

## 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
01-01-19	4	1	Added HCPCS code A5514
12-01-18	4	24	Added HCPCS code Q0508
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	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	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> <li>• Updated Retro Health and Pay &amp; Chase</li> <li>• Updated TPL Resources</li> </ul>
06-01-18	2	4	Updated ICD-Code
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
02-01-18	2	8	Updated Intensive Care Unit (ICU) or Special Neonatal Transport (A0434, A0390), formerly Intensive Care Unit (ICU) or Special Neonatal Transport (X0401, A0390)

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-18	4	1	Updated Specialized Transport
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request forms and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	Appendix 2	-	Updated carrier codes
06-01-17	2	i 8  11	<ul style="list-style-type: none"> <li>• Replaced procedure code X0402 with A0390 in the following sections:               <ul style="list-style-type: none"> <li>o Table of Contents</li> <li>o Intensive Care Unit (ICU) or Special Neonatal Transport (X0401, A0390), formerly Intensive Care Unit (ICU) or Special Neonatal Transport (X0401, X0402)</li> </ul> </li> <li>• Updated Transportation of Self-Administered Oxygen Dependent Beneficiaries</li> </ul>
06-01-17	3	7 16	<ul style="list-style-type: none"> <li>• Updated Modifiers</li> <li>• Updated CMS-1500 instructions for field 24D</li> </ul>
06-01-17	4	1 3	<ul style="list-style-type: none"> <li>• Updated Specialized Transport</li> <li>• Updated Modifiers</li> </ul>
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

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Date	Section	Page(s)	Change
02-01-17	Appendix 2	-	Updated carrier codes
01-01-17	2	8 11	<ul style="list-style-type: none"> <li>Updated Intensive Care Unit (ICU) or Special Neonatal Transport (X0401, X0402)</li> <li>Updated Transportation of Self-Administered Oxygen Dependent Beneficiaries</li> </ul>
01-01-17	3	7	<ul style="list-style-type: none"> <li>Updated Modifiers</li> </ul>
12-01-16	2	8 11	<ul style="list-style-type: none"> <li>Updated Intensive Care Unit (ICU) or Special Neonatal Transport (A0390)</li> <li>Updated Transportation of Self-Administered Oxygen Dependent Beneficiaries</li> </ul>
12-01-16	3	7	<ul style="list-style-type: none"> <li>Updated Diagnostic Codes</li> <li>Updated Modifiers</li> </ul>
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-07-16	4	1	Updated to reflect Proposed Public Notice for Rotary Air Ambulance dated August 31, 2016
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	5	- 1 3	<ul style="list-style-type: none"> <li>Updated hyperlinks throughout section</li> <li>Updated Administration section</li> <li>Updated Procurement of Forms section</li> </ul>

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Date	Section	Page(s)	Change
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	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	3	7 7-8 16	<ul style="list-style-type: none"> <li>• Updated Modifiers</li> <li>• Added Indicators</li> <li>• Updated field 24D Unshaded</li> </ul>
03-01-16	4	i  3	<ul style="list-style-type: none"> <li>• Changed section name to Procedure and Waiting Time Codes</li> <li>• Updated Modifier and Indicator Codes (formerly Modifier Codes)</li> </ul>
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	<p>Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals:</p> <ul style="list-style-type: none"> <li>• South Carolina Medicaid Program <ul style="list-style-type: none"> <li>◦ Program Description</li> <li>◦ SC Healthy Connections Medicaid Card(s)</li> </ul> </li> <li>• Records/Documentation Requirements <ul style="list-style-type: none"> <li>◦ General Information</li> <li>◦ Signature Policy</li> </ul> </li> <li>• Medicaid Program Integrity <ul style="list-style-type: none"> <li>◦ Program Integrity</li> </ul> </li> <li>• Appeals</li> </ul>
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

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Date	Section	Page(s)	Change
11-01-15	Appendix 1	19, 44-47	<ul style="list-style-type: none"> <li>• Revised edit code 507, 821, 837, 838, 839</li> </ul>
10-01-15	1	7 10	<ul style="list-style-type: none"> <li>• Updated to add SCDHHS alerts</li> <li>• Updated Provider Participation</li> </ul>
10-01-15	Appendix 1	1  1 All  4, 20, 23, 27, 43	<ul style="list-style-type: none"> <li>• Updated general instructions</li> <li>• Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System               <ul style="list-style-type: none"> <li>◦ Added note to general instructions</li> <li>◦ Replaced ICD-9 with ICD-CM throughout section</li> </ul> </li> <li>• Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792</li> </ul>
09-01-15	2	i	Updated Table of Contents to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System.
09-01-15	3	6-7 14  22-23	<ul style="list-style-type: none"> <li>• 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"> <li>◦ Diagnostic Codes</li> <li>◦ CMS-1500 Claim From Completion Instructions, field 21</li> </ul> </li> <li>• 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</li> </ul>
09-01-15	Appendix 1	5, 14	<ul style="list-style-type: none"> <li>• 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</li> </ul>
08-01-15	5	4-5	Removed “Enhanced” from header
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
03-13-15	3	13  23	<ul style="list-style-type: none"> <li>• Updated CMS-1500 Claim Form Completion Instructions</li> <li>• Updated SC Medicaid Web-based Claims</li> </ul>

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Date	Section	Page(s)	Change
			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	3-4 27-29	Added the following policies: <ul style="list-style-type: none"> <li>• Copayment</li> <li>• Claim Reconsideration</li> </ul>
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
07-01-14	4	1	Updated Procedure Codes section
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
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
05-06-14	2	10	Added Transportation of Self-Administered Oxygen Dependent Beneficiaries section to reflect Medicaid Bulletin dated May 1, 2014
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	2	3-4  12	<ul style="list-style-type: none"> <li>• Updated South Carolina Medical Service Area (SCMSA) section</li> <li>• Updated Ambulance Services section</li> </ul>

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Date	Section	Page(s)	Change
05-01-14	5	1  5	<ul style="list-style-type: none"> <li>• Replaced reference to county office listing with the Where To Go for Help web address</li> <li>• Removed DHHS county office listing</li> </ul>
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	1	6, 23, 25  29-31 32 33 37 39  41-44	<ul style="list-style-type: none"> <li>• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>• Updated the following sections: <ul style="list-style-type: none"> <li>○ Program Integrity</li> <li>○ Recovery Audit Contractor</li> <li>○ Beneficiary Oversight</li> <li>○ Fraud</li> <li>○ Referrals to the Medicaid Fraud Control Unit</li> <li>○ Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)</li> </ul> </li> </ul>
04-01-14	2	1 12	<ul style="list-style-type: none"> <li>• Added fee schedule hyperlink</li> <li>• Updated Managed Care Organizations Transportation Services</li> </ul>
04-01-14	3	1-29  5-19  20 22-23	<ul style="list-style-type: none"> <li>• Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>• Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> <li>• Updated Trading Partner Agreement</li> <li>• Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
04-01-14	5	12	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> <li>• Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms</li> <li>• Removed note on CMS-1500 (02/12) version claim form</li> <li>• Removed CMS-1500 (08/05) version claim form (s)</li> </ul>

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>• Removed Sample Edit Correction Form</li> <li>• Updated Sample Remittance Advice</li> </ul>
04-01-14	Appendix 1	35 -	<ul style="list-style-type: none"> <li>• Added edit code 527</li> <li>• Entire section:               <ul style="list-style-type: none"> <li>○ Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>○ Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> </ul> </li> </ul>
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"> <li>• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form:               <ul style="list-style-type: none"> <li>○ Timely Filing Requirements</li> <li>○ Reasonable Effort</li> <li>○ Nursing Facility Claims</li> <li>○ Professional, Institutional, and Dental Claims</li> <li>○ Rejected Claims</li> <li>○ Recovery</li> <li>○ Sample Forms – Reasonable Effort</li> <li>○ Sample Forms – ECF (deleted)</li> </ul> </li> </ul>
03-01-14	3	8	Updated Modifiers section
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	5	11	Updated Florence County office telephone number
01-01-14	1	1, 2, 11  6, 23, 25  1-2 4  6	<p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> <li>• Managed Care Organizational Changes dated November 15, 2013</li> <li>• Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013</li> </ul> <p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>• Eligibility Determination</li> <li>• South Carolina Health Connections Medicaid card</li> <li>• South Carolina Web-based Claims Submissions Tool</li> </ul>



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Date	Section	Page(s)	Change
		26 29-30 32 32	<ul style="list-style-type: none"> <li>• Retroactive Eligibility</li> <li>• Program Integrity</li> <li>• Recovery Audit Contractor</li> <li>• Beneficiary Explanation of Medical Benefits Program</li> </ul>
01-01-14	2	1, 12	Updated to reflect the following bulletins: Managed Care Organizational Changes dated November 15, 2013
01-01-14	3	-	Updated entire section to reflect the following bulletins: <ul style="list-style-type: none"> <li>• Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>• Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>• Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	5	1 3-4	Updated the following sections <ul style="list-style-type: none"> <li>• Correspondence and Inquiries</li> <li>• Procurement of Forms</li> </ul>
01-01-14	Forms		<ul style="list-style-type: none"> <li>• Added CMS-1500 (02/12) version claim form</li> <li>• Added note to CMS-1500 (05/85) version claim form</li> <li>• Updated Duplicate Remittance Advice Request and EFT Authorization Agreement form</li> </ul>
01-01-14	Appendix 1		Updated to reflect the following bulletins: <ul style="list-style-type: none"> <li>• Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>• Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>• Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013

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Date	Section	Page(s)	Change
01-01-14	TPL Supplement		<ul style="list-style-type: none"> <li>• Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> </ul>
12-01-13	5	14	Updated Orangeburg mailing address zip codes
11-01-13	5	15	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	5	14 15	<ul style="list-style-type: none"> <li>• Updated Orangeburg office and mailing address</li> <li>• Updated York County office address</li> </ul>
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	<ul style="list-style-type: none"> <li>• Updated CARCs/RARCs throughout section</li> <li>• Added edit codes 110 and 725</li> <li>• Deleted edit code 961</li> <li>• Revised edit codes 720, 749, 750, 758, and 759</li> </ul>
10-01-13	MC Supplement	20	<ul style="list-style-type: none"> <li>• Added WellCare MCO Medicaid card and contact information</li> </ul>
09-01-13	5	10 13 15	<ul style="list-style-type: none"> <li>• Updated Darlington County zip code</li> <li>• Updated Laurens County phone number</li> <li>• Updated York County office address</li> </ul>
08-01-13	5	15	<ul style="list-style-type: none"> <li>• Updated York County physical address</li> </ul>
08-01-13	Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> <li>• Updated resolution for edit code 007</li> <li>• Updated RARC and resolution for edit codes 820 and 821</li> <li>• Deleted edit codes 954, 955, and 956</li> </ul>
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	5	10  14	<ul style="list-style-type: none"> <li>• Updated Colleton County office telephone number</li> <li>• Deleted Newberry County PO Box address</li> </ul>
06-01-13	5	15	<ul style="list-style-type: none"> <li>• Updated Richland county office telephone number</li> </ul>
06-01-13	Appendix 1	5, 11, 15,	<ul style="list-style-type: none"> <li>• Updated resolutions for edit codes 107, 219, 339</li> </ul>

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Date	Section	Page(s)	Change
		33, 40 30	673, 720 <ul style="list-style-type: none"> <li>Deleted edit code 577</li> </ul>
04-01-13	1	6	Corrected the URL for <a href="http://MedicaidLearning.com">MedicaidLearning.com</a>
04-01-13	Appendix 1	2  20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	<ul style="list-style-type: none"> <li>Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052</li> <li>Updated CARCs for edit codes 460, 544, 569</li> <li>Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960</li> <li>Added edit codes 820, 821</li> <li>Updated edit code 935, 938, 939</li> </ul>
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	5	12	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 from 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	5	9 11	<ul style="list-style-type: none"> <li>Added Chester county Zip+4 code</li> <li>Updated Greenville PO Box address</li> </ul>
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6  7-8  27-32  33-41	<ul style="list-style-type: none"> <li>Updated web addresses for provider information and provider training</li> <li>Revised heading and language to reflect new provider enrollment requirements</li> <li>Updated Program Integrity language (entire section)</li> <li>Revised heading and language for Medicaid Anti-</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	13 21, 34, 37 25-26	<ul style="list-style-type: none"> <li>• Updated fields 17, 17b to add requirement for referring or ordering provider NPI</li> <li>• Updated provider information web addresses</li> <li>• Updated Electronic Funds Transfer (EFT)</li> </ul>
12-01-12	5	4 13	<ul style="list-style-type: none"> <li>• Updated URL for provider information</li> <li>• Updated McCormick county office telephone number</li> </ul>
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"> <li>• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690</li> <li>• 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</li> </ul>
12-01-12	TPL Supplement	8, 9, 17	Updated URLs 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
09-01-12	CCR	1	Added August 1 update for section 2
09-01-12	4	-	Corrected formatting
09-01-12	5	-	Corrected formatting
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	2	12	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 7, 19, 23, 24, 32, 36	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	5	1 5 7	<ul style="list-style-type: none"> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Removed fax request information for SCDHHS forms</li> <li>• Added SCDHHS forms online order information</li> <li>• Updated telephone number for Greenville county office</li> </ul>
08-01-12	Forms	-	<ul style="list-style-type: none"> <li>• Deleted forms 140 and 142</li> <li>• Updated Duplicate Remittance Advice Request Form</li> </ul>
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"> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• 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</li> <li>• Added edit codes 349, 590, 978, 990, 991-995</li> <li>• Deleted edit codes 166, 205, 573, 574, 593, 596</li> <li>• Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798</li> </ul>
08-01-12	Managed Care Supplement	1-2 7 11 17 19	<ul style="list-style-type: none"> <li>• Changed Division of Care Management to Bureau of Managed Care</li> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Removed language limiting enrollment to 2500 members</li> <li>• Update contact information for Palmetto Physician Connections</li> <li>• Added to “Medicaid” to BlueChoice HealthPlan</li> </ul>
08-01-12	TPL Supplement	5, 6, 10, 17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012

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Date	Section	Page(s)	Change
07-01-12	Appendix 1	16, 48 45	<ul style="list-style-type: none"> <li>• Deleted edit codes 386 and 868</li> <li>• Added edit codes 837, 838, 839</li> </ul>
07-01-12	Appendix 2	-	Updated carrier codes
05-01-12	3	6	Updated place of service key 42
05-01-12	Appendix 1	62	Updated edit code 975
04-01-12	1	4	Replaced South Carolina Healthy Connections card
04-01-12	5	13 14	<ul style="list-style-type: none"> <li>• Updated address for Marion County</li> <li>• Updated phone number for Newberry County</li> </ul>
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	<ul style="list-style-type: none"> <li>• Updated edit code 402</li> <li>• Updated edit code 544</li> <li>• Updated edit code 636, 637, and 642</li> </ul>
02-01-12	3	19 22	<ul style="list-style-type: none"> <li>• Added a note regarding The Web Tool</li> <li>• Updated the Remittance Advice -835 Transaction</li> </ul>
02-01-12	5	11	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42 49	<ul style="list-style-type: none"> <li>• Updated edit code 402</li> <li>• Updated edit code 637</li> <li>• Updated edit code 766</li> <li>• Updated edit code 867</li> </ul>
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	- 23	<ul style="list-style-type: none"> <li>• Updated hyperlinks throughout section</li> <li>• Updated EFT information</li> </ul>
01-01-12	5	1	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	Appendix 1	62	<ul style="list-style-type: none"> <li>• Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		-	11-18-11 <ul style="list-style-type: none"> <li>• Updated CARCs and RARCs throughout the document</li> </ul>
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	3	31, 34, 40-42	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12 3, 17, 19	<ul style="list-style-type: none"> <li>• Changed Medicare timely filing requirement to two years and six months</li> <li>• Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code</li> <li>• Deleted sample legacy number from UB-04 TPL Fields table</li> <li>• Updated TPL contact information</li> </ul>
10-01-11	Appendix 1	14, 29 47	<ul style="list-style-type: none"> <li>• Added edit codes 334 and 584</li> <li>• Updated edit code 845</li> </ul>
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	5	15	Updated zip code for Spartanburg County office
09-01-11	Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-22-11	2	-	Updated section to reflect new emergency transportation language and policy.
08-22-11	3	2	Added a note regarding the 945 form to Retroactive Eligibility
08-22-11	4	-	Updated Procedure Code fees

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-22-11	5	5	Updated Non-Ambulance Medical Transportation Brokers list
08-22-11	Forms	-	Removed DHEC form 216
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	5	15	Deleted PO Box address for the Spartanburg County Office
07-01-11	Forms		Updated the Health Insurance Information Referral Form
07-01-11	Appendix 1	12 43 56	<ul style="list-style-type: none"> <li>• Updated resolution for edit code 300</li> <li>• Added edit codes 840 and 841</li> <li>• Updated Provider Enrollment Contact information in edit codes 941 and 944</li> </ul>
07-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 8, 2011
06-01-11	5	7	Corrected Abbeville County PO Box Zip+4 Code
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
05-01-11	Appendix 1	43	Updated edit code 796
04-01-11	5	8	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	18, 23	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	4 7	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County
03-01-11	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"> <li>• Changed the name of the Provider Outreach Web site to Provider Enrollment and Education</li> <li>• Updated the descriptions for Form130s</li> </ul>
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"> <li>• Updated the South Carolina Medicaid Web-based Claims Submission Tool section</li> <li>• Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits</li> </ul>
01-01-11	3	18, 21, 22, 24 16, 29-30  21	<ul style="list-style-type: none"> <li>• Updated electronic remittance package information</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package</li> </ul>
01-01-11	5	15	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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"> <li>• Removed references to Dental claims</li> <li>• Removed language to contact program areas for missing carrier codes</li> <li>• Added reference to CMS-1500 for correcting edit code 151 on the ECF</li> <li>• Added edit code 165 to other TPL-related insurance edit codes list</li> <li>• Updated Retro Medicare section to include the following:               <ul style="list-style-type: none"> <li>◦ Changed the timely filing requirement from 90 days of the invoice to 30 days</li> <li>◦ Added SCDHHS TPL recovery language</li> </ul> </li> <li>• Updated the Retro Health and Pay &amp; Chase section</li> </ul>
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	Appendix 1	8 16 32 51 52	<ul style="list-style-type: none"> <li>• Edit code 202: added information to Resolution section</li> <li>• Edit codes 421 and 424 deleted</li> <li>• Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29</li> <li>• Deleted edit code 959</li> <li>• Deleted edit codes 962 and 963</li> </ul>
11-01-10	TPL Supplement	3, 8, 13-14, 18-19 6, 15-17	<ul style="list-style-type: none"> <li>• Updated to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest</li> <li>• Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-10	1	-  1 7  10	<ul style="list-style-type: none"> <li>• Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>• Updated Program Description section</li> <li>• 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</li> <li>• Updated Freedom of Choice section</li> </ul>
10-01-10	5	13	Correct McCormick county office street address
10-01-10	Managed Care Supplement	-  1 2  3 4 5 6 13 17	<ul style="list-style-type: none"> <li>• Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>• Updated Managed Care Overview</li> <li>• Updated Managed Care Organizations and Core Benefits paragraphs</li> <li>• Updated MCO Program ID card paragraph</li> <li>• Updated MHN Program ID card paragraph</li> <li>• Updated Core Benefits</li> <li>• Updated Exempt Services</li> <li>• Updated Overview</li> <li>• Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph</li> </ul>
09-01-10	3	19, 36	Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest <ul style="list-style-type: none"> <li>• Companion Guides</li> <li>• Claim-Level Adjustments</li> </ul>
09-01-10	5	7  10  13	<ul style="list-style-type: none"> <li>• Removed County Commissioner’s Building from the Aiken County address</li> <li>• Deleted Dorchester County physical address telephone number</li> <li>• Removed Highway 28 N from the McCormick County address</li> </ul>
09-01-10	Appendix 1	9	<ul style="list-style-type: none"> <li>• Added edit code 225</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		-	<ul style="list-style-type: none"> <li>Removed all references to the ADA Claim in the Resolution column</li> </ul>
09-01-10	TPL Supplement	12 13 18	<ul style="list-style-type: none"> <li>Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information</li> <li>Updated the Web-Submitted Claims section with the exception to Dental claims</li> <li>Updated the TPL Resources section to include the DentaQuest contact information for TPL questions</li> </ul>
08-01-10	5	7, 11, 13-15 8	<ul style="list-style-type: none"> <li>Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties</li> <li>Updated the address for Barnwell County</li> <li>Updated the telephone number for Beaufort County</li> </ul>
08-01-10	Appendix 1	20 51, 52 59	<ul style="list-style-type: none"> <li>Deleted edit code 520</li> <li>Deleted Provider Enrollment e-mail address from codes 941 and 944</li> <li>Changed resolution for edit code 994</li> </ul>
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	<ul style="list-style-type: none"> <li>Updated edit code 714</li> <li>Updated edit code 738</li> </ul>
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration
06-01-10	Managed Care Supplement	1 3 17 20, 23, 25	<ul style="list-style-type: none"> <li>Updated Managed Care Overview section</li> <li>Updated Manage Care Organization (MCO), Core Benefits section</li> <li>Updated the Managed Care Disenrollment Process, Overview section</li> <li>Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change</li> </ul>
05-01-10	4	2	Updated language to Procedure Code A0429
05-01-10	5	1	<ul style="list-style-type: none"> <li>Removed references to blank form at the end of this section</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>Replaced references to blank form in the Forms section of this manual</li> </ul>
03-01-10	Cover	-	Replaced manual cover
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09
03-01-10	3	3, 18	Removed modem as an electronic claims transmission method
02-01-10	Appendix 1	13 36	<ul style="list-style-type: none"> <li>Added New Edit Codes 356,357 and 358</li> <li>Updated Edit Code 738</li> </ul>
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	5	7 12 14	<ul style="list-style-type: none"> <li>Updated Physical Address for Allendale County Office</li> <li>Replaced Jasper County DSS with Jasper County DHHS</li> <li>Replaced Orangeburg County DSS with Orangeburg County DHHS</li> </ul>
01-01-10	Appendix 1	49	Updated Edit Code 932
12-01-09	1	8  25	<ul style="list-style-type: none"> <li>Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> <li>Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009</li> </ul>
12-01-09	3	1-2 18-24	<ul style="list-style-type: none"> <li>Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009</li> <li>Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> </ul>
12-01-09	5	10	Updated the Dorchester County office street address
12-01-09	Appendix 1	-	<ul style="list-style-type: none"> <li>Replaced CARC 17 with CARC 16</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		- 18, 19 20	<ul style="list-style-type: none"> <li>Updated CARC A1</li> <li>Updated codes 509 and 510</li> <li>Added code 533</li> </ul>
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4  4-6  8  26	<ul style="list-style-type: none"> <li>Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs)</li> <li>Updated SC Medicaid Healthy Connections language throughout section</li> <li>Updated South Carolina Medicaid Bulletins and Newsletters Section</li> <li>Changed heading to Medicare Cost Sharing</li> </ul>
10-01-09	5	12  13  14	<ul style="list-style-type: none"> <li>Updated physical address for Jasper County office</li> <li>Updated telephone number for Lexington County office</li> <li>Updated zip codes for Orangeburg County office</li> </ul>
10-01-09	Appendix 1	3  60	<ul style="list-style-type: none"> <li>Updated edit code 065</li> <li>Updated edit code 852</li> </ul>
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	Managed Care Supplement	21  20, 25	<ul style="list-style-type: none"> <li>Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009</li> <li>Updated Absolute Total Care entries as following:               <ul style="list-style-type: none"> <li>Changed the company's name to Absolute Total Care</li> <li>Replaced the beneficiary card samples</li> <li>Corrected contact information</li> </ul> </li> </ul>
08-01-09	5	16	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	2	7, 10	<ul style="list-style-type: none"> <li>Updated DHEC Run Report subsection</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		9, 11 10	<ul style="list-style-type: none"> <li>• Updated Basic Life Support (BLS) Transport Service (A0428, A0429) and BLS Return Trip</li> <li>• Updated DHHS 216 Form subsection</li> </ul>
07-01-09	5	8, 14 10 11	<ul style="list-style-type: none"> <li>• Updated address for Bamberg and Orangeburg County offices</li> <li>• Updated office zip code for Darlington County</li> <li>• Updated telephone number for Fairfield County office</li> </ul>
07-01-09	Forms	-	Updated the DHHS Form 216, Medicaid Ambulance Authorization Form
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"> <li>• Updated to reflect managed care policies and procedures effective May 1, 2009</li> <li>• Updated the Eligibility subsection</li> <li>• Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection</li> <li>• Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection</li> <li>• Updated the Medicaid Program Integrity subsection</li> </ul>
05-01-09	5	15	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	6-8, 20, 33, 36	Updated hyperlinks

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-09	5	13	Updated telephone number for Lexington County office
03-01-09	5	3-4 10 7, 13-15	<ul style="list-style-type: none"> <li>• Updated hyperlinks</li> <li>• Corrected Dorchester County's Orangeburg Road telephone number</li> <li>• Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties</li> </ul>
03-01-09	Appendix 1	43 72	<ul style="list-style-type: none"> <li>• Added new edit codes 693 and 694</li> <li>• Changed edit code 945 Resolution to input "26" modifier in field 18</li> </ul>
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	5	7	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