PLAN (MCHP) MEDIGOLD (HMO) | PO BOX 6111 | WESTERVILLE | OH | 43086 | 8002403870 | MEDICARE ADVANTAGE PLAN |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------------|----------------|----|-----------|------------|--|
| D25 | ELDER PLAN, INC. (HMO) | PO BOX 199100 | BROOKLYN | NY | 11219 | 7189218818 | MEDICARE ADVANTAGE |
| D26 | OXFORD MEDICARE ADVANTAGE (HMO) | PO BOX 7082 | BRIDGEPORT | CT | 06601 | 8002341228 | MEDICARE ADVANTAGE PLAN |
| D27 | SECURE HORIZONS PACIFICARE | PO BOX 25032 | SANTA ANA | CA | 927995032 | 7148253828 | MEDICARE ADVANTAGE PLAN |
| D28 | PYRAMID LIFE INSURANCE CO (PFFS) | PO BOX 958465 | LAKE MARY | FL | 327958465 | 4076281776 | MEDICARE ADVANTAGE PLAN |
| D29 | UNICARE LIFE & HEALTH INS. CO (PFFS) | 233 S WACKER DR., STE. 3900 | CHICAGO | IL | 68606 | 3123247000 | MEDICARE ADVANTAGE PLAN |
| D30 | UNITED HEALTHCARE INS. CO (PPO) | PO BOX 150450 | HARTFORD | CT | 061150450 | 8607025000 | MEDICARE ADVANTAGE PLAN |
| D31 | LEON MEDICAL CENTER HEALTH PLAN | PO BOX 65-9006 | MIAMI | FL | 33265 | 3055595366 | MEDICARE ADVANTAGE PLAN |
| D32 | MEDICARE COMPLETE (UNITED HEALTH CARE) | PO BOX 659735 | SAN ANTONIO | TX | 782659735 | 8778423210 | MEDICARE ADVANTAGE PLAN |
| D33 | ADVANTRA FREEDOM | PO BOX 7154 | LONDON | KY | 407427154 | 8007135095 | MEDICARE ADVANTAGE PLAN |
| D34 | UNIVERSAL HEALTH CARE | PO BOX 3211 | ST. PETERSBURG | FL | 33731 | 8666904842 | MEDICARE ADVANTAGE PLAN |
| D36 | HOP/PSERS HEALTH ADMINISTRATION UNIT | PO BOX 2921 | CLINTON | IA | 52733 | 8007737725 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D37 | WEST VIRGINIA LOCAL 152 HEALTH & WELFARE | 5 HOT METAL ST., STE. 200 | PITTSBURGH | PA | 15203 | 8448517293 | DENTAL ONLY |
| D38 | AMERICAN INSURANCE ADMINISTRATORS | PO BOX 2348 | COLUMBUS | OH | 43216 | 8009221245 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D39 | NEW YORK WELFARE FUND | 101-49 WOODHAVEN BLVD. | OZONE PARK | NY | 11416 | 7188455800 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D40 | MINNESOTA POWER HEALTH PLANS | 30 W SUPERIOR ST. | DULUTH | MN | 55802 | 8888128800 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D41 | BLUEGRASS FAMILY HEALTH | PO BOX 22738 | LEXINGTON | KY | 40522 | 8007872680 | |
| D42 | CARE IMPROVEMENT PLUS | PO BOX 4347 | SCRANTON | PA | 18505 | 8666862506 | MEDICARE ADVANTAGE PLAN |
| D43 | SOUTHEAST COMMUNITY CARE BY ARCADIAN HEALTH | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---------------------------------|----------------|----|-----------|------------|-------------------------|
| D44 | INDEPENDENT HEALTH | PO BOX 9066 | BUFFALO | NY | 14231 | 8666178585 | MEDICARE ADVANTAGE PLAN |
| D45 | HIGHMARK SECURITY BLUE | 120 5TH AVE. | PITTSBURGH | PA | 15222309 | 8005473627 | MEDICARE ADVANTAGE PLAN |
| D46 | GROUPHEALTH OPTIONS, INC. | PO BOX 34585 | SEATTLE | WA | 98124 | 8887674670 | MEDICARE ADVANTAGE PLAN |
| D47 | TOUCHSTONE HEALTH PSO | PO BOX 33519 | INDIANAPOLIS | IN | 462030519 | 8887770204 | MEDICARE ADVANTAGE PLAN |
| D48 | AMERICAN CONTINENTAL INSURANCE CO | PO BOX 2368 | BRENTWOOD | TN | 37024 | 6153371300 | MEDICARE ADVANTAGE PLAN |
| D51 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | MEDICAID HMO |
| D52 | WELLCARE OF GEORGIA | PO BOX 31224 | TAMPA | FL | 33531 | 8662311821 | MEDICARE ADVANTAGE PLAN |
| D53 | SIERRA OPTIMA PLUS CLAIMS | PO BOX 15645 | LAS VEGAS | NV | 891145645 | 8882742207 | MEDICARE ADVANTAGE PLAN |
| D54 | GATEWAY HEALTH PLAN MEDICARE ASSURED | PO BOX 11560 | ALBANY | NY | 122110655 | 8006855209 | MEDICARE ADVANTAGE PLAN |
| D55 | TOTAL CAROLINA CARE, INC. | 1441 MAIN ST. | COLUMBIA | SC | 29210 | 8664336031 | MEDICAID HMO |
| D56 | CITRUS HEALTH CARE, INC. | PO BOX 20547 | TAMPA | FL | 33622 | 8667691157 | MEDICARE ADVANTAGE PLAN |
| D57 | CIGNA MEDICARE ACCESS | PO BOX 22174 | TEMPE | AZ | 852852174 | 8005779410 | MEDICARE ADVANTAGE PLAN |
| D58 | BRAVOHEALTH MEDICARE ADVANTAGE | PO BOX 4433 | BALTIMORE | MD | 21223 | 8005561570 | MEDICARE ADVANTAGE PLAN |
| D60 | AMERIGROUP COMMUNITY CARE OF SC | PO BOX 31789 | VIRGINIA BEACH | VA | 234661789 | 8006004441 | CODE ASSIGNED BY SCHA |
| D61 | AMERICA'S 1ST CHOICE | PO BOX 210769 | COLUMBIA | SC | 29210 | 8663213947 | MEDICARE ADVANTAGE PLAN |
| D62 | SECURE HORIZONS DIRECT (UNITED HEALTHCARE) | PO BOX 31353 | SALT LAKE CITY | UT | 84131 | 8665798774 | MEDICARE ADVANTAGE PLAN |
| D63 | UNIVERA SENIOR CHOICE SECURE | PO BOX 23000 | ROCHESTER | NY | 15692 | 8006171114 | MEDICARE ADVANTAGE PLAN |
| D64 | EMPIRE HEALTHCHOICE ASSURANCE, INC. | PO BOX 100300 CLAIMS PROCESSING | COLUMBIA | SC | 29204 | 8037888562 | MEDICARE ADVANTAGE PLAN |
| D65 | ANTHEM SENIOR ADVANTAGE | PO BOX 37690 | LOUISVILLE | KY | 402337180 | 8882909160 | MEDICARE ADVANTAGE PLAN |
| D66 | CHCCARES OF SOUTH CAROLINA | 140 STONE RIDGE DR. | COLUMBIA | SC | 29210 | 8668022474 | MEDICAID HMO |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------------|----------------|----|-----------|------------|--------------------------------------|
| D67 | BLUE CROSS OF FLORIDA HEALTH OPTIONS | PO BOX 1798 | JACKSONVILLE | FL | 32231 | 8773522583 | MEDICARE ADVANTAGE PLAN |
| D69 | TOTAL CARE/HEALTHSPRING | PO BOX 20000 | NASHVILLE | TN | 372024070 | 8007437141 | MEDICARE ADVANTAGE PLAN |
| D71 | KEYSTONE 65 | PO BOX 7799 | PHILADELPHIA | PA | 191017799 | 8002273116 | MEDICARE ADVANTAGE PLAN |
| D74 | DART MANAGEMENT CORP | PO BOX 318 | MASON | MI | 488540318 | 8002480457 | |
| D75 | WINDSOR MEDICARE EXTRA | PO BOX 269025 | PLANO | TX | 750269025 | 8662705223 | MEDICARE ADVANTAGE PLAN |
| D79 | EMPLOYEE HEALTH INSURANCE MANAGEMENT (EHIM) | 26711 NORTHWESTERN HWY STE. 400 | SOUTHFIELD | MI | 48033 | 8003113446 | |
| D81 | HEARTLAND NATIONAL LIFE INSURANCE CO. | PO BOX 2878 | SALT LAKE CITY | UT | 84110 | 8008723860 | REQUESTED BY THE SCHA |
| D82 | SOLSTICE | PO BOX 14009 | LEXINGTON | KY | 40512 | 8777602247 | |
| D85 | US FIRE INSURANCE COMPANY | 3195 LINWOOD RD., STE. 201 | CINCINNATI | OH | 45208 | 8005132981 | |
| D87 | LIFESTYLE HEALTHCARE | 345 N. RIVERVIEW STE. 600 | WICHITA | KS | 67203 | 8668276607 | FORMERLY MEDOVA HEALTHCARE |
| D94 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | MEDICAID HMO |
| D99 | MEDICARE ADVANTAGE | | | | | | MEDICARE ADVANTAGE PLAN GENERIC CODE |
| E102 | PROTECTIVE LIFE INSURANCE | PO BOX 12687 | BIRMINGHAM | AL | 35202 | 2052687055 | CANCER POLICY ONLY |
| E12 | CAROLINA CRESCENT | 1201 MAIN ST., STE. 970 | COLUMBIA | SC | 29201 | 8032516630 | HEALTHY KIDS CONNECTION |
| E20 | VRX PHARMACY SERVICES | PO BOX 9780 | SALT LAKE CITY | UT | 84109 | 8778799722 | |
| E23 | MAINE SENSE | PO BOX 1959 | GRAY | ME | 04039 | 8002908559 | |
| E24 | PBM PLUS | 300 TECHNECENTER DR., STE. C | MILFORD | OH | 45150 | 8002632178 | |
| E29 | BEST LIFE AND HEALTH INSURANCE CO. | PO BOX 890 | MERIDIAN | ID | 836800890 | 8004330088 | |
| E30 | BUSINESS ADMINISTRATORS AND CONSULTANTS, INC. | PO BOX 107 | REYNOLDSBURG | OH | 43068 | 8005212654 | |
| E37 | SELECT HEALTH | PO BOX 7120 | LONDON | KY | 40742 | 8882762020 | HEALTHY KIDS CONNECTION |
| E38 | UNISON HEALTH PLAN | 250 BERRYHILL RD. | COLUMBIA | SC | 29210 | 8037985852 | HEALTHY KIDS CONNECTION |
| E41 | MEDTRAK | 7101 COLLEGE BLVD., STE. 1000 | OVERLAND PARK | KS | 66210 | 8007714648 | |
| E42 | TRUE RX | 4 WILLIAMS BROTHERS DR. | WASHINGTON | IN | 47501 | 8669214047 | |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--------------------------------------|---|-----------------|----|-----------|------------|--------------------|
| E43 | THE HEALTH PLAN INSURANCE CO. | 52160 NATIONAL RD. EAST | ST. CLAIRSVILLE | OH | 43950 | 7406996273 | |
| E44 | ALTERNATIVE INSURANCE RESOURCE, INC. | PO BOX 680787 | BIRMINGHAM | AL | 352660787 | 8004514318 | |
| E45 | UNIFIED LIFE INSURANCE | PO BOX 25326 | OVERLAND | KS | 662255326 | 9136852233 | |
| E46 | TOLEDO FIREFIGHTERS HEALTH PLAN | PO BOX 5810 | TROY | MI | 480075810 | 4192555314 | |
| E51 | CHOICE BENEFITS | 3801 OLD GREENWOOD RD. | FT. SMITH | AR | 75278 | 8004516907 | |
| E54 | ALLEGIANCE BENEFIT PLAN MANAGEMENT | PO BOX 3018 | MISSOULA | MT | 598063018 | 8008771122 | |
| E55 | AG ADMINISTRATORS | PO BOX 979 | VALLEY FORGE | PA | 19482 | 8006348628 | |
| E61 | HEALTHEZ | PO BOX 398220 | MINNEAPOLIS | MN | 55439 | 8552809638 | |
| E66 | CHCCARE OF SOUTH CAROLINA | 140 STONE RIDGE DR. | COLUMBIA | SC | 29210 | 8668022474 | |
| E73 | TRISTAR BENEFIT ADMINISTRATORS | PO BOX 65887 | WEST DES MOINES | IA | 50265 | 8004564584 | |
| E80 | KANSAS INDEPENDENT PHARMACY (KPSC) | 4125 SOUTH WEST GAGE CENTER DR., STE. 203 | TOPEKA | KS | 66604 | 8002793022 | |
| E81 | SELECT ADMINISTRATIVE SERVICES (SAS) | PO BOX 3209 | GULFPORT | MS | 39503 | 8008476621 | |
| E82 | SIMPLE BENEFIT PLANS | 2810 PREMIER PARKWAY STE. 400 | DULUTH | GA | 30097 | 8002704158 | |
| E87 | BENEFIT ADMINISTRATIVE SYSTEMS | PO BOX 2920 | MILWAUKEE | WI | 53201 | 8005250582 | |
| E89 | BROADREACH MEDICAL RESOURCES | 1350 BROADWAY #410 | NEW YORK | NY | 10018 | 8887182375 | |
| E90 | UNITED HEALTH (MEDICARE SOLUTIONS) | PO BOX 30436 | SALT LAKE CITY | UT | 84130 | 8778423210 | MEDICARE ADVANTAGE |
| E91 | SCOTT AND WHITE HEALTH PLAN | PO BOX 21800 | EAGAN | MN | 55121 | 8003217947 | |
| E93 | CUSTOM DESIGN BENEFITS | 5589 CHEVIOT RD. | CINCINNATI | OH | 45247 | 8005982929 | |
| E95 | TRUESCRIPTS | PO BOX 921 | WASHINGTON | IN | 47501 | 8442571955 | RX |
| E96 | MEDPARTNERS ADMINISTRATIVE | 6920 POINT INVERNESS WAY | FORT WAYNE | IN | 46804 | 8883129744 | |
| E97 | SIGNATURE CARE | PO BOX 5548 | FORT WAYNE | IN | 46895 | 8006664449 | |
| E99 | MAXORPLUS | 320 SOUTH POLK ST., STE. 200 | AMARILLO | TX | 79101 | 8006870707 | |
| E99RX | MAXORPLUS | 320 SOUTH POLK ST., STE. 200 | AMARILLO | TX | 79101 | 8006870707 | RX ONLY |
| F11 | SOUTHERN SCRIPTS | PO BOX 2482 | NATCHIPOCHES | LA | 71457 | 8007109341 | RX |
| F13 | DENTEGRA | PO BOX 1850 | ALPHARETTA | GA | 300231850 | 8772804202 | DENTAL |
| F14 | MERIDIAN RX | PO BOX 9306 | GARDEN CITY | NY | 48226 | 8553234580 | RX |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|-----------------------------------|----------------------|-------------|----|-----------|------------|--|
| F18 | CARE CONNECT | PO BOX 830259 | BIRMINGHAM | AL | 352830259 | 8557067545 | |
| F19 | LIFEMAP | PO BOX 783 | MILWAUKEE | WI | 53201 | 8002841129 | |
| F20 | HEALTHPLEX | PO BOX 9255 | UNIONDALE | NY | 11553 | 8004680600 | DENTAL |
| F21 | TRUSTEED PLAN SERVICE | PO BOX 2950 | TACOMA | WA | 98401 | 2535645611 | |
| F22 | CONSOLIDATED HEALTH PLANS | 2077 ROOSEVELT AVE. | SPRINGFIELD | MA | 01104 | 8006337867 | DENTAL |
| F23 | WELLDYNE RX | PO BOX 90369 | LAKELAND | FL | 33804 | 8884792000 | |
| F25 | FIDELIO DENTAL INSURANCE COMPANY | 2826 MT. CARMEL AV. | GLENSIDE | PA | 19038 | 8002624949 | DENTAL |
| F27 | 3PADMINISTRATORS | PO BOX 247 | ONALASKA | WI | 54650 | 6087793000 | DENTAL ONLY |
| F28 | CONTINENTAL BENEFITS | PO BOX 3610 | BRANDON | FL | 335093610 | 8553030837 | |
| F29 | BENEFIT COORDINATORS | PO BOX 210546 | COLUMBIA | SC | 29221 | 8037220110 | |
| F29DN | BENEFIT COORDINATORS | PO BOX 210546 | COLUMBIA | SC | 29221 | 8037220110 | DENTAL |
| F31 | WILLIAM C. EARHART CO., INC. | PO BOX 97208 | PORTLAND | OR | 97208 | 8008460611 | |
| F31DN | WILLIAM C. EARHART CO., INC. | PO BOX 4148 | PORTLAND | OR | 97208 | 8008460611 | DENTAL ONLY |
| F32 | DENTAL SELECT | PO BOX 851917 | RICHARDSON | TX | 75085 | 8014953000 | DENTAL |
| F37 | DISTRICT COUNCIL #37 | 125 BARCLAY ST. | NEW YORK | NY | 10007 | 2158151600 | DENTAL ONLY |
| F40 | CITIZEN'S RX | 1144 LAKE ST. | OAK PARK | IL | 60301 | 8775327912 | RX ONLY |
| F41 | HEALTHCARE HIGHWAYS RX | 5904 STONE CREEK DR. | THE COLONY | TX | 75056 | 8446367506 | RX ONLY |
| F42 | PROACT | 1126 US HIGHWAY 11 | GOUVERNEUR | NY | 13642 | 8662869885 | RX ONLY |
| F43 | TRICARE EAST | PO BOX 7981 | MADISON | WI | 537077981 | 8004445445 | |
| F45 | LIFETIME BENEFIT SOLUTIONS | PO BOX 780 | LIVERPOOL | NY | 13088 | 8772543132 | |
| F45DN | LIFETIME BENEFIT SOLUTIONS | PO BOX 780 | LIVERPOOL | NY | 13088 | 8772543132 | DENTAL ONLY |
| F46 | HEALTH RESOURCES, INC. | PO BOX 659 | EVANSVILLE | IN | 47704 | 8007271444 | |
| F46DN | HEALTH RESOURCES, INC. | PO BOX 659 | EVANSVILLE | IN | 47704 | 8007271444 | DENTAL ONLY |
| F49 | BLUE CROSS BLUE SHIELD OF WYOMING | PO BOX 2266 | CHEYENNE | WY | 82003 | 8004422376 | |
| F49DN | BLUE CROSS BLUE SHIELD OF WYOMING | PO BOX 2266 | CHEYENNE | WY | 82003 | 8004422376 | DENTAL ONLY |
| F50 | FRINGE BENEFIT GROUP | PO BOX 21854 | EAGAN | MN | 55121 | 8772201862 | ASSIGNED BY SC REVENUE AND FISCAL AFFAIRS OFFICE |
| F51 | INSURANCE TPA | PO BOX 15953 | LUBBOCK | TX | 79490 | 8558489591 | ASSIGNED BY SC REVENUE AND FISCAL AFFAIRS |
| F53 | BOON GROUP | PO BOX 559017 | AUSTIN | TX | 78755 | 8664750056 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|--------------------------------|---------------|----|-----------|------------|---|
| F54 | ALLEGIANCE | PO BOX 3018 | MISSOULA | MT | 59806 | 8559992271 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |
| F55 | COMMONWEALTH CARE ALLIANCE | PO BOX 2280 | PORTSMOUTH | NH | 14315 | 8666102273 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |
| F56 | CAREFIRST BLUECHOICE MARYLAND | PO BOX 14116 | LEXINGTON | KY | 40512 | 8008425975 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |
| F57 | AMBETTER PEACH STATE HEALTH PLAN | PO BOX 5010 | FARMINGTON | MD | 636405010 | 8776871180 | ADDED BY SC REVENUE AND FISCAL AFFAIRS |
| F58 | KAISER PERMANENTE MID ATLANTIC STATES | PO BOX 371860 | DENVER | CO | 802379998 | 8008104766 | ADDED BY REVENUE AND FISCAL AFFAIRS |
| X01 | BLUE CROSS & BLUE SHIELD OF MARYLAND, INC. | PO BOX 14115 | LEXINGTON | KY | 40512 | 8005244555 | |
| X0A | BLUE CROSS OF GEORGIA/COLUMBUS, INC. | PO BOX 9907 | COLUMBUS | GA | 319089907 | 8004412273 | POLICIES SHOULD BE ADDED WITH XOB. BCBS OF GA. |
| X0ARX | BLUE CROSS OF GEORGIA/COLUMBUS, INC. | PO BOX 9907 | COLUMBUS | GA | 319089907 | 8004412273 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| X0B | BLUE CROSS & BLUE SHIELD OF GEORGIA/ATLANTA, INC. | PO BOX 9907 | COLUMBUS | GA | 319086007 | 4048428000 | FOR GEORGIA STATE EMPLOYEES USE CARRIER 419 GEORGIA STATE HEALTH BENEFIT PLAN |
| X0BDN | BCBS OF GEORGIA DENTAL | PO BOX 659444 | SAN ANTONIO | TX | 78265 | 4048428000 | |
| X0C | BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA | PO BOX 35 | DURHAM | NC | 27702 | 8002144844 | |
| X0CDN | BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA | PO BOX 2100 | WINSTON-SALEM | NC | 271022100 | 9194897431 | |
| X0D | BLUE CROSS AND BLUE SHIELD OF FLORIDA | PO BOX 1798 | JACKSONVILLE | FL | 322310014 | 8007272227 | |
| X0E | EMPIRE BLUE CROSS AND BLUE SHIELD | PO BOX 1407 CHURCH ST. STATION | NEW YORK | NY | 10008 | 8003429816 | |
| X0EDN | EMPIRE BCBS DENTAL | PO BOX 791 | MINNEAPOLIS | MN | 554400791 | 8007228879 | |
| X0F | BLUE CROSS & BLUE SHIELD OF VIRGINIA | PO BOX 27401 | RICHMOND | VA | 23279 | 8009916061 | |
| X0G | | | | | | | |
| X0H | BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN | PO BOX 2025 | MILWAUKEE | WI | 53201 | 4142246100 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|------------------------------------|--------------|----|-----------|------------|--|
| X0I | BLUE CROSS & BLUE SHIELD OF MARYLAND, INC. | PO BOX 9836 | BALTIMORE | MD | 21204 | 8005244555 | USE CARRIER X01 |
| X0J | PENNSYLVANIA BLUE SHIELD | PO BOX 890089 | CAMP HILL | PA | 17089 | 8006373493 | |
| X0K | REGENCE BLUE CROSS BLUE SHIELD OF OREGON | PO BOX 1271 | PORTLAND | OR | 97207 | 5032255221 | |
| X0KRS | REGENCE BCBS OF OREGON | PO BOX 12625 MAILSTOP S4P | SALEM OREGON | OR | 97309 | 8884371508 | RX PLAN ONLY MM CODE X0K |
| X0KRX | REGENCE BCBS OF OREGON | PO BOX 12625 MAILSTOP S4P | SALEM | OR | 97309 | 8884371508 | |
| X0L | BLUE CROSS & BLUE SHIELD OF DELAWARE, INC. | PO BOX 1991 | WILMINGTON | DE | 19899 | 3024210260 | |
| X0M | BLUE CROSS OF MASSACHUSETTS, INC. | PO BOX 986020 | BOSTON | MA | 022986020 | 8002535210 | |
| X0MDN | BCBS OF MASSACHUSETTS | PO BOX 986005 | BOSTON | MA | 02298 | 8002535210 | DENTAL ONLY |
| X0N | BLUE CROSS AND BLUE SHIELD OF TEXAS | PO BOX 660044 | DALLAS | TX | 752660044 | 8004510287 | |
| X0NDN | BLUE CROSS AND BLUE SHIELD OF TEXAS | PO BOX 660247 | DALLAS | TX | 75266 | 8004947218 | |
| X0O | BLUE CROSS AND BLUE SHIELD OF ALABAMA | PO BOX 2294 | BIRMINGHAM | AL | 35201 | 8005176425 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| X0ODN | BLUE CROSS AND BLUE SHIELD OF ALABAMA | PO BOX 830389 | BIRMINGHAM | AL | 352830389 | 8005176425 | |
| X0P | BLUE CROSS & BLUE SHIELD OF TENNESSEE | 1 CAMERON HILL CIRCLE | CHATTANOOGA | TN | 374020002 | 8004689736 | |
| X0PDN | BLUE CROSS & BLUE SHIELD OF TENNESSEE | 1 CAMERON HILL CIRCLE STE. 0002 | CHATTANOOGA | TN | 374020002 | 8005659140 | |
| X0Q | BLUE CROSS & BLUE SHIELD OF MICHIGAN | PO BOX 312500 | DETROIT | MI | 48231 | 8004820898 | |
| X0QDN | BLUE CROSS & BLUE SHIELD OF MICHIGAN | PO BOX 49 | DETROIT | MI | 48231 | 8888268152 | |
| X0R | MEDICAL MUTUAL OF OHIO | PO BOX 6018 | CLEVELAND | OH | 44101 | 2166877000 | |
| X0RDN | MEDICAL MUTUAL OF OHIO | PO BOX 981800 | EL PASO | TX | 79998 | 2166877000 | |
| X0S | BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC. | PO BOX 1219 | NEWARK | NJ | 07101 | 8006241110 | AKA HORIZON BCBS OF NEW JERSEY |
| X0SDN | BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC. | PO BOX 1311 | MINNEAPOLIS | MN | 55440 | 8003552583 | AKA HORIZON BCBS OF NEW JERSEY |
| X0T | BLUE CROSS OF ILLINOIS | PO BOX 805107 | CHICAGO | IL | 60680 | 8006348644 | |
| X0TDN | BLUE CROSS OF ILLINOIS | PO BOX 23059 | BELLEVILLE | IL | 62223 | 8668260914 | |
| X0U | BLUE CROSS & BLUE SHIELD OF KENTUCKY, INC. | 9901 LINN STATION RD. | LOUISVILLE | KY | 40223 | 5024232011 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------------|-------------|----|-----------|------------|----------------------|
| X0V | BLUE SHIELD OF NORTHEASTERN NEW YORK | PO BOX 15013 | ALBANY | NY | 12212 | 5184534600 | |
| X0W | BLUE CROSS OF CALIFORNIA | PO BOX 60007 | LOS ANGELES | CA | 90060 | 8006776669 | |
| X0X | CENTRAL BENEFITS MUTUAL INSURANCE COMPANY | PO BOX 16526 | COLUMBUS | OH | 43216 | 6144645870 | |
| X0Y | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 105187 | ATLANTA | GA | 30348 | 8005529159 | |
| X0YDN | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 659444 | SAN ANTONIO | TX | 78265 | 8006224822 | |
| X0YRX | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 37010 | LOUISVILLE | KY | 40233 | 8006224822 | |
| X0Z | BLUE CROSS & BLUE SHIELD OF MISSISSIPPI, INC. | PO BOX 1043 | JACKSON | MS | 39215 | 6016644590 | |
| X1A | BLUE CROSS BLUE SHIELD OF NEW MEXICO | PO BOX 27630 | ALBUQUERQUE | NM | 87125 | 8007113795 | |
| X1D | BLUE CROSS /BLUE SHIELD OF NATIONAL CAPITAL AREA | 550 12TH ST. SW | WASHINGTON | DC | 20024 | 2024798000 | |
| X1E | BLUE CROSS OF PUERTO RICO | PO BOX 366068 | SAN JUAN | PR | 009366068 | 8097599898 | |
| X1F | BLUE CROSS & BLUE SHIELD OF RHODE ISLAND | 500 EXCHANGE ST. | PROVIDENCE | RI | 02903 | 4018317300 | |
| X1FDN | BLUE CROSS BLUE SHIELD OF RHODE ISLAND | PO BOX 69427 | HARRISBURG | PA | 171069427 | 8008312400 | DENTAL ONLY |
| X1G | INDEPENDENCE BLUE CROSS | PO BOX 211184 | EAGAN | MN | 551212594 | 8002752583 | |
| X1H | BLUE CROSS & BLUE SHIELD OF CONNECTICUT, INC. | PO BOX 533 | NORTH HAVEN | CT | 06473 | 2032394961 | |
| X1I | ARKANSAS BLUE CROSS AND BLUE SHIELD, INC. | PO BOX 2181 | LITTLE ROCK | AR | 72203 | 5013782010 | |
| X1J | BLUE CROSS & BLUE SHIELD OF WESTERN NEW YORK, INC. | PO BOX 80 | BUFFALO | NY | 142400080 | 8008880757 | |
| X1K | BLUE CROSS & BLUE SHIELD OF MEMPHIS | 85 NORTH DANNY THOMAS BLVD. | MEMPHIS | TN | 38103 | 9015293111 | |
| X1L | BLUE CROSS & BLUE SHIELD OF LOUISIANA | PO BOX 98029 | BATON ROUGE | LA | 708989029 | 5042915370 | |
| X1M | BLUE CROSS & BLUE SHIELD OF KANSAS | 1133 SOUTHWEST TOPEKA BLVD. | TOPEKA | KS | 66629 | 7852914180 | |
| X1N | MEDICAL SERVICE CORPORATION OF EASTERN WASHINGTON | PO BOX 3048 | SPOKANE | WA | 99220 | 5095364900 | |
| X1O | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 5023 | SIOUX FALLS | SD | 57104 | 5152454500 | USE CARRIER CODE X2A |
| X1P | BLUE CROSS & BLUE SHIELD OF MINNESOTA | PO BOX 64338 | ST. PAUL | MN | 55164 | 8003822000 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|--|----------------|----|-----------|------------|---|
| X1Q | BLUE CROSS & BLUE SHIELD OF MAINE | 2 GANNETT DR. | SOUTH PORTLAND | ME | 041066911 | 2077751550 | |
| X1R | HIGHMARK BLUE CROSS BLUE SHIELD | PO BOX 890062 | CAMP HILL | PA | 170890062 | 4125447000 | |
| X1S | COMMUNITY MUTUAL INSURANCE COMPANY | 1351 WILLIAM HOWARD TAFT RD. | CINCINNATI | OH | 45206 | 5132821016 | CODE IN OPEN STATUS BY SCHA |
| X1T | | | | | | | |
| X1U | BLUE CROSS & BLUE SHIELD OF NEBRASKA | PO BOX 3248, MAIN PO STATION | OMAHA | NE | 681800001 | 4023901820 | |
| X1V | BLUE CROSS & BLUE SHIELD OF COLORADO | 700 BROADWAY | DENVER | CO | 80273 | 3038312131 | |
| X1W | BLUE CROSS & BLUE SHIELD OF UTAH | PO BOX 30270 | SALT LAKE CITY | UT | 841300270 | 8013332100 | |
| X1X | BLUE CROSS OF OHIO | PO BOX 956 | TOLEDO | OH | 43696 | 8003621279 | |
| X1Y | BLUE SHIELD OF CALIFORNIA | PO BOX 272540 | CHICO | CA | 95927 | 8882351765 | |
| X1YDN | BLUE SHIELD OF CALIFORNIA | PO BOX 272590 | CHICO | CA | 959272590 | 8887024171 | |
| X1Z | | | | | | | |
| X20 | | | | | | | |
| X21 | | | | | | | |
| X25 | | | | | | | |
| X2A | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 5023 | SIOUX FALLS | SD | 571175023 | 8005268995 | |
| X2ADN | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 9354 | DES MOINES | IA | 503069354 | 8773330164 | DENTAL |
| X2B | BLUE CROSS & BLUE SHIELD OF KANSAS CITY | PO BOX 419169 | KANSAS CITY | MO | 641416169 | 8008926048 | |
| X2C | | | | | | | |
| X2D | | | | | | | |
| X2E | | | | | | | |
| X2F | EXCELLUS BLUECROSS BLUESHIELD | PO BOX 21146 | EAGAN | MN | 551210146 | 8007344069 | TO VERIFY DENTAL COVERAGE CALL 1-800-724-1675 |
| X2FDN | BLUE CROSS AND BLUE SHIELD OF THE ROCHESTER AREA | PO BOX 22999 | ROCHESTER | NY | 14692 | 7163253630 | DENTAL |
| X2G | BLUE CROSS & BLUE SHIELD CENTRAL NEW YORK, INC. | PO BOX 4809 | SYRACUSE | NY | 132214809 | 3154483801 | |
| X2H | BLUE CROSS & BLUE SHIELD OF UTICA - WATERTOWN, INC. | 12 RHOADS DR., UTICA BUSINESS DISTRICT | UTICA | NY | 13501 | 3157984238 | |
| X2I | | | | | | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------------------|------------------|----|-----------|------------|-------------------------------------|
| X2J | BLUE CROSS & BLUE SHIELD OF NORTH DAKOTA | 4510 13TH AVE. SW | FARGO | ND | 581210001 | 8003682312 | |
| X2K | CAPITAL BLUE CROSS | PO BOX 211457 | EAGAN | MN | 551213057 | 8009622242 | |
| X2L | BLUE CROSS OF NORTHEASTERN PENNSYLVANIA | PO BOX 890179 | CAMP HILL | PA | 170890179 | 8008298599 | |
| X2M | BLUE CROSS OF WASHINGTON AND ALASKA | PO BOX 91059 | SEATTLE | WA | 981119159 | 8007221471 | |
| X2N | | | | | | | |
| X2O | BLUE CROSS & BLUE SHIELD OF WEST VIRGINIA, INC. | PO BOX 1353 | CHARLESTON | WV | 25325 | 3043477709 | |
| X2P | MOUNTAIN STATE BLUE CROSS & BLUE SHIELD, INC. | PO BOX 1948 | PARKERSBERG | WV | 26102 | 3044247700 | |
| X2Q | | | | | | | |
| X2R | | | | | | | |
| X2S | BLUE CROSS & BLUE SHIELD OF VERMONT | PO BOX 2365 | SOUTH BURLINGTON | VT | 54072365 | 054072365 | |
| X2T | BLUE CROSS & BLUE SHIELD OF OKLAHOMA | PO BOX 3283 | TULSA | OK | 74102 | 9185603535 | |
| X2U | BLUE CROSS & BLUE SHIELD OF MISSOURI | 1831 CHESTNUT ST. | ST. LOUIS | MO | 63103 | 3149234444 | AKA ALLIANCE BLUE CROSS BLUE SHIELD |
| X2V | BLUE CROSS OF IDAHO HEALTH SERVICE, INC. | PO BOX 7408 | BOISE | ID | 83707 | 2083447411 | |
| X2VDN | BLUE CROSS OF IDAHO HEALTH SERVICE | PO BOX 7408 | BOISE | ID | 83707 | 2083447411 | DENTAL ONLY |
| X2X | BLUE CROSS BLUE SHIELD OF HAWAII | PO BOX 44500 | HONOLULU | HI | 96801 | 8007764672 | |
| X2Y | BLUE CROSS BLUE SHIELD OF MONTANA | PO BOX 5004 | GREAT FALLS | MT | 59403 | 4067914000 | |
| X3A | UNITED TEACHERS ASSO. INS. CO. | PO BOX 30010 | AUSTIN | TX | 78755 | 8008808824 | |
| X3B | TPA EXCHANGE | PO BOX 4363 | ST AUGUSTINE | FL | 32085 | 8885022789 | |
| XOKRX | REGENCE BCBS OF OREGON RX PLAN | PO BOX 12625 MAILSTOP S4P | SALEM | OR | 97309 | 8884371508 | RX PLAN ONLY MM PLAN IS XOK |
| XOV | BLUE CROSS OF NORTHEASTERN NEW YORK, INC. | PO BOX 15013 | ALBANY | NY | 12212 | 5184385500 | |
| XYZ | OPTUM RX | PO BOX 29044 | HOT SPRINGS | AR | 71093 | 8007887871 | FORMERLY PRESCRIPTION SOLUTIONS |

APPENDIX 3 COPAYMENT SCHEDULE

The Copayment schedule reflects amounts the beneficiary is expected to pay to the provider at the time services are received. The current amounts are effective for dates of service on and after July 11, 2011 per Medicaid bulletin dated July 8, 2011, unless otherwise noted.

| Service | Procedure Code/ Frequency | Amount |
|---|---|--------|
| Physician Office Visits (Physician/Nurse Practitioner) | 90791-90792 92002-92014 99201-99205 99212-99215 99241-99245 | \$3.30 |
| *Durable Medical Equipment and Supplies | Services per day | \$3.40 |
| Optometrist | 92002-92014 99201-99205 99212-99215 99241-99245 | \$3.30 |
| Chiropractor | 98940 98941 98942 | \$1.15 |
| Podiatrist | 99201-99205 99212-99215 99241-99245 | \$1.15 |
| Home Health | S9128 S9129 S9131 T1021 T1028 T1030 T1031 | \$3.30 |
| Federally Qualified Health Center (FQHC) | T1015 | \$3.30 |
| Rural Health Clinic (RHC) | T1015 | \$3.30 |
| Ambulatory Surgical Center | Services per day | \$3.30 |
| Dental | Services per day | \$3.40 |

APPENDIX 3 COPAYMENT SCHEDULE

| Service | Procedure Code/ Frequency | Amount |
|---|------------------------------|---------|
| Pharmacy (The prescription copayment will apply to ages 19 and above only.) | Per prescription/refill | \$3.40 |
| Note: Effective for dates of service on and after July 1, 2015, the copayment will be \$0 for certain medications for the treatment of diabetes, behavioral health disorders and smoking cessation products. Refer to the Pharmacy Co-Payment Waiver Medicaid bulletin dated May 26, 2015. | | |
| Inpatient Hospital | Per admission | \$25.00 |
| Outpatient Hospital (non-emergency) | Per claim | \$3.40 |

***Note:** Durable Medical Equipment that is under a rent to purchase payment plan will have the \$3.40 copayment split evenly among the 10-month rental payment schedule.

PROVIDER MANUAL SUPPLEMENT

MANAGED CARE

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PROVIDER MANUAL SUPPLEMENT

MANAGED CARE

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MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Managed Care is a health care delivery model implemented by the South Carolina Department of Health and Human Services (SCDHHS) to establish a medical home for all Medicaid Managed Care eligible members. The goals of a medical home include:

- Provide accessible, comprehensive, family-centered coordinated care
- Manage the member's health care, perform primary and preventive care services, and arrange for any additional needed care
- Provide members access to a "live voice" 24 hours a day, 7 days a week, to ensure access to appropriate care
- Provide member education about preventive and primary health care, utilization of the medical home, and the appropriate use of the emergency room

Enrolling in a managed care plan does not limit benefits. Benefits offered under fee for service (FFS) Medicaid, as well as additional or enhanced benefits are provided by all Managed Care Organizations (MCOs). These additional benefits vary from MCO to MCO according to the contracted terms and conditions between SCDHHS and the managed care entity. Members and providers should contact the MCO with questions concerning additional benefits.

Examples of additional benefits include:

- 24-hour nurse advice line
- Care coordination
- Health management programs (asthma, diabetes, pregnancy, etc.)
- Unlimited office visits
- Waving Co-pays on some services

The Managed Care Division administers the program for Medicaid-eligible members by contracting with Managed Care Organizations (MCOs) to offer health care services. An MCO must receive a Certificate of Authority from the SC Department of Insurance and must be licensed as a domestic insurer by the State to render Medicaid managed care services. MCO model contracts are approved by the Centers for Medicare and Medicaid Services (CMS) and the South Carolina Department of Health and Human Services (SCDHHS).

This Managed Care supplement is intended to provide an overview of the Managed Care program. Providers should review the Managed Care Policy and Procedure Guide and the Managed Care contract for detailed program-specific requirements. Both the guide and the contract are located on the SCDHHS Web site at www.scdhhs.gov within the Managed Care section.

The Exhibits section of this supplement provides contact information for MCOs currently participating in the Medicaid Managed Care program as MCOs are subject to change at any time. Providers are encouraged to visit the SCDHHS website (www.scdhhs.gov) for the most current

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

listing of MCOs, the counties in which they are authorized to operate, and the number of managed care enrollees within a county.

SC MEDICAID MANAGED CARE CONTACT INFORMATION

For additional information, contact the Managed Care Division at the following address:

South Carolina Department of Health and Human Services
Managed Care Division
Post Office Box 8206
Columbia, SC 29202-8206
Phone: (803) 898-4614
Fax: (803) 255-8232

PROGRAM DESCRIPTION

Managed Care Organizations (MCOs)

A Managed Care Organization (MCO) is commonly referred to as an HMO (Health Maintenance Organization) in the private sector. MCOs are required to operate under a contract with SCDHHS to provide healthcare services to beneficiaries through a network of healthcare professionals, both primary and specialty care, as well as hospitals, pharmacies, etc. This network is developed by contracting with the various healthcare professionals. Providers wanting to contract with an MCO must be enrolled in South Carolina Medicaid with SCDHHS.

Primary care providers (PCP) must be accessible within a thirty (30) mile radius, while specialty care providers, to include hospitals, must be accessible within a fifty (50) mile radius. While MCOs will contract with providers within a specific county, enrolled members may seek treatment, or be referred to in-network providers in other counties.

MCOs are responsible for providing core services to Medicaid-eligible individuals as specified in their contract with SCDHHS. The health care providers within the MCO network are not required to accept FFS Medicaid as most claims are filed to and processed by the MCO.

Core Benefits

Managed Care Organizations are fully capitated plans that provide a core benefit package similar to the current FFS Medicaid plan. MCO plans are required to provide members with “medically necessary” care for all contracted services. While appropriate and necessary care must be provided, MCOs are not bound by the current variety of service settings. For example, a service may only be covered FFS when performed in an inpatient hospital setting, while the MCO may authorize the same service to be performed both in an inpatient and an outpatient hospital setting.

MCOs may offer SCDHHS-approved additional benefits. These are benefits that go beyond the core package. Additions, deletions, or modifications to additional benefits made by the MCO must be approved by SCDHHS. These benefits may include medical services which are currently non-covered by FFS and/or which are above current Medicaid limitations.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Providers should refer to the **Core Benefits** section of the MCO Policy and Procedures Guide on the SCDHHS website (www.scdhhs.gov) for a detailed explanation of core benefits.

Services Outside of the Core Benefits

The South Carolina Healthy Connections (Medicaid) program continues to provide and/or reimburse certain FFS benefits. Providers rendering services that are not included in the MCO's benefits package, but are covered under FFS Medicaid receive payment in accordance with the current Medicaid fee schedule. These services are filed to SC Medicaid for processing and payment. MCOs are responsible for the member's continuity of care by ensuring appropriate referrals and linkages to the Medicaid FFS providers. For specifics concerning services outside of the core benefits, please see the Managed Care Policy and Procedures Guide on the SCDHHS website www.scdhhs.gov.

MCO Program Identification (ID) Card

Managed Care Organizations issue an identification card to beneficiaries within fourteen (14) calendar days of the selection of a primary care provider, or the date of receipt of the member's enrollment data from SCDHHS, whichever is later.

To ensure immediate access to services, the provider should verify eligibility and enrollment through the Medicaid provider web tool regardless of a member's ability to supply a SC Medicaid or MCO ID card. The MCO ID card must include at least the following information:

- The MCO name
- The 24-hour telephone number for the member to use in urgent or emergency situations and to obtain any additional information
- The name of the primary care physician
- The member's name and Medicaid ID number
- The MCO's plan expiration date (optional)
- The Member Services toll-free telephone number
- The MCO and SC Medicaid logos

Claims Filing

Providers should file claims with the MCO for members participating in a managed care program, unless the service rendered is not covered by the MCO and is, instead, paid on a FFS basis by SC Medicaid. Providers should contact the MCO for managed care billing requirements. Non-contracted providers should contact the MCO for billing and prior authorization requirements prior to rendering services to MCO enrolled members. An exception is services rendered in an emergency room. Even if the physician is not in-network with the MCO, the MCO cannot refuse to reimburse for covered emergency services. Specifics concerning emergency coverage can be found in the MCO contract and Managed Care Policy and Procedure Guide.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Prior Authorizations and Referrals

Providers, both in and out of network, should contact the member's MCO for assistance with prior authorization (PA) requirements before administering services. Each MCO may have different prior authorization requirements and services requiring PA. PA requirements may also differ according to the terms of a provider's contract with an MCO.

Admission to a hospital through the emergency department **may** require authorization. Hospitals should always check with the beneficiary's MCO for their requirements. The physician component for inpatient services **always** requires prior authorization. Specialist referrals for follow-up care after a hospital discharge may also require prior authorization.

Medical Homes Networks (MHNs) - Medically Complex Children's Waiver

SCDHHS administers one MHN specifically for individuals that are enrolled in the Medically Complex Children's Waiver program. Medical Homes Networks (MHNs) are Primary Care Case Management (PCCM) programs that link beneficiaries with a primary care provider (PCP). An MHN is a group of physicians who have agreed to serve as PCCM providers for this specific population. They work in partnership with the member to provide and arrange for most of the beneficiary's health care needs, including authorizing services provided by other health care providers. They also partner with a Care Coordination Services Organization (CSO) to accept the responsibility for providing medical homes for members and managing their care. The CSO supports the physicians and enrolled beneficiaries by providing care coordination, disease management, and data management.

The outcome of this medical home is a healthier, better educated Medicaid member, and cost savings for South Carolina through a reduction of acute medical care and disease-related conditions. The MHN provides case managers, who assist in developing, implementing, and evaluating the predetermined care management strategies of the network.

MHN Program Identification (ID) Card - Medically Complex Children's Waiver

A separate identification card is not issued for members enrolled in this program. Beneficiaries enrolled in this MHN will have only one identification card, the one issued by SC Medicaid. This card does not contain the name or phone number of the assigned PCP. Such information can only be obtained by checking eligibility at the Medicaid provider web tool.

Core Benefits - Medically Complex Children's Waiver

Services provided under this MHN program are all paid on a FFS basis. As such, all claims are submitted to and processed by SCDHHS. Benefits offered in the MHN program mirror those offered in FFS Medicaid.

Prior Authorizations and Referrals - Medically Complex Children's Waiver

The PCP is contractually required to either provide medically necessary services or authorize another provider to treat the member via a referral. If a member has failed to establish a medical

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

record with the PCP, the CSO, in conjunction with the PCP, shall arrange for the prior authorization (PA) on any existing referral. For a list of services that do not require authorization, refer to the **Exempt Services** section later in this supplement.

In some cases, the PCP may choose to authorize a service retroactively. All authorizations and consultations, including services authorized retroactively, are at the discretion of the PCP. The process for referring a member to a specialist can be made by telephone or in writing. The referral should include the number of visits being authorized and the extent of the diagnostic evaluation.

A PCP may authorize multiple visits for a specific course of treatment or a particular diagnosis. This prevents a provider to whom the member was referred from having to obtain a referral number for each visit so long as the course of treatment or diagnosis has not changed. The provider simply files the claims referencing the same referral number. It is the PCP's responsibility to authorize additional referrals for any further diagnosis, evaluation, or treatment not identified in the scope of the original referral. If a specialist needs to refer the member to a second specialist for the same diagnosis, the beneficiary's PCP must be contacted for a referral number.

A referral number is not required for services provided in a hospital emergency department or for an admission to a hospital through the emergency department. However, the physician component for inpatient hospital services does require a referral number. The hospital should contact the PCP for a referral number within 48 hours of the member's admission. Specialist referrals for follow-up care after discharge from a hospital also require a referral from the PCP. In addition to the MHN's authorization, prior approval may be required by SCDHHS to verify medical necessity before rendering some services. Prior authorizations are for medical approval only. Obtaining a prior authorization does not guarantee payment or ensure the member's eligibility on the date of service. Claims submitted for reimbursement must include the PCP's referral number.

Specific services sponsored by state agencies require a referral from that agency's case manager. The state agency's case manager should coordinate with the PCP and the MHN Care Coordinator to ensure the continuity of care. These services include, but are not limited to, the following:

- Audiologist Services
- High/Moderate Management Group Homes Services
- Occupational Therapist Services
- Physical Therapist Services
- Psychologist Services
- Speech Therapist Services
- Therapeutic Foster Care Services

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Referrals for a Second Opinion - Medically Complex Children's Waiver

PCPs are required to refer a member for a second opinion at his or her request when surgery is recommended.

Referral Documentation - Medically Complex Children's Waiver

All referrals must be documented in the member's medical record. The CSO and the PCP shall review the monthly referral data to ensure that services rendered to the beneficiary were authorized and recorded accurately in the medical record. It is the PCP's responsibility to review the referral data for validity and accuracy, and to report inappropriate and/or unauthorized referrals to the CSO. The CSO is responsible for investigating these incidents and notifying SCDHHS if Medicaid fraud or abuse is suspected.

Exempt Services - Medically Complex Children's Waiver

Beneficiaries can obtain the following services from Medicaid providers without obtaining a prior authorization from their PCP:

- Ambulance Services
- Dental Services
- Dialysis/End Stage Renal Disease Services
- Emergency Room Services (billed by the hospital)
- Family Planning Services
- Home- and Community-Based Waiver Services
- Independent Laboratory and X-ray Services¹
- Medical Transportation Services
- Nursing Home Services
- Obstetrician and Gynecologist Services
- Optician Services
- Optometrist Services
- Pharmacy Services
- State Agency Services²

¹ FQHCs/RHCs that provide laboratory and x-ray services under a separate provider number (not the FQHC/RHC number) must enter a prior authorization number on the claim form or the claim will be rejected.

² Agencies exempt from prior authorization are the Department of Mental Health, the Continuum of Care, the Department of Alcohol and Other Drug Abuse, the Department of Disabilities and Special Needs, the Department of Juvenile Justice, and the Department of Social Services.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Some services still require a prescription or a physician's order. Physicians should refer to the appropriate Medicaid Provider Manual for more detailed information and/or requirements, or contact the SCDHHS Provider Service Center (PSC) by calling (888) 289-0709. Providers can also submit an online inquiry at <https://scdhhs.gov/webform/contact-provider-representative> and a provider support representative will respond to the request.

Primary Care Provider Requirements - Medically Complex Children's Waiver

The primary care provider is required to either provide services or authorize another provider to treat the member. The following Medicaid provider types may enroll as a primary care provider:

- Family Medicine
- General Practitioners
- Pediatricians
- Internal Medicine
- Obstetrics and Gynecology
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Nurse Practitioners

24-Hour Coverage Requirements - Medically Complex Children's Waiver

The MHN requires PCPs to provide access to medical advice and care for enrolled members 24 hours per day, 7 days per week. A qualified medical practitioner must provide medical advice, consultation, and/or authorization or referral for services when appropriate within one hour of the member's presentation or notification. PCPs must have at least one telephone line that is answered by office staff during regular office hours.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

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MANAGED CARE SUPPLEMENT

MANAGED CARE ELIGIBILITY

Individuals must apply for SC Medicaid prior to enrollment in a Managed Care Organization.. If the applicant meets the established Medicaid eligibility requirements, he or she may be eligible for participation in the South Carolina Medicaid Managed Care program. Not all Medicaid members will be eligible to participate in the Managed Care program.

The following Medicaid members are **not eligible** to participate in a South Carolina Medicaid **Managed Care**:

- Dually eligible Members (Medicare and Medicaid)*
- Members age 65 or older*
- Residents of a nursing home*
- Participants in limited benefits programs such as Family Planning, Specified Low Income Beneficiaries, Emergency Service Only, etc.
- Home- and Community-Based Waiver participants*
- PACE participants
- Medically Complex Children's Waiver Program participants
- Hospice participants
- Members covered by an MCO/HMO through third-party coverage
- Members enrolled in another Medicaid managed care plan (Medical Home Network)

Providers should verify the member's eligibility through the Web Tool or a point-of-service (POS) terminal prior to delivering services.

*SCDHHS along with the Centers for Medicare and Medicaid Services (CMS) currently operate a dual demonstration grant, SC Healthy Connections PRIME, where Medicaid managed care enrollment of these membership groups are allowed. For more information regarding the SC Healthy Connections PRIME program please access the SCDHHS website <https://scdhhs.gov/service/healthy-connections-prime>.

MANAGED CARE SUPPLEMENT

MANAGED CARE ELIGIBILITY

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MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

OVERVIEW

All managed care enrollment and disenrollment activities are handled through one single point of contact, South Carolina Healthy Connections Choices (SCHCC). SCHCC is responsible for processing the enrollment and disenrollment of Medicaid-eligible members into a managed care plan. Members may enroll online, by telephone, by mail, or by fax. Managed Care eligible Medicaid members are encouraged to actively enroll with a managed care plan.

SCHCC may be reached by calling (877) 552-4642, or via the SCHCC website: www.SCchoices.com. SCHCC should be contacted for assistance with enrollment, as well as transferring to, or disenrolling from, an MCO regardless of how long a member has been enrolled in their current MCO.

Members who are eligible for managed care participation are made aware of their eligibility via an outreach or enrollment mailing from SCHCC.

An **enrollment packet** is mailed to members who are required to make a managed care plan choice. Failure to do so will result in managed care plan assignment by SCHCC.

An **outreach packet** is mailed to beneficiaries who are eligible, but not required, to participate in a managed care plan. Managed care participation is on a voluntary basis for this population. (See **Enrollment Counselor Services** later in this supplement.)

Outreach and assignment is based on the member's eligibility category and/or Special Program enrollment, member assignment to an MCO is done on a prospective basis.

If a Medicaid member enrolled in a MCO loses Medicaid eligibility, but regains it within sixty (60) days, he or she will be automatically reassigned to the same plan and will forego a new ninety (90) day choice period.

Members cannot enroll directly with the MCO. Members must contact SCHCC to enroll in a managed care plan, or to change or discontinue their enrollment. A member can only change or disenroll without cause within the first ninety (90) days of enrollment. If the member is approved to enroll in a managed care plan, or changes his or her plan, prior to SCDHHS' creation of the MCO member list which is done in the next to last week of each month, the member appears on the MCO's member listing in the next month. If the member is approved, and entered into the system in the last seven (7) to ten (10) days of the month, the member will appear on the plan's member listing for the following month.

ENROLLMENT PROCESS

Medicaid members receive a managed care enrollment packet or an outreach packet by mail within two days of first becoming eligible for Medicaid, or thirty (30) to sixty (60) days prior to their annual Medicaid eligibility review. Members enrolled in a MCO will also receive a reminder letter from their health plan prior to their annual Medicaid eligibility review date.

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

Members are always encouraged to open, read, and respond to the enrollment packets to avoid automatic MCO assignment. While managed care enrollment is encouraged during the annual eligibility review, FFS Medicaid beneficiaries may contact SCHCC to enroll at any time. They do not need to wait to receive enrollment information. Members enrolled in a managed care plan at the time of their annual review will remain in their MCO unless they contact SCHCC during their open enrollment (Ninety (90) day choice period) to request a change.

When enrollment packets are mailed, members have at least thirty (30) days from the mail date to choose an MCO. If a member fails to act on the initial enrollment packet, outbound calls are placed in an effort to encourage plan selection. If, after the outreach efforts, a member still fails to respond, he or she will be assigned to a MCO.

The assignment process places members into MCOs available in the county where the member resides based on the following criteria:

- The MCO, if any, in which the beneficiary was previously enrolled
- The MCO, if any, in which family members are enrolled
- The MCO is selected by a Quality Weighted Automated Assignment Algorithm process if no health plan was identified

There are three easy ways for members to enroll:

- Call SCHCC at (877) 552-4642
- Mail or fax the completed enrollment form contained in the enrollment packet
- Online at www.SCchoices.com

A member is enrolled in a Managed Care plan for a period of 12 months. The beneficiary shall remain enrolled in the MCO unless one of the following occurs:

- The member becomes ineligible for Medicaid and/or Managed Care enrollment
- The member forwards a written request to transfer plans for cause
- The member initiates the transfer process during the annual re-enrollment period
- The member requests transfer within the first ninety (90) days of enrollment

Enrollment of Newborns

Babies born to Medicaid-eligible mothers are automatically deemed Medicaid eligible. As such, they are subject to being enrolled into a MCO. If, at the time of delivery, the mother is enrolled with an MCO, the baby will be automatically enrolled into the same MCO as the mother.

Babies automatically enrolled into the mother's MCO have a ninety (90) day choice period following birth during which a change to their health plan may be made. Following the ninety (90) day choice period, the newborn enters into his or her lock-in period and may not change MCOs for the first year of life without "just cause." The newborn's effective date of enrollment into a managed care plan is the first day of the month of birth.

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

Providers should refer to the appropriate Medicaid provider manual for additional limitations when providing services to newborns.

Primary Care Provider Selection and Assignment

Upon enrolling into a MCO, all beneficiaries are “assigned” to a primary care provider (PCP). When the member is assigned to an MCO, the MCO is responsible for assigning the PCP. After assignment, members may elect to change their PCP. **There is no lock-in period with respect to changing PCPs.** Enrolled members may change their PCP at any time and as often as necessary.

MCO members must call their designated Member Services area with the MCO to change their PCP. The name of the designated PCP will appear on all MCO cards. Should an MCO member change his/her PCP, he/she will be issued a new card from the MCO reflecting the new PCP.

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

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MANAGED CARE SUPPLEMENT

MANAGED CARE DISENROLLMENT PROCESS

OVERVIEW

Members not required to participate in managed care may request to disenroll and return to fee-for-service Medicaid. Members required to participate in managed care may only request to transfer to another MCO as fee-for-service Medicaid is no longer an option for the mandatory managed care population.

Disenrollment/transfer requests are processed through the enrollment broker, SCHCC. The member, the MCO or SCDHHS may initiate this process. During the 90 days following the date of initial enrollment with the MCO, beneficiaries may change plans without cause. Only one change may be requested during this period. Once a change has been requested, or the first ninety (90) days following the date of initial enrollment has expired, members move into their “lock-in” period. Requests to change MCOs during the lock-in period are processed only for “just cause.” Please refer to the MCO Policy and Procedures Guide and contract for additional information concerning just cause disenrollments.

Transfer requests made during the lock-in period require the completion of a Health Plan Change form, which may only be obtained by contacting SCHCC. The form requires the member to provide information confirming his or her attempt to resolve any issues necessitating disenrollment. That information includes documenting the date and time of the call to the MCO to discuss his or her issues, as well as the person with whom the member spoke. Failure to provide all required information will result in denial of the disenrollment request as all such requests must be reviewed by the SCDHHS.

Upon review by SCDHHS, the managed care plan is notified of the request to disenroll so that a plan representative may follow up with the member in an effort to address the concerns raised in the request for disenrollment. MCOs are required to notify SCDHHS within ten (10) days of the follow-up results for all complaints or disenrollment requests forwarded to the plan. If just cause is not validated, disenrollment is denied and the member remains in the managed care plan. A member’s request to transfer is honored if a decision has not been reached within sixty (60) days of the initial request. The final decision to accept the member’s request is made by SCDHHS.

If the member believes he or she was disenrolled/transferred in error, it is the member’s responsibility to contact SCHCC or the MCO for resolution. The member may be required to complete and submit a new enrollment form to SCHCC.

INVOLUNTARY BENEFICIARY DISENROLLMENT

A beneficiary may be involuntarily disenrolled from a MCO at any time deemed necessary by SCDHHS or the MCO, with SCDHHS approval.

The MCO’s request for member disenrollment must be made in writing to SCHCC using all applicable form(s), and the request must state in detail the reason for the disenrollment. The request must also include documentation verifying any change in the member’s status. SCDHHS determines if the MCO has shown good cause to disenroll the member and informs SCHCC of

MANAGED CARE SUPPLEMENT**MANAGED CARE DISENROLLMENT PROCESS**

their decision. SCHCC notifies both the MCO and the member of the decision in writing. The MCO and the member have the right to appeal any adverse decision. Providers should always check the Medicaid eligibility status of members before rendering service on the Medicaid Provider Web Tool.

The MCO may not terminate a member's enrollment because of any adverse change in the member's health. An exception would be when the member's continued enrollment in the plan would seriously impair the plan's ability to furnish services to either this particular member or other members.

For additional information, please review the involuntary disenrollment guidelines used by SCDHHS and the Managed Care plans in the **Disenrollment Process** section in the MCO Policy and Procedures Guide and contract.

MANAGED CARE SUPPLEMENT

EXHIBITS

MANAGED CARE PLANS BY COUNTY

All MCOs currently contracted with SCDHHS operate statewide.

The **Exhibits** section provides the contact information and a card sample for each MCO currently operating in South Carolina.

CURRENT MEDICAID MEDICAL HOMES NETWORKS (MHNS) FOR THE MEDICALLY COMPLEX CHILDREN'S WAIVER

The following MHN participates with the Medically Complex Children's waiver and South Carolina Healthy Connections Medicaid. MHN beneficiaries should present their South Carolina Healthy Connections Medicaid Insurance card in order to receive health care services. No additional card is necessary.

South Carolina Solutions

3555 Harden St Ext. Ste. 300
Columbia, South Carolina 29203
(888) 827-1665
www.sc-solutions.org

CURRENT MEDICAID MANAGED CARE ORGANIZATIONS

South Carolina Healthy Connections Medicaid MCOs are required to issue a plan identification card to enrolled members. Members should present both the MCO-issued identification card and the Healthy Connections Medicaid card. MCO cards contain important information on the member (name, plan number), the MCO (toll-free contact numbers), and the PCP.

SAMPLE MEDICAID MCO CARDS

The following card samples are used by MCOs that are currently authorized to operate in South Carolina.

MANAGED CARE SUPPLEMENT

Absolute Total Care

Centene Corporation

(866) 433-6041

www.absolutetotalcare.com

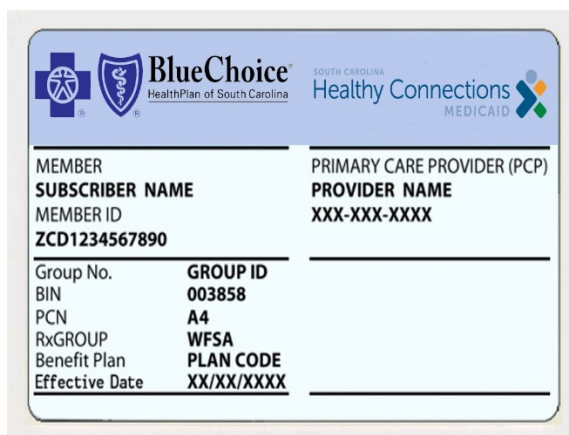


Healthy Blue by BlueChoice

BlueChoice HealthPlan of South Carolina Medicaid

(866) 781-5094

www.bluechoicesc.com



MANAGED CARE SUPPLEMENT**First Choice by Select Health**

Select Health of South Carolina, Inc.

(888) 276-2020

www.selecthealthofsc.com

| | |
|---|--|
| FirstChoice <small>by Select Health of South Carolina</small> Your Hometown Health Plan | Member Name |
| Healthy Connections | Healthy Connections ID 1239873200 |
| | Sex M DOB 12/30/95 |
| | Effective 11/01/12 |
| Member's preferred language | Spanish |
| Primary care provider (PCP) | ABC Pediatrics |
| PCP Phone 843.555.1234 | PCP ID 12345678 |
| RxBIN 600428 | RxPCN 02180000 |

Molina Healthcare, Inc.

1-855-882-3901

www.molinahealthcare.com

| | |
|---|----------------------------|
| MOLINA HEALTHCARE | Healthy Connections |
| Member: John Smith | |
| ID #: 0000000111 | |
| DOB: 11/19/1963 | |
| Program: SC Medicaid | |
| PCP Name: Dr. Carter | |
| PCP Location: 1 MAIN ST | |
| PCP Phone: (001) 001-0001 | |
| 24hr Nurse Help Line: (888) 275-8750 or (888) 848-3537 (Español) - Member Services (855) 882-3901 | |
| RxBIN: 004336 | RxPCN: ADV |
| RxGRP: Rx0860 | |

MANAGED CARE SUPPLEMENT

WellCare of South Carolina, Inc.

(888) 588-9842

www.southcarolina.wellcare.com



PROVIDER MANUAL SUPPLEMENT

THIRD-PARTY LIABILITY

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PROVIDER MANUAL SUPPLEMENT

THIRD-PARTY LIABILITY

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INTRODUCTION

“Third-party liability” (TPL) refers to the responsibility of parties other than Medicaid to pay for health insurance costs. Medicaid is always the payer of last resort, which means that Medicaid will not pay a claim for which someone else may be responsible until the party liable before Medicaid has been billed. For the most part, this means providers are responsible for billing third parties before billing Medicaid.

Third parties can include:

- Private health insurance
- Medicare
- Employment-related health insurance
- Medical support from non-custodial parents
- Long-term care insurance
- Other federal programs
- Court judgments or settlements from a liability insurer
- State workers’ compensation
- First party probate-estate recoveries

Private health insurers and Medicare are the most common types of third party that providers are required to bill. For information on casualty cases and estate recovery, see Section 1 of your provider manual.

HEALTH INSURANCE RECORDS

Medicaid Insurance Verification Services (MIVS), Medicaid’s TPL contractor, researches third-party insurance information. Sources of information include providers, eligibility offices, long-term care workers, private insurers, other government agencies, and beneficiaries themselves.

It can take up to 25 days for a new policy record to be added to a beneficiary’s eligibility file and five days for corrections and updates of an existing record. New policy information and updates are added to the Medicaid Management Information System (MMIS) every working day.

ACCESS TO CARE

As a provider, your role in the TPL process begins as soon as you agree to treat a Medicaid-eligible patient. You should ask every patient and/or the patient’s responsible party about other insurance coverage.

According to 42 CFR 447.20(b), **you cannot refuse to treat a Medicaid patient simply because he or she has other health insurance.** You and the patient should work together to decide whether you will consider the individual a Medicaid patient or a private-pay patient. If you accept the individual as a Medicaid patient, you are obligated to follow Medicaid’s third-party liability guidelines and other policies. Remember, you agree to treat a patient as a Medicaid

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patient for an entire spell of illness; you cannot change a beneficiary's status in the midst of a course of treatment.

When you first accept a Medicaid beneficiary, and at every service encounter thereafter, you will check to see whether the patient is eligible for Medicaid. At the same time, you will check for any other insurers you may need to bill. You should also perform a Medicaid eligibility check again when entering a claim, as eligibility and TPL information are constantly being updated.

South Carolina Healthy Connections (Medicaid) does not require you to obtain copies of other insurance cards from the beneficiary. You can obtain from South Carolina Healthy Connections (Medicaid) all the information you need to file with another insurer or to code TPL information on a Medicaid claim, including policy numbers, policy types, and contact information for the insurer, as long as Medicaid has that information on file.

Health Insurance Premium Payment Project

The Health Insurance Premium Payment (HIPP) project allows SCDHHS to pay private health insurance premiums for Medicaid beneficiaries who may be at risk of losing the private insurance coverage. SCDHHS will pay such premiums if the payment is deemed cost effective; see Section 1 of your provider manual for more information on qualifying situations. Maintaining good communication with your patients will help you identify candidates for referral to the HIPP program.

Eligibility Verification

- **Medicaid Card:** Possession of a Medicaid card means only that a beneficiary was eligible for Medicaid when the card was issued. You must use other eligibility resources for up-to-date eligibility and TPL information.
- **Point-of-Sale Devices and Eligibility Verification Vendors:** Check with your vendor to see how TPL information is reported.
- **Web Tool:** The Eligibility Verification function of the South Carolina Healthy Connections (Medicaid) Web-based Claims Submission Tool provides information about third-party coverage. See the Web Tool User Guide for instructions on checking eligibility.

REPORTING TPL INFORMATION TO MEDICAID

Providers are an important source of information from beneficiaries about third-party insurers. You can report this information to Medicaid in two ways: enter the information on claims submitted to Medicaid, or submit Health Insurance Information Referral Forms to Medicaid. When primary health insurance information appears on a claim form, the insurance information is passed to MIVS electronically for verification. This referral process is conducted weekly and contributes to timely additions and updates to the policy file.

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Health Insurance Information Referral Forms

The SCDHHS Health Insurance Information Referral Form is used to document third-party insurance coverage, policy changes, beneficiary coverage changes, carrier changes, and policy lapse information. You should fill out this form when you discover third-party coverage information that Medicaid does not know about, or when you have insurance documentation that indicates the TPL health insurance record needs an update.

A copy of the form is included in the Forms section of your provider manual, and samples appear at the end of this supplement. Send or fax the completed forms to:

South Carolina Healthy Connections
PO Box 101110
Columbia, SC 29211-9804
Fax: (803) 252-0870

COORDINATION OF BENEFITS

Health insurers adhere to “coordination of benefits” provisions to avoid duplicating payments. The health plan or payer obligated to pay a claim first is called the “primary” payer, the next is termed “secondary,” and the third is called “tertiary.” Together, the payers coordinate payments for services up to 100% of the covered charges at a rate consistent with the benefits.

Medicaid does not participate in coordination of benefits in the same way as other insurers. Medicaid is never primary, and it will only make payments up to the Medicaid allowable. However, you should understand how other companies coordinate payments.

COST AVOIDANCE VS. PAY & CHASE

South Carolina Healthy Connections (Medicaid) is required by the federal government to reject claims for which another party might be liable; this policy is known as “cost avoidance.” Providers must report primary payments and denials to Medicaid to avoid rejected claims. The majority of services covered by Medicaid are subject to cost avoidance.

For certain services, Medicaid does not cost-avoid claims and will pursue recovery under a policy known as “Pay & Chase.” Medicaid remains the payer of last resort in all cases; however, under Pay & Chase it temporarily behaves like a primary payer.

Services that fall under Pay & Chase are:

- Preventive pediatric services
- Dental EPSDT services
- Maternal health services
- Title IV – Child Support Enforcement insurance records
- Certain Department of Health and Environmental Control (DHEC) services under Title V

While providers of such services are encouraged to file with any liable third party before Medicaid, if they choose not to do so, SCDHHS will pay the claims and bill liable third parties directly through the Benefit Recovery program. More information on recovery appears later in

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this supplement. If you choose to bill both a third party and Medicaid, you must enter the TPL filing information on your Medicaid claim as outlined in this supplement – rendering Pay & Chase-eligible services does not exempt you from the requirement to correctly code for TPL.

Resources Secondary to Medicaid

Certain programs funded only by the state of South Carolina (*i.e.*, without matching federal funds) should be billed secondary to Medicaid. The TPL claim processing subsystem does not reject claims for resources that may pay after Medicaid. These resources are:

- BabyNet
- Best Chance Network
- Black Lung
- Commission for the Blind
- Community Health
- Crime Victims Compensation Fund
- CRS (Children's Rehabilitative Services)
- Department of Corrections
- DHEC Cancer
- DHEC Family Planning (DHEC Maternal Child Health)
- DHEC Heart
- DHEC Hemophilia
- DHEC Migrant Health
- DHEC Sickle Cell
- DHEC TB
- Indian Health
- Other Indigent (hospital charity)
- Other Sponsor
- Ryan White Program
- State Aid Cancer Program
- Vaccine Injury Compensation
- Veterans Administration
- Vocational Rehabilitation Services

COPAYMENTS AND TPL

For certain services, Medicaid beneficiaries must make a Medicaid copayment. SCDHHS deducts this amount from what Medicaid pays the provider. Copayments are described in detail in Section 3 of your provider manual (if they apply to the services you provide).

Remember, as a Medicaid provider you have agreed to accept Medicaid's payment as payment in full. You can never balance bill a beneficiary receiving Medicaid-covered services for anything other than the Medicaid copayment. (You may, however, bill a beneficiary for services that Medicaid does not cover.)

When a beneficiary has Medicare or private insurance, he or she is still responsible for the Medicaid copayment. However, if the sum of the copayment and the Medicare/third-party payment would exceed the Medicaid-allowed amount, you must adjust or eliminate the copayment. In other words, though you may accept a primary insurance payment higher than what Medicaid would pay, the beneficiary's copayment cannot contribute to the excess revenue.

Medicaid beneficiaries with private insurance are **not** charged the copayment amount of the primary plan(s). When you accept a patient as a Medicaid patient, all Medicaid rules, including the Medicaid copayment rules, apply to that individual. These rules are federal law; they protect the Medicaid beneficiary by limiting his or her liability for payment for medical services.

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Medicaid determines payment in full and the patient's liability. Therefore, when you file a secondary claim with Medicaid, you can only apply the Medicaid copayment and cannot require the primary plan copayment as you would for a private pay patient.

DENIALS AND EOBs

When you bill a primary health insurer, you should obtain either a payment or a denial. You should also receive an Explanation of Benefits (EOB) that explains how the payment was calculated and any reasons for non-payment. Once you have received a reply from all potentially liable parties, if there are still charges that are not paid in full that might be covered by Medicaid, you may then bill Medicaid. This process is known as sequential billing.

Note that you must receive a *valid* denial before billing Medicaid. A request for more information or corrected information does not count as a valid denial.

POLICY TYPES

Each private policy listed in a patient's insurance record has an entry for "policy type," the most common of which is Health No Restrictions (HN). Another policy type you may encounter is HI, Health Indemnity; such policies pay per diem for hospital stays, surgeries, anesthesia, etc. HS, Health Supplemental, refers to policies that cover Medicare coinsurance and deductibles. Other policy types include Accident (HA) and Cancer (HC).

The policy type HN may be applied to a pharmacy carve-out, a mental health claim administrator, or a dental policy. The policy type does not provide specific information about the types of services covered, so you may have to take extra steps to determine whether to bill a particular carrier:

1. Ask the beneficiary. He or she should be able to tell you what kind of policy it is.
2. Look at the name of the carrier in the full list of carrier codes. The name may help you figure out the type of coverage (*e.g.*, ABC Dental Insurers).
3. Call SCDHHS Provider Service Center (PSC). Providers can also submit an online inquiry at <http://scdhhs.gov/contact-us> and a provider support representative will respond to you directly. He or she can look up more details of the plan in the TPL policy file.

TIMELY FILING REQUIREMENTS

Providers must file claims with Medicaid within a year of the date of service. If a claim is rejected, you must file a new claim within that year, and Void/Replacement adjustments must be made within that year as well – all activity related to the claim must occur within a year of the date of service in order for you to be paid.

Because of this timely filing requirement, you should bill third parties as soon as possible after service delivery. SCDHHS recommends that you file a claim with the primary insurer within 30 days of the date of service.

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Regardless of how long the third party takes to reply, providers must still meet Medicaid's timeliness requirements. Delays by other insurers are not a sufficient excuse for timeliness extensions.

| Timely Filing | |
|-------------------------------------|---|
| Medicaid claims | One year |
| Medicare-primary claims to Medicaid | Two years or within six months from Medicare adjudication |
| Primary health insurance | 30 days recommended |

Late claim filing to the primary insurer and gaps in activity related to obtaining payment from a primary carrier are not reasonable practices. SCDHHS will not consider payment if a claim is not successfully adjudicated by the MMIS within the time frames above.

REASONABLE EFFORT

Providers occasionally encounter difficulties in obtaining documentation and payment from third parties and beneficiaries. For example, the third-party insurer may refuse to send a written denial or explanation of benefits, or a beneficiary may be missing or uncooperative. It is your responsibility as a provider to seek a solution to such problems.

“Reasonable effort” consists of taking logical, timely steps at each stage of the billing process. Such steps may include submitting new claims, making follow-up phone calls, and sending additional requested information. Many resources are available to help you pursue third-party payments. The PSC can work with you to explore these options.

Reasonable Effort and Insurance Companies

Below is a suggested process for filing to insurance companies. A flowchart based on this process can be found at the end of this supplement.

A. Send a claim to the insurance company.

If after **thirty days** you have received no response:

B. Call the company's customer service department to determine the status of the claim.

- **If the company has not received the claim:**
 1. Refile the claim. Stamp the claim as a repeat submission or send a cover note.
 2. Repeat follow-up steps as needed.
- **If the company has received the claim but considers the billing insufficient:**
 1. Supply all additional information requested by the company.
 2. Confirm that all requested information has been submitted.

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3. Allow thirty more days for the claim to be processed.
4. If there is no response within thirty days and all information has been supplied as requested, proceed as instructed below.
 - **If the company has received the claim, considers the billing valid, and has not suspended the claim:**
 1. Make a note in your files.
 2. Follow up with a written request for a response.

C. If after two more weeks you have still received no response:

1. Write to the company citing this history of difficulties. Copy the South Carolina Department of Insurance Consumer Division on your letter.

Remember, difficulties with insurance companies do not exempt you from timely filing requirements. It is important that you file a claim as soon as possible after providing a service so that, should you encounter any difficulty, you have time to pursue the steps described above.

Once the Department of Insurance has resolved an issue (which usually takes about 90 days), you should have adequate information to bill Medicaid correctly. Following all the steps above should take no more than 180 days, well within the Medicaid timely filing limit of one year.

Reasonable Effort and Beneficiaries

Difficulties can arise when a beneficiary does not cooperate with an insurer's request for information. For example, U.S. military beneficiaries must report changes in their status and eligibility to the Defense Eligibility and Enrollment Reporting System (DEERS); a delay by a beneficiary may delay a provider's response from the insurer. An insurer may also need a beneficiary to send in subrogation forms related to a hospitalization.

It is in your interest to contact the beneficiary, whether by phone, certified letter, or otherwise. You may offer to help the beneficiary understand and fill out forms. Be sure to document all your attempts at contact and inform the insurer of such actions.

Occasionally insurers will pay a beneficiary instead of a provider. If you know an insurance payment will be made to a patient, you should consider having the patient sign an agreement indicating that the total payment will be turned over to the provider, and that failure to cooperate with the agreement will result in the beneficiary no longer being accepted as a Medicaid patient.

Reasonable Effort Documentation Form

In cases where you have made all reasonable efforts to resolve a situation, you can submit a Reasonable Effort Documentation form. The form must demonstrate that you have made sustained efforts to contact the insurance company or beneficiary. This document is used only as a last resort, when all other attempts at contact and payment collection have failed.

Attach the form to a claim filed as a denial. Attach copies of all documents that demonstrate your efforts (correspondence with the insurer and the Department of Insurance, notes from your files, etc.). If you are filing electronically, you must keep the Reasonable Effort Documentation form

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and all supporting documentation on file. A blank Reasonable Effort Documentation form can be found in the Forms section of your provider manual, and examples appear at the end of this supplement.

REPORTING TPL INFORMATION ON CLAIMS

When you file a claim that includes TPL information, you will report up to five pieces of TPL information, depending on the type of claim:

For each insurer:

1. The carrier code
2. The insured's policy number
3. A payment amount or "0.00"

For the whole claim:

4. A denial indicator when at least one payer has not made payment
5. The total of all payments by other insurers

Carrier Codes

Medicaid, in conjunction with the South Carolina Hospital Association (SCHA), assigns every third-party insurer a unique three-digit alphanumeric code. Among the SCHA carrier codes are a few five-digit codes created by SCDHHS to satisfy carrier-specific claim filing requirements; these are identified by the suffix RX (pharmacy plans). SCHA carrier codes are used to identify insurers and other payers (including the Medicare Advantage plans) on dental, professional, and institutional claims. A complete list of carrier codes can be found in Appendix 2 of those provider manuals.

SCDHHS maintains an entirely separate list of five-digit carrier codes for pharmacy claims submission. Providers should visit <http://southcarolina.fhsc.com> or the SCDHHS Provider Information page at <http://provider.scdhhs.gov/> to view the pharmacy carrier codes list.

With very few exceptions, the alphanumeric carrier codes assigned by the SCHA are three digits, alpha-numeric-alpha. However, if you file hard copy, you may want to indicate a zero as Ø to ensure it is keyed correctly.

If you cannot find a particular carrier or carrier code in your manual, please visit the SCDHHS Provider Information page at <http://provider.scdhhs.gov/> to view the most current carrier codes list.

If you are billing a company for which you cannot find a code, you may use 199, the generic carrier code. MIVS will then call you to ask about the new insurer. You may prefer to submit a Health Insurance Information Referral Form to MIVS while you have the carrier information easily accessible, as MIVS may call you up to one month after the claim has been processed.

You may encounter the "CAS" carrier code when checking a beneficiary's eligibility. This code represents an open casualty case. Medicaid does not cost avoid claims with casualty coverage. You may decide to bill Medicaid directly and forgo participation in the case, or you may take

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action with the liable party and not bill Medicaid. Timely filing requirements still apply even where there is a possible casualty settlement, so you must make your decision prior to the one-year Medicaid timely filing deadline.

Policy Numbers

Many insurance companies use Social Security numbers (SSNs) as policy numbers, but some are transitioning to policy numbers that do not rely on confidential information. You should use the number that appears on the beneficiary's health insurance card.

SCDHHS has begun adding these new policy numbers to beneficiary records. If one of your claims is rejected for failure to file to a private insurer (edit 150) and you have already filed to that insurer, there may be a policy number discrepancy; you should code the claim with the beneficiary's SSN. Edit codes and rejected claims are discussed in more detail below.

PHARMACY CLAIMS

TPL policies apply to all Medicaid services. Like other providers, pharmacists must bill all other potentially liable parties, including Medicare, before billing Medicaid. However, pharmacists' billing procedures differ from those of other providers. Pharmacists do not use the carrier codes assigned by the SCHA; South Carolina Healthy Connections (Medicaid) maintains separate carrier codes for pharmacy claims submission. Providers should visit the SCDHHS Provider Information page at <http://provider.scdhhs.gov> for pharmacy carrier codes. These unique codes may also be found at <http://southcarolina.fhsc.com>.

Pharmacists receive two-character NCPDP edit codes rather than South Carolina Healthy Connections (Medicaid) edit codes. Code 41 indicates that you need to file to a third-party payer, to include Medicare Parts B and D, if applicable.

Pharmacy services are generally cost-avoided; however, SCDHHS performs Pay & Chase billing for insurance resources that are Child Support Enforcement-ordered and in situations where the insurance company will not pay the Medicaid-assigned claim and instead makes payment to the subscriber. Pharmacists who file to primary plans but do not receive the insurance payment should report that fact to MIVS or SCDHHS so that Pay & Chase may be implemented instead of cost avoidance.

The point-of-sale contractor's Pharmacy Provider Manual contains complete instructions on how to submit TPL information on Medicaid claims.

NURSING FACILITY CLAIMS

Nursing facilities are required to follow Medicaid's TPL policies by billing other liable parties before billing Medicaid. The nursing facility claim form, the Turn Around Document, does not provide fields for coding TPL information. In order to have TPL payments calculated, you will report TPL payments and denials on a Health Insurance Information Referral Form and/or submit the insurance EOB with a new DHHS Form 181.

If you discover third-party coverage that Medicaid does not yet have on file, bill the third party and send a Health Insurance Information Referral Form to MIVS so that the insurance record

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may be put online. If Medicaid has already paid, you are responsible for refunding the insurance payment. Failure to report insurance that will likely be subsequently discovered may result in the claim being put into benefit recovery and recouped in a recovery cycle (see the section on recovery for more information).

To initiate Medicaid billing for a resident also covered by a third-party payer, submit a claim to Medicaid and receive a rejection (edit code 156 for commercial insurance) for having failed to file with the other liable third parties. This establishes your willingness to accept a resident as a Medicaid beneficiary. It also shows that you intend to adhere to Medicaid's timely filing requirements.

When you receive a rejected claim, attach all EOBs and submit a new DHHS Form 181 to the Medicaid Claims Control System (MCCS); they will route it to the Medicaid TPL department for processing. If you are subsequently paid by a third party, use Form 205 to refund part or all of your Medicaid payment. Mark "health insurance" as the reason for the refund, supply the insurance information, and attach a check for the amount being refunded.

Remember that claims in recovery have timely filing requirements. SCDHHS suggests that as soon as you receive a 156 edit and/or discover that a resident has third-party coverage, you check your records and bill the third party for previous claims for the current calendar year and for one year prior for which Medicaid should not have paid primary. If you wait for the next recovery cycle, you may run into timely filing deadlines. All previously paid claims that were not filed with the insurance company or third parties are subject to recovery by Medicaid.

Should MIVS mail you a letter of recovery, make sure you follow all procedures and timelines as required. The PSC will be able to assist you in completing all requirements from MIVS in order to avoid a take-back or to reverse a previous take-back.

If you have any other questions or concerns about third-party liability issues, call the PSC. Because nursing home billing cycles are often longer than those of other providers, it is essential that you contact SCDHHS early in the TPL billing process, before timely filing requirements become a concern.

The Nursing Facility Services Provider Manual contains complete billing instructions for nursing facilities. Please see also the following sections of this supplement: Eligibility Verification, Reporting TPL Information to Medicaid, Cost Avoidance vs. Pay & Chase, Timely Filing Requirements, and Reasonable Effort.

PROFESSIONAL, INSTITUTIONAL, AND DENTAL CLAIMS

The CMS-1500 and UB-04 claim forms have space to report two payers other than Medicaid. If there are three or more insurers, you will need to code your claim with the payers listed that pay primary and secondary. When your claim receives edit 151, you must submit a new claim and write in the carrier code, policy number, and amount paid in the third occurrences of fields 24, 25, and 26 of the CMS-1500, Claims submitted electronically will be processed automatically with up to ten primary payers.

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Professional Paper Claims

The CMS-1500 has two areas for entering other insurers: block 9 (fields 9a, 9c, and 9d) and block 11 (fields 11, 11b, and 11c). If there is only one primary insurer, you can use either block. If there are two insurers, use both blocks.

CMS-1500 TPL Fields

| | |
|---|--|
| 9a Other Insured's Policy or Group Number Enter the policy number. | 11 Insured's Policy Group or FECA Number Enter the policy number. |
| 9c Reserved for NUCC Use If the insurance has paid, indicate the amount paid in this field. If the insurance has denied payment, enter "0.00" in this field. | 11b Other Claim ID (Designated by NUCC) If the insurance has paid, indicate the amount paid in this field. If the insurance has denied payment, enter "0.00" in this field. |
| 9d Insurance Plan Name or Program Name Enter the three-character carrier code. | 11c Insurance Plan Name or Program Name Enter the three-character carrier code. |

10d Claim Codes (Designated by NUCC)

Enter the appropriate TPL indicator for this claim.

The valid TPL indicators are:

- 1** Insurance denied
- 6** Crime victim
- 8** Uncooperative beneficiary

If either insurer denied payment, you will put the TPL indicator "1" in field 10d. "6" is used to alert SCDHHS to potential criminal proceedings and restitution. "8" is used in conjunction with the Reasonable Effort Documentation form to show that you have been unable to contact a beneficiary from whom you need information and/or payment.

29 Amount Paid

Enter the total amount paid from all insurance sources.
This amount is the sum of 9c and 11b.

Complete instructions for filling out CMS-1500 claim forms can be found in Section 3 of provider manuals for professional services. Sample CMS-1500s with TPL information appear at the end of this supplement.

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Institutional Paper Claims

Unlike other claim types, the UB claim form has a section for listing all parties being billed, **including Medicaid**. Medicaid's carrier code, 619, must be entered on all UB claims submitted to Medicaid.

Fields 50, 54, and 60 are the main fields for coding TPL information.

- Identify all other payers, with the primary payer on line A.
- For each payer other than Medicaid, enter the three-digit carrier code in field 50 and the corresponding payment in field 54.
- For denials, enter the carrier code in field 50 and "0.00" in field 54. Then, enter occurrence code 24 and the date of denial in item 31, 32, 33, or 34.
- You are not required to enter a provider number for payers other than Medicaid, though doing so will not affect your claim.
- Enter Medicaid (619) on line B or C. Leave field 54 of the Medicaid line blank; there will never be a prior payment.
- Enter the patient's 10-digit Medicaid ID number on the lettered line (A, B, or C) that corresponds to the Medicaid line in fields 50 – 54. Enter the other policy numbers on the same lettered line as the code and payment for that carrier.

UB-04 TPL Fields

| | 50 PAYER | 51 PROVIDER NO | 54 PRIOR PAYMENTS |
|---|---------------------------------|----------------|-------------------|
| A | 618/620 (Medicare carrier code) | | \$33.01 |
| B | 401 (BCBS carrier code) | | \$255.39 |
| C | 619 (Medicaid carrier code) | | |

| 60 CERT.-SSN-HIC.-ID NO. |
|--------------------------|
| ABQ1111222 |
| 123456789-1212 |
| 1234567890 |

If one claim spans multiple claim forms, fields 50, 51, and 54 must be completed in exactly the same way on each page of the claim.

Complete instructions for filling out UB claim forms can be found in the Hospital Services and Psychiatric Hospital Services provider manuals, and a sample UB-04 with TPL information appears at the end of this supplement.

Dental Paper Claims

For samples and complete instructions for filling out the ADA and CMS-1500 claim forms, refer to the DentaQuest Dental Office Reference Manual (ORM) at <http://www.DentaQuest.com>

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Web-Submitted Claims

The Web Tool User Guide contains instructions for entering TPL information for all claim types except Dental using the Web Tool. The basic steps are the same as for paper claims.

REJECTED CLAIMS

If you file a claim to Medicaid for which you should have first billed a third-party insurer, your claim will be rejected unless 1) the policy has not yet been uploaded to the MMIS, or 2) the service is in Pay & Chase. The Eligibility section on the Web Tool will supply information you need to file with the third-party payer.

Insurance Edits

There are six edit codes indicating that a claim has not been filed to other insurers:

- 150: TPL coverage verified/filing not indicated on claim
- 151: Multiple insurance policies/not all filed – call TPL
- 155: Possible, not positive, insurance match/other errors
- 156: TPL verified/filing not indicated on claim
- 157: TPL coverage; no amount other sources on claim
- 953: Buy-in indicated – possible Medicare payer

If you receive one of these edit codes and have not filed a claim with all third parties listed under the Eligibility section on the Web Tool, you must do so. **Whenever you receive one of these edits, your subsequent attempts to obtain Medicaid payment must have at least one TPL carrier code and policy number even when there is no primary payment.** If a policy has lapsed by the time a claim is processed, SCDHHS will be unable to correctly identify the claim as TPL-related unless you enter the TPL information on a new claim.

The insurance carrier code, the policy number, and the name of the policyholder are all listed under the Eligibility section on the Web Tool, while the carrier's address and telephone number may be found in Appendix 2 of your provider manual or on the SCDHHS Web site. Because of timely filing requirements, you should file with the primary insurer as soon as possible.

If you have already filed a claim with all third parties listed on the Web Tool, check to see that all the information you entered is correct. Compare the carrier code and policy number you entered on the rejected claim and submit a new claim. You must re-enter all TPL information when filing a new claim.

Other TPL-related edit codes include:

- 165:** TPL balance due/patient responsibility must be present and numeric
- 316:** Third party code invalid
- 317:** Invalid injury code
- 390:** TPL payment amount not numeric
- 400:** TPL carrier and policy number must both be present

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- 401:** Amount in other sources, but no TPL carrier code
- 555:** TPL payment is greater than payment due from Medicaid
- 557:** Carrier payments must equal payments from other sources
- 565:** Third-party payment, but no third-party ID
- 690:** Amount from other sources more than Medicaid amount
- 732:** Payer ID number not on file
- 733:** Insurance information coded, but payment or denial indicator missing
- 953:** Buy-in indicated on CIS – possible Medicare

Resolution instructions for these edit codes can be found in Appendix 1 of your provider manual.

CLAIM ADJUSTMENTS AND REFUNDS

If you are paid by a third-party insurer after you have been paid by Medicaid, you should initiate a claim adjustment if you wish to refund the original paid claim in full. You must use the Void/Replacement rather than the Void Only option. Unless there is a replacement claim, new TPL information will not be available to MIVS for investigation and addition to the policy file in the MMIS.

If the refund is for an amount less than the original Medicaid payment, contact MIVS for a manual TPL debit or send a refund check for the appropriate amount. Complete instructions for filing adjustments are in Section 3 of your provider manual, and sample Adjustment Form 130s appear at the end of this supplement. Please remember that hospital providers, pharmacists, and nursing facilities do not use the Form 130.

If you submit a refund to SCDHHS and subsequently discover that it was in error, SCDHHS must receive your credit adjustment request within 90 days of the refund.

Remember: you should not send a check when you make a claim-level adjustment. However, if you need to send a reimbursement check for any reason, fill out the Form for Medicaid Refunds (Form 205 – see the Forms section of your provider manual) and send it with the check to the following address:

South Carolina Healthy Connections
Cash Receipts
PO Box 8355
Columbia, SC 29202

RECOVERY

“Recovery” refers to all situations where Medicaid or the provider pursues third parties who are liable for claims that Medicaid has already paid. Recovery categories include Retro Medicare, Retro Health, and Pay & Chase.

MIVS is responsible for mailing recovery invoices and posting benefit recovery responses. If you have questions about recovery, please contact them directly. See the contact list at the end of the supplement.

THIRD-PARTY LIABILITY SUPPLEMENT

Retro Medicare

SCDHHS invoices institutional and professional medical providers at the beginning of each month for retroactive Medicare coverage (Retro Medicare). You will receive a letter indicating that your account will be debited. The letter identifies Medicare-eligible beneficiaries, claim control numbers, and dates of service, as well as the check date of the automated adjustment and an “own reference number” to identify the debit(s).

You are expected to file the affected claims to Medicare within 30 days of the invoice. After filing to Medicare, you have the option of filing a claim to Medicaid for consideration of an additional payment toward the coinsurance and deductible. Requests for reconsideration of the debit must be received within 90 days of the debit.

If Medicare has denied, you may submit a claim to Medicaid. Provider adjustments will not be submitted for payment in order to eliminate the possibility of duplicate payments. Certain claims for patients with Medicare Part B only, when it is impossible to file them within the one-year timely filing limit, may be an exception.

Despite the extended timely filing deadlines for Medicare-primary claims (six months from Medicare payment or two years from the date of service), you may encounter difficulties with timely filing when Medicare does not make a payment and a claim is in Retro Medicare. If a claim sent to Medicaid is denied with edit 510 for being more than one year after the date of service or six months after the Medicare remittance date, mail, or fax the rejected claim, with supporting documentation to MIVS. If the patient is Part B-only and a UB claim form has received edit 510, the rejected claim, with supporting documentation, should be forwarded or faxed to MIVS. If MIVS determines that the late filing is valid, they will make a credit adjustment.

Claims pulled into Retro Medicare, when filed within 30 days should meet Medicare one year timely filing rule.

Please note that the computer logic also reviews the procedures on the claims and does not pull into recovery procedure codes that are not Medicare covered.

South Carolina Healthy Connections (Medicaid) is responsible for attempting to recover all claims that can be filed within timely filing limits.

Retro Health and Pay & Chase

SCDHHS invoices institutional providers each month for Retro Health and Pay & Chase claims. Providers are expected to file the claims to the primary medical plan within the month of the invoice and to respond to the recovery letter upon receiving the primary adjudication.

One month after the first recovery letter, providers are notified of any claims for which there has been no response. Three months after the first invoice, claims for which there was no response are automatically debited. Requests for reconsideration of the debit must be received within 90 days of the debit. SCDHHS will not reconsider requests after the nine-month cycle.

THIRD-PARTY LIABILITY SUPPLEMENT

Retro Health Example

| | |
|---------------|---|
| January 2018 | Initial invoice |
| February 2018 | Second letter |
| March 2018 | Notification: Automated debit on last check date of the month |

You should submit claims promptly to the primary carriers to avoid receiving timely filing denials from the primary health plans for cost avoidance and for recovery. If you fail to meet timely filing requirements and thus fail to meet a primary carrier's deadline, this is not an acceptable denial; however, when an insurer's timely filing deadline for a date of service is within approximately six weeks of an invoice in Retro Health or possibly before the Medicaid invoice, SCDHHS will accept the insurer's denial and stop a subsequent debit of the Medicaid paid claim from your account.

Insurers occasionally recoup payments made to providers who have put the insurance payment on a Medicaid secondary claim or who have refunded the Medicaid primary payment under Retro Health or Pay & Chase. When the provider submits proof of return of the primary payment, SCDHHS will consider reinstating payment by manual adjustment when the request is received within 90 days of the primary plan request to the provider.

CONCLUSION

Medicaid's ability to fund health care for low-income people relies in part on the success of its cost avoidance measures. For providers, third-party liability responsibilities can be summarized as follows:

- Bill all other liable parties before billing Medicaid.
- Make reasonable, good-faith efforts to get responses from insurers and beneficiaries.
- Code TPL information correctly on claims.

THIRD-PARTY LIABILITY SUPPLEMENT

TPL RESOURCES

The PSC is your first source for questions about third-party liability. Listed below are some other resources.

Dental Claims: Provider questions about third party liability should be directed to the DentaQuest Call Center at 1-888-307-6553 or via e-mail at denclaims@dentaquest.com.

SCDHHS Web site: <http://www.scdhhs.gov>

- Carrier codes
- Provider manuals
- Edit codes and resolutions

Provider Enrollment and Education Web site: <http://MedicaideLearning.com>

- Web Tool User Guide and Addenda

Medicaid Insurance Verification Services

South Carolina Healthy Connections
PO Box 101110
Columbia, SC 29211-9804
Email: MIVS@BCBSSC.com

| | |
|------------------------|--|
| Main Number | 1-888-289-0709 option 5 |
| Other Health Insurance | 1-888-289-0709, option 5, option 1 803-252-0870 Fax |
| Fund Recovery | 1-888-289-0709, option 5, option 1 803-462-2582 Fax |
| General Correspondence | 1-888-289-0709, option 5, option 1 803-462-2583 Fax |

Casualty, Estate Recovery, and HIPA Correspondence

South Carolina Healthy Connections
PO Box 100127
Columbia, SC 29202-3127

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|-----------------|--|
| Casualty | 1-888-289-0709, option 5, option 2 803-462-2579 Fax |
| Estate Recovery | 1-888-289-0709, option 5, option 3 803-462-2579 Fax |

THIRD-PARTY LIABILITY SUPPLEMENT

Health Insurance Premium Payment
Project (HIPP)

1-888-289-0709, option 5, option 4
803-462-2580 Fax

Special Needs Trust

1-888-289-0709, option 5, option 5
803-462-2579 Fax

South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
PO Box 100105
Columbia, SC 29223
<http://www.doi.sc.gov/>

THIRD-PARTY LIABILITY SUPPLEMENT**SAMPLE FORMS**

| Form |
|--|
| Health Insurance Information Referral Form: Carrier change |
| Health Insurance Information Referral Form: Coverage ended |
| Reasonable Effort Documentation Form: Failure to respond – beneficiary |
| Reasonable Effort Documentation Form: Failure to respond – insurer |
| Reasonable Effort Flowchart |
| Adjustment Form 130: Primary insurer paid after the appeal process |
| Adjustment Form 130: Primary insurer payment received after Medicaid payment |
| UB-04: Medicare paid; private insurer denied |
| CMS-1500: Two private insurers; one paid, one denied |
| CMS-1500: Medicare and private insurer paid |

THIRD-PARTY LIABILITY SUPPLEMENT



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM

Provider or Department Name: Acme Dental Clinic Provider ID or NPI: 1234560000

Contact Person: Richard Roe Phone #: 803-555-5555 Date: 03/01/10

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 25 DAYS

Beneficiary Name: Jim Smith Date Referral Completed: 02/29/2010

Medicaid ID#: 2222222222 Policy Number: AZ999999999999

Insurance Company Name: OmniCorp Insurers Group Number: 390-OP-777777

Insured's Name: N/A Insured SSN: 777-77-0000

Employer's Name/Address: Retired

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIV'S SHALL WORK WITHIN 5 DAYS

- ☐ a. beneficiary has never been covered by the policy – close insurance.
- ☒ b. beneficiary coverage ended - terminate coverage (date) 12/31/2009
- ☐ c. subscriber coverage lapsed - terminate coverage (date) _____
- ☐ d. subscriber changed plans under employer - new carrier is _____
- new policy number is _____
- ☐ e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
(name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.

Submit this information to Medicaid Insurance Verification Services (MIVS).

Fax: 803-252-0870 or Mail: Post Office Box 101110
Columbia, SC 29211-9804

III NEW POLICY NUMBERS FOR INSURANCE IN THE MMIS WITH THE SUBSCRIBER SSN (SCDHHS is collecting new unique policy numbers and plans to replace existing insurance records through MMIS online modification as computer resources are available.)

Medicaid Beneficiary ID: _____ SSN: _____

Carrier Name/Code: _____ New Unique Policy Number: _____

Submit this information to South Carolina Department of Health and Human Services (SCDHHS).

Fax: 803-255-8225 or Mail: Post Office Box 8206, Attention TPL
Columbia, SC 29202-8206

THIRD-PARTY LIABILITY SUPPLEMENT



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM

Provider or Department Name: Acme Dental Clinic Provider ID or NPI: 1234560000

Contact Person: Richard Roe Phone #: 803-555-5555 Date: 03/01/2010

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 25 DAYS

Beneficiary Name: John Doe Date Referral Completed: 02/28/2010

Medicaid ID#: 9999999999 Policy Number: DH123456

Insurance Company Name: National Dental Insurance Group Number: QWE1234

Insured's Name: Jane Doe Insured SSN: 123-45-6789

Employer's Name/Address: South Carolina State Library, 1500 Senate Street, Columbia, SC 29201

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIV'S SHALL WORK WITHIN 5 DAYS

- ☐ a. beneficiary has never been covered by the policy – close insurance.
- ☐ b. beneficiary coverage ended - terminate coverage (date) _____
- ☐ c. subscriber coverage lapsed - terminate coverage (date) _____
- ☒ d. subscriber changed plans under employer - new carrier is GloboChem
- new policy number is A1111111110

- ☐ e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
(name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.

Submit this information to Medicaid Insurance Verification Services (MIVS).

Fax: 803-252-0870 or Mail: Post Office Box 101110
Columbia, SC 29211-9804

III NEW POLICY NUMBERS FOR INSURANCE IN THE MMIS WITH THE SUBSCRIBER SSN (SCDHHS is collecting new unique policy numbers and plans to replace existing insurance records through MMIS online modification as computer resources are available.)

Medicaid Beneficiary ID: _____ SSN: _____

Carrier Name/Code: _____ New Unique Policy Number: _____

Submit this information to South Carolina Department of Health and Human Services (SCDHHS).

Fax: 803-255-8225 or Mail: Post Office Box 8206, Attention TPL
Columbia, SC 29202-8206

THIRD-PARTY LIABILITY SUPPLEMENT



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES REASONABLE EFFORT DOCUMENTATION

PROVIDER Acme Orthopedic **DOS** 01/01/10
NPI or MEDICAID PROVIDER ID 1234567890
MEDICAID BENEFICIARY NAME Jane Doe
MEDICAID BENEFICIARY ID# 1111111111
INSURANCE COMPANY NAME Jones Health Insurance
POLICYHOLDER Jane Doe
POLICY NUMBER 987654321J
ORIGINAL DATE FILED TO INSURANCE COMPANY 01/15/10
DATE OF FOLLOW UP ACTIVITY 02/16/10

RESULT:

Called insurer to check claim status. Insurer needs bene to fill out subrogation forms

FURTHER ACTION TAKEN:

Called beneficiary on 02/16/10, 02/18/10, and 02/28/10. No answer and no answering machine. No other contact info on file w/ Medicaid or insurer.

DATE OF SECOND FOLLOW UP 03/05/10

RESULT:

Sent certified letter offering to help bene fill out forms. Bene refused letter. Called insurer 8/10/08; they will not act without forms.

I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE FROM THE PRIMARY INSURER.

Mary Orthopaed 03/12/10
(SIGNATURE AND DATE)

ATTACH A COPY OF FORM TO A NEW CLAIM AND FORWARD TO YOUR MEDICAID CLAIMS PROCESSING POST OFFICE BOX.

Revised 04/2014

THIRD-PARTY LIABILITY SUPPLEMENT**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REASONABLE EFFORT DOCUMENTATION**PROVIDER Dr. Betty Smith DOS 03/05/10NPI or MEDICAID PROVIDER ID 1231231230MEDICAID BENEFICIARY NAME John JonesMEDICAID BENEFICIARY ID# 9999999999INSURANCE COMPANY NAME Global HealthPOLICYHOLDER John JonesPOLICY NUMBER 8888888888ORIGINAL DATE FILED TO INSURANCE COMPANY 03/07/10DATE OF FOLLOW UP ACTIVITY 04/06/10**RESULT:**

Called insurer. They received claim and have not suspended it. Sent follow-up letter requesting a response on 04/10/10.

FURTHER ACTION TAKEN:

04/27/10: No response from insurer. Called again; they could not find claim. Resubmitted on 04/29/10.

DATE OF SECOND FOLLOW UP 05/30/10**RESULT:**

Called insurer; no action on claim. Notified Dept. of Insurance 05/31/10. Case is still open; Dept. of Ins. advised that we file with Medicaid now, as decision may take some time.

I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE FROM THE PRIMARY INSURER.

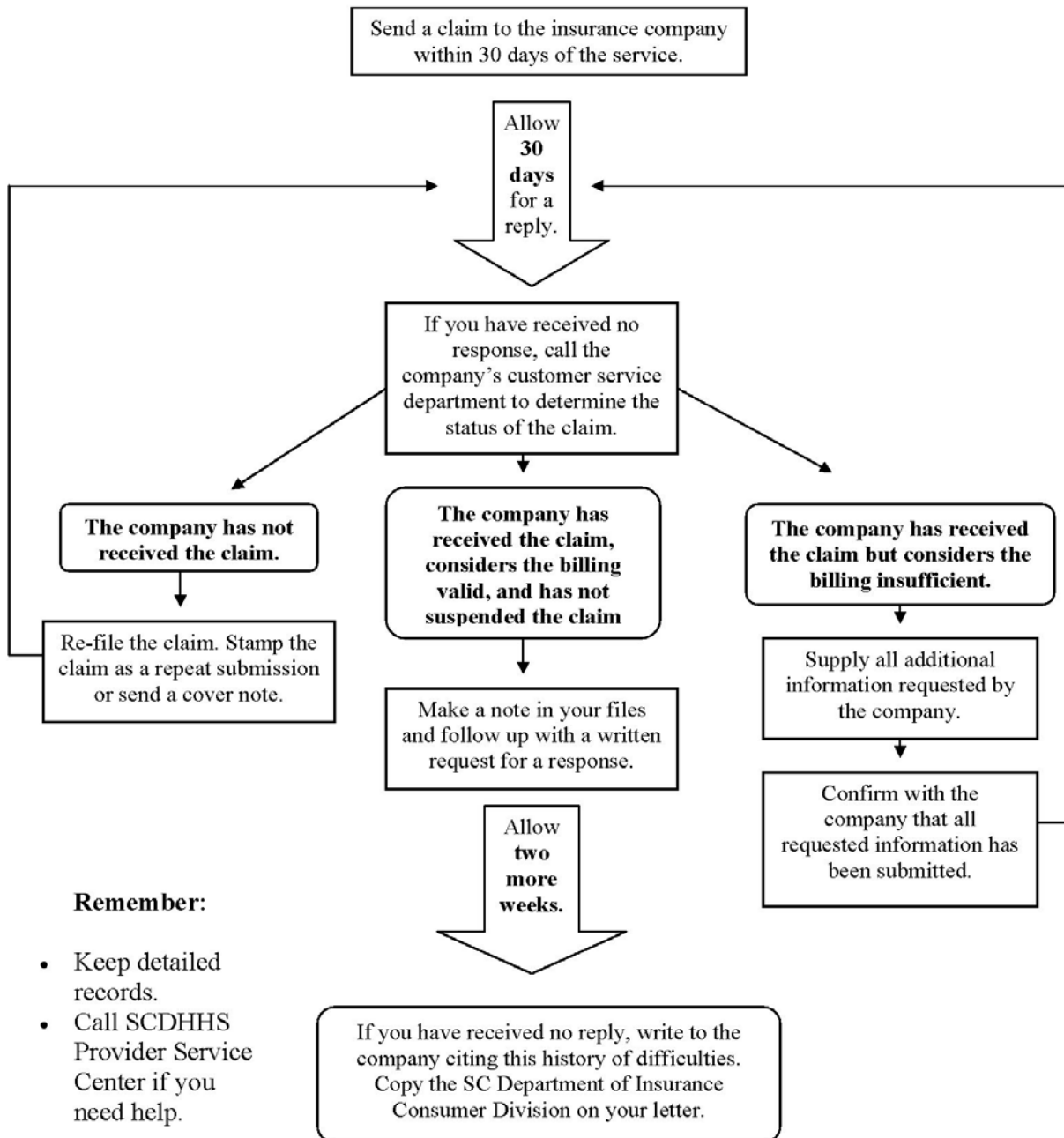
Betty Smith 06/03/10**(SIGNATURE AND DATE)**

ATTACH A COPY OF THE FORM TO A NEW CLAIM AND FORWARD TO YOUR MEDICAID CLAIMS PROCESSING POST OFFICE BOX.

Revised 04/2014

THIRD-PARTY LIABILITY SUPPLEMENT

How to Obtain a Response from Insurance Company A Suggested Third-Party Filing Process



THIRD-PARTY LIABILITY SUPPLEMENT

South Carolina Department of Health and Human Services - Claim Adjustment Form 130

Provider Name: (Please use black or blue ink when completing form)

Johnson DME Supply

Provider Address :

111 Oak Lane

Provider City , State, Zip:

Anywhere, SC 22222-2222

Total paid amount on the original claim:

\$1244.00

Original CCN:

5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 A

Provider ID:

A B C 1 2 3

NPI:

1 2 3 4 5 6 7 8 9 0

Recipient ID:

2 2 2 2 2 2 2 2 2 2

Adjustment Type:

☐ Void ☒ Void/Replace

Originator:

☐ DHHS ☐ MCCS ☒ Provider ☐ MIVS

Reason For Adjustment: (Fill One Only)

- ☒ Insurance payment different than original claim
- ☐ Keying errors
- ☐ Incorrect recipient billed
- ☐ Voluntary provider refund due to health insurance
- ☐ Voluntary provider refund due to casualty
- ☐ Voluntary provider refund due to Medicare
- ☐ Medicaid paid twice - void only
- ☐ Incorrect provider paid
- ☐ Incorrect dates of service paid
- ☐ Provider filing error
- ☐ Medicare adjusted the claim
- ☐ Other

For Agency Use Only

Analyst ID:

- ☐ Hospital/Office Visit included in Surgical Package
- ☐ Independent lab should be paid for service
- ☐ Assistant surgeon paid as primary surgeon
- ☐ Multiple surgery claims submitted for the same DOS
- ☐ MMIS claims processing error
- ☐ Rate change
- ☐ Web Tool error
- ☐ Reference File error
- ☐ MCCS processing error
- ☐ Claim review by Appeals

Comments:

Primary insurer paid after the appeal process.

Signature: Jane Doe

Date: 04/01/10

Phone: (555) 555-5555

DHHS Form 130 Revision date: 03-13-2007

THIRD-PARTY LIABILITY SUPPLEMENT

South Carolina Department of Health and Human Services - Claim Adjustment Form 130

Provider Name: (Please use black or blue ink when completing form)

Dr. Joe Jones

Provider Address :

123 Main Street

Provider City , State, Zip:

Somewhere, SC 22222-0000

Total paid amount on the original claim:

\$230

Original CCN:

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Recipient ID:

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Adjustment Type:

☐ Void
 ☒ Void/Replace

Originator:

☐ DHHS
 ☐ MCCS
 ☒ Provider
 ☐ MIVS

Reason For Adjustment: (Fill One Only)

☐ Insurance payment different than original claim

☐ Keying errors

☐ Incorrect recipient billed

☒ Voluntary provider refund due to health insurance

☐ Voluntary provider refund due to casualty

☐ Voluntary provider refund due to Medicare

☐ Medicaid paid twice - void only

☐ Incorrect provider paid

☐ Incorrect dates of service paid

☐ Provider filing error

☐ Medicare adjusted the claim

☐ Other

For Agency Use Only

Analyst ID:

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☐ Hospital/Office Visit included in Surgical Package

☐ Independent lab should be paid for service

☐ Assistant surgeon paid as primary surgeon

☐ Multiple surgery claims submitted for the same DOS

☐ MMIS claims processing error

☐ Rate change

☐ Web Tool error

☐ Reference File error

☐ MCCS processing error

☐ Claim review by Appeals

Comments:

Primary insurance payment received after Medicaid payment.

Signature: Mary Smith Date: 04/01/10

Phone: (803) 555-5555

DHHS Form 130 Revision date: 03-13-2007

THIRD-PARTY LIABILITY SUPPLEMENT

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| 1 ABC MEDICAL CENTER 111 OAK LANE ANYWHERE SC 22222-0000 | | 2 | | 3a PAT. CNTL. # DOE1234 | | 4 TYPE OF BILL 111 | |
| 5 MED. REG. # 654321-654321 | | 6 FED. TAX NO. 00-0000000 | | 7 STATEMENT COVERS PERIOD FROM 030910 | | 8 THROUGH 031010 | |
| 9 PATIENT NAME JANE DOE | | 10 BIRTHDATE 01011960 | | 11 SEX F | | 12 DATE 030910 | |
| 13 HR 2 | | 14 TYPE 7 | | 15 SRC 01 | | 16 DHR 01 | |
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| 785 | | 786 | | 787 | | 788 | |
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| 849 | | 850 | | 851 | | 852 | |
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| 8 | | | | | | | |

THIRD-PARTY LIABILITY SUPPLEMENT



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

One Carrier Paid; One Carrier Denied

| PICA | | | | | | | | | | PICA | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> FECA BULK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)</small> | | | | | | | | | | 1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567890 | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, Jane A | | | | | | | | | | 3. PATIENT'S BIRTH DATE MM DD YY SEX 01 01 1947 M <input type="checkbox"/> F <input checked="" type="checkbox"/> | | | | | | | | | |
| 5. PATIENT'S ADDRESS (No., Street) 123 Windy Lane CITY Anytown STATE SC ZIP CODE 29999 TELEPHONE (Include Area Code) () () | | | | | | | | | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) () () | | | | | | | | | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER A111111111122 b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE 0.00 d. INSURANCE PLAN NAME OR PROGRAM NAME 134 | | | | | | | | | | 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC) 1 | | | | | | | | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED: Signature on File DATE: | | | | | | | | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 012345678 a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) 10.00 c. INSURANCE PLAN NAME OR PROGRAM NAME 400 d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d. | | | | | | | | | |
| 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (M/P) MM DD YY QUAL. 17a. NPI 17b. NPI | | | | | | | | | | 16. DATES PATIENT INADJACENT TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATIVE TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES 22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER | | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. 295.35 B. C. D. E. F. G. H. I. J. K. L. | | | | | | | | | | 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. SPOT/Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. # | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER SSN EIN <input checked="" type="checkbox"/> 26. PATIENT'S ACCOUNT NO. DOE1234 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 28. TOTAL CHARGE \$ 20 00 29. AMOUNT PAID \$ 10 00 30. Flvd for NUCC Use 10 00 | | | | | | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED: DATE: | | | | | | | | | | 32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. ZZ12121212 | | | | | | | | | |
| 33. BILLING PROVIDER INFO & PH # (555) 5555555 ABC Clinic 111 Main Street Anytown, SC 22222-2222 a. 1234567890 b. ZZ12121212 | | | | | | | | | | | | | | | | | | | |

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

THIRD-PARTY LIABILITY SUPPLEMENT



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Medicare Paid; Private Carrier Paid

| | | | |
|---|--|---|--|
| <input type="checkbox"/> PICA | | <input type="checkbox"/> PICA | |
| 1. MEDICARE <input checked="" type="checkbox"/> (Medicare#) <input checked="" type="checkbox"/> MEDICAID <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#) <input checked="" type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (ID#) <input type="checkbox"/> FECA BLK (LUNG) <input type="checkbox"/> (ID#) <input type="checkbox"/> OTHER <input type="checkbox"/> (ID#) | | 1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567890 | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, Jane A | | 3. PATIENT'S BIRTH DATE MM DD YY 01 01 1947 M <input type="checkbox"/> F <input checked="" type="checkbox"/> | |
| 4. INSURED'S NAME (Last Name, First Name, Middle Initial) | | 5. PATIENT'S ADDRESS (No., Street) 123 Windy Lane | |
| 6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | 7. INSURED'S ADDRESS (No., Street) | |
| 8. RESERVED FOR NUCC USE | | 9. INSURED'S ADDRESS (No., Street) | |
| 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 111222333A | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Signature on File | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | |
| 14. DATE OF CURRENT INJURY OR PHASE OF INJURY (LINE 1) MM DD YY 01 01 13 | | 15. DATE OF CURRENT INJURY OR PHASE OF INJURY (LINE 2) MM DD YY 01 01 13 | |
| 16. QUALITY OF SERVICE 17. NAME OF REFERRING PROVIDER OR OTHER REFERRER 17b. NPI | | 18. DATE OF CURRENT INJURY OR PHASE OF INJURY (LINE 3) MM DD YY 01 01 13 | |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) | | 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. 295.35 B. C. D. E. F. G. H. I. J. K. L. | | 22. RESUBMISSION CODE ORIGINAL REF. NO. | |
| 23. PRIOR AUTHORIZATION NUMBER | | 24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER | |
| 25. FEDERAL TAX I.D. NUMBER 55555555 | | 26. PATIENT'S ACCOUNT NO. DOE1234 | |
| 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 28. TOTAL CHARGE \$ 20 00 | |
| 29. AMOUNT PAID \$ 15 00 | | 30. Paid for NUCC Use 5 00 | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | 32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. | |
| 33. BILLING PROVIDER INFO & PH # (555) 5555555 | | 34. BILLING PROVIDER INFO & PH # (555) 5555555 | |
| 35. BILLING PROVIDER INFO & PH # (555) 5555555 | | 36. BILLING PROVIDER INFO & PH # (555) 5555555 | |
| 37. BILLING PROVIDER INFO & PH # (555) 5555555 | | 38. BILLING PROVIDER INFO & PH # (555) 5555555 | |
| 39. BILLING PROVIDER INFO & PH # (555) 5555555 | | 40. BILLING PROVIDER INFO & PH # (555) 5555555 | |
| 41. BILLING PROVIDER INFO & PH # (555) 5555555 | | 42. BILLING PROVIDER INFO & PH # (555) 5555555 | |
| 43. BILLING PROVIDER INFO & PH # (555) 5555555 | | 44. BILLING PROVIDER INFO & PH # (555) 5555555 | |
| 45. BILLING PROVIDER INFO & PH # (555) 5555555 | | 46. BILLING PROVIDER INFO & PH # (555) 5555555 | |
| 47. BILLING PROVIDER INFO & PH # (555) 5555555 | | 48. BILLING PROVIDER INFO & PH # (555) 5555555 | |
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| 51. BILLING PROVIDER INFO & PH # (555) 5555555 | | 52. BILLING PROVIDER INFO & PH # (555) 5555555 | |
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| 97. BILLING PROVIDER INFO & PH # (555) 5555555 | | 98. BILLING PROVIDER INFO & PH # (555) 5555555 | |
| 99. BILLING PROVIDER INFO & PH # (555) 5555555 | | 100. BILLING PROVIDER INFO & PH # (555) 5555555 | |

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THIRD-PARTY LIABILITY SUPPLEMENT

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