

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-13	3	56	Updated administrative days Medicaid rates
01-01-13	5	1 7 9	<ul style="list-style-type: none"> • Removed program area contact information • Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	<ul style="list-style-type: none"> • Updated web addresses for provider information and provider training • Revised heading and language to reflect new provider enrollment requirements • Updated Program Integrity language (entire section) • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	10 4,24 38-39	<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	5	3 11	<ul style="list-style-type: none"> • Updated web address for provider information • Updated McCormick county office telephone number
12-01-12	Forms	-	Replaced OOS forms
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

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Date	Section	Page(s)	Change
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
08-08-12	2	2	Added note the following revenue codes require a CPT code as of 6/1/12: 420, 424, 430, 434, 440, 444
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	2	4, 20, 38- 40, 50, 52, 56, 62, 70, 71	Updated program area contact information to reflect Medicaid Bulletin dated June 29
08-01-12	3	1 4, 10, 38	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks
08-01-12	5	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	<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

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Date	Section	Page(s)	Change
		8, 10, 29, 31 10, 11, 14, 34, 48	<ul style="list-style-type: none"> • 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	2	9 10-11 11 15 48 49 41	<p>Updated the following sections to reflect new prior authorization policy per Medicaid Bulletin dated May 15, 2012 – Services Performed by KePRO</p> <ul style="list-style-type: none"> • Pre-Surgical Justification for Elective Hysterectomies • Prior Authorization • Instructions for Obtaining Prior Authorization • Prior Authorization for Inpatient Admissions • Hysterectomy • Retroactive Eligibility • Updated the OOS contact number for Home Health
07-01-12	4	2 19 64-65 69	<ul style="list-style-type: none"> • Reformatted Reimbursement Type 4 table • Changed table header, column 5 • Deleted outpatient hospital codes 33975-33979, 44135-48556 • Deleted ICD-9 prior authorization code 00.93
07-01-12	Appendix 1	16, 48 45	<ul style="list-style-type: none"> • Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839
07-01-12	Appendix 2	-	Updated carrier codes
06-01-12	2	15	<ul style="list-style-type: none"> • Added Prior Authorization for Inpatient

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Date	Section	Page(s)	Change
		8, 50 8-12, 46-48, 53-56 9 23 40 40-41 48 58	Admissions section <ul style="list-style-type: none"> • Deleted Hospital Utilization Review and Inpatient Psychiatric Disorders section • Updated the following sections to reflect Medicaid Bulletin dated May 15, 2012 replacing Alliant Health Solutions with Keystone Peer Review Organization, Inc. (KePRO): <ul style="list-style-type: none"> ○ Quality Improvement Organization (QIO) ○ Documentation Requirements ○ Instructions for Obtaining Prior Authorization ○ Organ Transplants ○ Hysterectomy ○ Back/Spinal Surgery and Other Back Problems ○ Reconstructive Breast Surgery ○ Gynecomastia ○ Obesity • Updated the following sections: <ul style="list-style-type: none"> ○ Quality Improvement Organization (QIO) ○ Outpatient Therapies ○ Foster Children Residing Out of the SCMSA ○ Ancillary and Other Out-Of-State Services ○ Hysterectomy ○ Kidney Transplants
06-01-12	4	2 65-70 72-73 77-78 77 48 74-76	Updated the following sections: <ul style="list-style-type: none"> ○ Reimbursement Type 4 – Treatment/Therapy/Testing ○ Outpatient Hospital Surgeries CPT Codes ○ ICD-9 Authorization Codes ○ Outpatient Hospital Services (support documentation) ○ ICD-9 Surgical Codes (support documentation) • Deleted Diagnosis Codes for Acute (Non-State Owned) Inpatient Admissions • Added PT, OT, and Speech Therapy CPT Codes
06-01-12	Forms	-	<ul style="list-style-type: none"> • Corrected date on Table of Contents for Reasonable Effort Documentation form — changed 06/2007 to 05/2007 • Deleted Notice of Noncoverage forms (4) and

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Date	Section	Page(s)	Change
			Hysterectomy Acknowledge (form, instructions and sample) <ul style="list-style-type: none"> • Replaced DHHS 1723 form with June 2010 version • Updated Notice of Termination of Administrative Days form • Updated the following forms to reflect Medicaid Bulletin dated May 15, 2012 replacing Alliant Health Solutions with Keystone Peer Review Organization, Inc. (KePRO): <ul style="list-style-type: none"> ○ Request for Prior Approval Review ○ Surgical Justification Review for Hysterectomy (form and sample) ○ Transplant Prior Authorization Request (form and instructions)
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	11 12	<ul style="list-style-type: none"> • Updated address for Marion County • Updated phone number for Newberry County
03-01-12	3	1 2 4-6 19 21 37 39 51	<ul style="list-style-type: none"> • Added Usual and Customary Rates • Added sentence to Claims for Medicare Coinsurance and Deductible • Added sections regarding Web Tool and claim submissions • Updated Medicaid Co-payments • Added Billing Instructions for Service Provided as the result of an Emergency • Added Reimbursement Payment • Updated SCDHHS Area Prefixes • Updated Retro-Medicare
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	35	Updated the Remittance Advice -835 Transaction
02-01-12	5	9	Updated the Fairfield county office number

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Date	Section	Page(s)	Change
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	2	2 40 48&49 57 6, 73	<ul style="list-style-type: none"> • Updated Eligibility Requirements • Updated Out-of-State referrals • Updated Organ Transplant information • Updated Adult Dental Services • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	- 35	<ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated EFT information
01-01-12	4	19-62 88	Replaced APR-DRGs and Relative Weights table Added code 74174 to High-Tech Radiology Codes
01-01-12	Appendix 1	62 -	<ul style="list-style-type: none"> • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-10-11	2	43	Updated Administrative Days per bulletin
11-01-11	1	24	Updated TPL contact information
11-01-11	2	17 38 72	<ul style="list-style-type: none"> • Updated cost outlier policy • Added Hospital-Acquired Conditions (HACs) section

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> Deleted Alcohol and Other Drug Abuse Treatment section
11-01-11	3	10 11 19 21-23, 26 32-33 41-46 47 51	<ul style="list-style-type: none"> Updated Discharge/Readmission Within 24 Hours, bullet #3 Deleted Questionable Admission section Updated UB-04 manual information Updated UB-04 fields 15, 17, 67 Updated Remittance Advice Items N Updated Payment Calculations for the Hybrid Prospective Payment System (PPS) Deleted ICD-9 Procedure Code Restrictions table Under Administrated Days Claims, change changed status in field 17 from “05” to “70”
11-01-11	4	2 19- 81	<ul style="list-style-type: none"> Updated fees schedule amounts for 636 w/J1055 – Depo-Provera, 636 w/J7310 – Vitrasert, and 636 w/90378 – Synagis Replaced Inpatient PPS DRG Relative Weights and DRG Per Diem Rates tables with APR-DRGs and Relative Weights table
11-01-11	TPL Supplement	3, 17, 19	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
09-09-11	Change Control Record	1	<p>Correction to date 09-01-11, section 4, first bullet:</p> <ul style="list-style-type: none"> Page 4-8, revenue code 343 service indicator changed to 4 Page 4-16, revenue code 924 service indicator changed to 1
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	3	15	Deleted Interim Payment section
09-01-11	4	8, 16 57	<ul style="list-style-type: none"> Changed revenue codes 343 and 924 covered service indicator to 1 Added the following codes to the ICD-9 Authorization Codes list: 85.55, 86.87, 86.90

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Date	Section	Page(s)	Change
09-01-11	5	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	2	19 31	<ul style="list-style-type: none"> Replaced Partners for Health Medicaid card with South Carolina Healthy Connections card Updated to reflect Medicaid Bulletin dated May 17, 2011 – Prior Authorization(PA) for High Tech Radiology Services
08-01-11	3	33 -	<ul style="list-style-type: none"> Added “H” outpatient copayment descriptor and copayment amount for Remittance Advice, field L Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11	4	54	Added new High-Tech Radiology codes
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	13	Deleted PO Box address for the Spartanburg County Office
07-01-11	Appendix 1	12 43 56	<ul style="list-style-type: none"> Updated resolution for edit code 300 Added edit codes 840 and 841 Updated Provider Enrollment Contact information in edit codes 941 and 944
07-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 8, 2011
06-01-11	2	-	Corrected formatting
06-01-11	5	5	Corrected Abbeville County PO Box Zip+4 Code
05-01-11	1	8, 11	Added language prohibiting payment to institutions

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			or entities located outside of the United States
05-01-11	2	2	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	3	20 19, 33	<ul style="list-style-type: none"> • Changed outpatient hospital copayment to reflect Medicaid Bulletin dated March 16, 2011 – Copayments • Updated Copayment Policy to reflect bulletin dated March 16, 2011
04-01-11	5	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	2	4	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	3, 4, 37	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	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

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02-01-11	2	19	<ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated December 14, 2010 – Medicaid Reductions, discontinued covered for routing newborn circumcisions
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	2	7	<ul style="list-style-type: none"> Removed January 2008 information Added January 2011 information
01-01-11	3	3, 4, 31, 37 32 23	<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 Added “Trauma Center” under “14-Admission Types”
01-01-11	5	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	<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

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Date	Section	Page(s)	Change
		15	<ul style="list-style-type: none"> Updated the Retro Health and Pay & Chase section
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	4	2	Updated the prices for J1055 and J7307
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-02-10	4	i	<ul style="list-style-type: none"> Updated the Table of Contents to remove references to Qualis Health
11-01-10	2	22 23 24 27 28 29	<ul style="list-style-type: none"> Updated Outpatient Services section Updated A. Outpatient Surgical Services-Reimbursement Type 1 section Updated B. Outpatient Non-Surgical Services – Reimbursement Type 5 section Updated C. Treatment/Therapy/Testing (TTT) Services-Reimbursement Type 4 section Deleted Collection of Blood and Arterial puncture section Added Clinical Lab Services section Updated Laboratory Tests, EKGs, and X-rays section
11-01-10	4	1	<ul style="list-style-type: none"> Updated Outpatient Fee Schedule-Reimbursement Types; Reimbursement Type 1 and Reimbursement Type 5.
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

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Date	Section	Page(s)	Change
11-01-10	TPL Supplement	3, 8, 13-14, 18-19 6, 15-17	<ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest • Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle
10-01-10	1	- 1 7 10	<ul style="list-style-type: none"> • Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Program Description section • Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest • Updated Freedom of Choice section
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	- 1 2 3 4 5 6 13 17	<ul style="list-style-type: none"> • Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10	2	9-14, 45-54	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated July 30, 2010 replacing Qualis Health with Alliant Health solutions: <ul style="list-style-type: none"> ○ Quality Improvement Organization ○ Inpatient Psychiatric Disorders ○ Hysterectomy ○ Back/Spinal Surgery and Other Back

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Date	Section	Page(s)	Change
		38, 55	<ul style="list-style-type: none"> Procedures <ul style="list-style-type: none"> ○ Reconstructive Breast Surgery ○ Gynecomastia ○ Gastric Bypass Surgery/Vertical-Branded Gastroplasty • 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"> ○ Ancillary and Other Out-of-State Services ○ Dental Service, Children Under Age 21
		43	<ul style="list-style-type: none"> • Updated the Administrative Days, Billing Notes section for retroactive eligibility
09-01-10	4	2	<ul style="list-style-type: none"> • Added revenue code 404 to Revenue Codes That Require Procedure Codes list • Updated the following sections to reflect Medicaid Bulletin dated July 30, 2010 replacing Qualis Health with Alliant Health solutions: <ul style="list-style-type: none"> ○ Diagnosis Code for Acute (Non-State Owned) Inpatient Admissions ○ Prior Authorization CPT Codes ○ ICD-9 Prior Authorization Codes
		47	
		48, 54	
09-01-10	5	2	<ul style="list-style-type: none"> • Updated Dental Services Medicaid Program contact information
		5	<ul style="list-style-type: none"> • Removed County Commissioner’s Building from the Aiken County address
		8	<ul style="list-style-type: none"> • Deleted Dorchester County physical address telephone number
		11	<ul style="list-style-type: none"> • Removed Highway 28 N from the McCormick County address
09-01-10	Forms	-	<ul style="list-style-type: none"> • Updated all Notice of Non-Coverage forms • Updated the following forms to include the prior approval review fax information: <ul style="list-style-type: none"> ○ Request for Prior Approval Review ○ Surgical Justification Review for Hysterectomy ○ Surgical Justification Review for Hysterectomy (sample version)
09-01-10	Appendix 1	9	<ul style="list-style-type: none"> • Added edit code 225

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Date	Section	Page(s)	Change
		-	<ul style="list-style-type: none"> 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	5	5, 8, 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	-	Corrected formatting on the Community Long-Term Care Notification Form
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	3	38	Changed First Health to Magellan Medicaid Administration
07-01-10	4	4 53	Added revenue code 404 Deleted CPT code 58565
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Forms	-	Updated the following forms: <ul style="list-style-type: none"> Consent for Sterilization Request for Prior Approval Review Surgical Justification Review for Hysterectomy
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,	Changed First Health to Magellan Medicaid

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		63, 89	Administration
06-01-10	Managed Care Supplement	1 3 17 20, 23, 25	<ul style="list-style-type: none"> • Updated Managed Care Overview section • Updated Manage Care Organization (MCO), Core Benefits section • Updated the Managed Care Disenrollment Process, Overview section • Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change
03-01-10	Cover	-	Replaced the manual cover
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09
03-01-10	3	1, 3 23	<ul style="list-style-type: none"> • Removed modem as an electronic claims transmission method • Under field 17 Patient Status as follows: <ul style="list-style-type: none"> o Status 01 and 04 – Added usage note o Status 05 – Replaced status name o Status 08 – Deleted o Status 21 – Added usage note
03-01-10	4	53	Added new codes 63661, 63662, 63663, 63664
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	7 8	<ul style="list-style-type: none"> • Updated the Medicare/Medicaid (Dually Eligible) section to reflect the Medicaid allowable amounts effective January 2010 • Deleted the 2007 Medicaid allowable amounts
01-01-10	4	2 58	<ul style="list-style-type: none"> • Changed the price for revenue code 636 w/J7307 – Implanon • Changed the ICD-9 Codes Support Documentation heading to ICD-9 Surgical Codes Requiring Support Documentation and included “surgical” in the text description • Added new ICD-9 Diagnosis Codes Requiring

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Date	Section	Page(s)	Change
			Support Documentation section
01-01-10	5	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	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 17-25	<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	5	8	Updated the Dorchester County office street address
12-01-09	Appendix 1	- - 18, 19 20	<ul style="list-style-type: none"> • Replaced CARC 17 with CARC 16 • Updated CARC A1 • Updated codes 509 and 510 • Added code 533
11-01-09	2	i-v	Reformat Table of Contents
11-01-09	4	2	Updated pricing for revenue code 636 w/90378 Synagis®
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4 4-6	<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

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		26	<ul style="list-style-type: none"> • Updated South Carolina Medicaid Bulletins and Newsletters • Changed heading to Medicare Cost Sharing
10-01-09	2	71	Added Qualified Medicare Beneficiary subsection
10-01-09	3	35 57	<ul style="list-style-type: none"> • Reformatted link • Updated the reimbursement rate table
10-01-09	4	47-52 50 52	<ul style="list-style-type: none"> • Changed the document headers and renumbered charts • Removed code 15847 • Removed duplicate code 58294
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	Appendix 1	3 60	<ul style="list-style-type: none"> • Updated edit code 065 • Updated edit code 852
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	Managed Care Supplement	21 20, 25	<ul style="list-style-type: none"> • Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 • Updated Absolute Total Care entries as following: <ul style="list-style-type: none"> ◦ Changed the company's name to Absolute Total Care ◦ Replaced the beneficiary card samples ◦ Corrected contact information
08-01-09	2	12 54	<ul style="list-style-type: none"> • Updated the Retrospective Reviews subsection • Updated the Reconstructive Breast Surgery subsection
08-01-09	4	2	<ul style="list-style-type: none"> • Changed the following codes in the Revenue Codes That Do Not Require Procedure Codes column with Fee Schedule Amounts column: J1055, J7307, J7310

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		12 41, 43, 45 57	<ul style="list-style-type: none"> • Added code 614 to the Revenue Codes That Require Procedure Codes column • Added code 614 to Revenue Code table • Corrected header • Changed code 85.60 to 85.6 in the Qualis Health ICD-9 Prior Authorization Codes table
08-01-09	5	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	2	48	Added new Inpatient Psychiatric Disorders subsection
07-01-09	4	47-48	Added new chart for acute(non-state owned) procedure codes
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	3	3	Removed all-inclusive rate under the EMTALA (Emergency Medical Treatment and Labor Act) subsection
06-01-09	4	1	Updated the Reimbursement Type 5 – Non-Surgical subsection
06-01-09	TPL Supplement	19	Updated Department of Insurance Web site address
05-01-09	1	1-6, 11 2 3 5	<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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		28-33	<ul style="list-style-type: none"> • Updated the Medicaid Program Integrity subsection
05-01-09	2	5, 13, 71-72	Updated to reflect managed care policies and procedures effective May 1, 2009
05-01-09	3	57	Updated the administrative days reimbursement rates
05-01-09	5	2 14	<ul style="list-style-type: none"> • Updated telephone number for Managed Care Services • 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	2	47 57	<ul style="list-style-type: none"> • Updated Organ Transplant, Group II subsection • Restored Dental Services policy to reflect Medicaid Bulletin dated March 4, 2009
04-01-09	3	3, 7, 35 40-51	<ul style="list-style-type: none"> • Updated hyperlinks • Updated payment Calculations For The Hybrid Prospective Payment System (PPS) subsection
04-01-09	4	39-48 54	<ul style="list-style-type: none"> • Updated the DRG Per Diem Rates • Add code 03.09 to the Qualis Health ICD-9 Prior Authorization Codes list
04-01-09	5	11	Updated telephone number for Lexington County office
04-01-09	Forms	-	Add Transplant Prior Authorization forms and instructions
03-01-09	2	24	Updated hyperlink

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-09	5	3 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	2	12, 54, 57	Updated policy to reflect Medicaid Bulletin dated January 15, 2009
02-01-09	4	47-55	Updated codes to reflect Medicaid Bulletin dated January 15, 2009
02-01-09	5	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	2	7	<ul style="list-style-type: none"> • Removed "As of January 2006" from manual • Updated deductible and coinsurance information for 2009
01-01-09	5	11	Updated Lee County office address
12-01-08	4	9	Revised code 404 Covered Service to 4
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-08	2	72-77	Changed MHLN to Medical Homes Network (MHN)
11-01-08	3	29, 34	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	4	1, 2 2 49, 50, 52, 53 47, 48, 49, 51, 52	<ul style="list-style-type: none"> • Revised verbiage in Reimbursement Type 1, 4 and 5 sections and in Outpatient Fee Schedule: Reimbursement Types. • Changed amount for Synagis to \$845.11 • Added and deleted various ICD-9 codes • Added and deleted various CPT codes
10-01-08	5	9, 13	<ul style="list-style-type: none"> • Updated address for Lake City • Updated phone number for Sumter County office
10-01-08	Forms	-	Updated sample ECF
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	25	Removed Implanon information.
09-01-08	4	1 48	<ul style="list-style-type: none"> • Removed Implanon information from Outpatient Fee Schedule. • Added four codes to the Codes Requiring Prior Authorization and Support Documentation section.
09-01-08	5	6	Updated phone number for Berkeley County office
09-01-08	5	10	Updated phone number for Kershaw County office
09-01-08	Appendix 1	17	Added Edit Code 318
08-01-08	2	13 48 54-55	<ul style="list-style-type: none"> • Updated Support Documentation Information • Updated Hysterectomy Information • Updated Reduction in Mammoplasty and Gynecomastia Information

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-08	5	7	Deleted PO Box for Chester County
08-01-08	Appendix 1	3	Updated Edit Code 062
07-01-08	3	55	Changed the flowing sentence from Claims <u>should</u> be billed monthly (calendar month) and are paid a per diem rate to Claims <u>must</u> be billed monthly (calendar month) and are paid a per diem rate.
07-01-08	4	2	Added an asterisk to Revenue Code 410
07-01-08	5	11	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	3	7, 23, 24, 27, 29, 57 8, 9	<ul style="list-style-type: none"> • Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers, including deleting field 51 • Added new NDC requirement
06-01-08	5	12	Updated telephone number for Orangeburg county office
06-01-08	Forms	-	<p>Updated the following forms to reflect May 23, 2008, deadline requiring NPI only:</p> <ul style="list-style-type: none"> • Sample Remittance Advice • Request for Prior Approval Review • Surgical Justification Review for Hysterectomy • Surgical Justification Review for Hysterectomy Sample
06-01-08	Appendix 1	30, 39, 42	<ul style="list-style-type: none"> • Added new edit code 0529 • Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692
06-01-08	TPL Supplement	-	Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
05-01-08	Appendix 1	3, 38 31	<ul style="list-style-type: none"> • Revised edit codes 062 and 569 • Added edit code 520
05-01-08	Managed Care Supplement	-	Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section
04-01-08	2	3 67-70 25-31	<ul style="list-style-type: none"> • Added information on location of supervising entities • Updated Family Planning Waiver section • Updated injection code for Implanon
04-01-08	3	8, 26 27	<ul style="list-style-type: none"> • Added information on POA indicator • Updated injection code for Implanon
04-01-08	4	55-56 56-58 1-2, 55	<ul style="list-style-type: none"> • Updated Family Planning procedure and diagnosis codes • Added STI diagnosis and drug lists • Updated injection code for Implanon
04-01-08	5	8	Updated address and phone number for Dorchester County office
04-01-08	Appendix 1	4, 13, 20, 33	Added new edit codes 062, 291, 339, 528
04-01-08	TPL Supplement	2 3, 8, 15 12 29	<ul style="list-style-type: none"> • Updated reference to Medicaid card name • Changed references to location of forms from Section 5 to Forms section • Updated field numbers for occurrence codes on UB-04 • Replaced sample ADA form with more attractive version
03-01-08	1	3-5 7	<ul style="list-style-type: none"> • Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information • Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable
03-01-08	3	7-8	<ul style="list-style-type: none"> • Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		All	Medicaid legacy number). <ul style="list-style-type: none"> • Standardized formatting
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08	Appendix 1	59 70	<ul style="list-style-type: none"> • Added edit code 808 • Revised edit code 943 description and status (from warning to active)
03-01-08	TPL Supplement	9 21-22	<ul style="list-style-type: none"> • Added information on carrier code “CAS” for open casualty cases • Replaced Form 931 samples with new versions
02-01-08	4	40-46	Corrected Section heading
02-01-08	5	1	Removed “including Partners for Health” from first paragraph
02-01-08	Forms	-	Corrected mailing address for Medicaid Refunds Form 205
01-01-08	2	7	Updated deductible and coinsurance information
01-01-08	3	55	Updated Administrative Days rates
01-01-08	4	2	Updated Outpatient Fee Schedule
01-01-08	5	10	Updated address for Lancaster County office
01-01-08	Managed Care Supplement	1 3	<ul style="list-style-type: none"> • Removed PhyTrust from the list of MHNs • Added Carolina Crescent to the list of MCOs
12-01-07	4	19	Corrected effective date of DRG schedule
12-01-07	5	8, 10, 12	<ul style="list-style-type: none"> • Updated addresses for Edgefield, Lancaster and Oconee County offices • Updated zip code for Kershaw County
11-01-07	2	24	Removed Newborn Hearing Screening Information
11-01-07	3	39-48	Updated reimbursement payment calculations to October 1, 2007 versions

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-07	4	1-2 19-38 39-46	<ul style="list-style-type: none"> • Replaced outpatient fee schedule with updated version • Replaced DRG listing with updated version • Added new DRG per diem rates
11-01-07	5	9, 10 10	<ul style="list-style-type: none"> • Updated telephone numbers for Florence and Kershaw counties • Updated Horry County address to 1601 11th Ave., 1st Floor
11-01-07	Forms	-	Replaced old Sterilization Consent Form with new version
11-01-07	Appendix 1	All	<ul style="list-style-type: none"> • Corrected ECF field numbers throughout edit resolution instructions • Added new edit code 107
11-01-07	Appendix 2	All	Updated list of carrier codes
10-01-07	1	1-2 3 4 12 15 25	<ul style="list-style-type: none"> • Removed PEP information • Added information about managed care enrollment broker and Managed Care Supplement • Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). • Clarified that “days” refers to business days • Clarified which sections of manual may contain PA information • Expanded provider list under Program Integrity
10-01-07	2	24-26, 30-31 46-48 58 71-76	<ul style="list-style-type: none"> • Added information about newborn hearing screenings and Implanon™ • Updated organ transplantation information • Added PET scan guidelines • Removed PEP information from Managed Care section
10-01-07	3	4 10 26, 36, 38	<ul style="list-style-type: none"> • Added 90-day time limit from reversing refunds • Added new section on Questionable Admission • Removed PEP information

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-07	Appendix 1	26 38-40, 43, 70	<ul style="list-style-type: none"> • Corrected description for edit code 502 • Added NPI warning edits 578-583, 692, 943
10-01-07	-	-	Added Managed Care Supplement
10-01-07	TPL Supplement	15-17	<ul style="list-style-type: none"> • Added 90-day time limit for reversing refunds • Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare
07-01-07	1	All	Revised policies and procedures throughout section
07-01-07	2	-	<ul style="list-style-type: none"> • Updated QIO information for Qualis Health • Added Family Planning services section • Updated Family Planning Waiver information
07-01-07	3	-	<ul style="list-style-type: none"> • Updated form instructions for UB-04 • Added NPI information
07-01-07	4	-	<ul style="list-style-type: none"> • Add Family Planning Waiver codes • Updated lists of codes requiring support documentation and prior authorization
07-01-07	5	-	<ul style="list-style-type: none"> • Split forms and exhibits to create new Forms section • Updated sources for UB-04
07-01-07	Forms	-	<ul style="list-style-type: none"> • Updated DHHS forms to add National Provider Identifier field and change CCME to Qualis Health • Insert new blank UB-04 • Updated ECF and remits to new versions • Updated DHHS Form 218
07-01-07	Appendix 2	-	Updated list of carrier codes
06-01-07	Appendix 1	-	Updated list of edit codes
06-01-07	TPL Supplement	All	<ul style="list-style-type: none"> • Updated all sample forms and claims with new versions • Updated form completion instructions to match new form versions

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Date	Section	Page(s)	Change
05-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	5	8	Updated phone number for Darlington county office
04-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	Appendix 2	-	Updated list of carrier codes
03-01-07	2	79	Removed Healthy Options Program section
03-01-07	3	54	Changed Administrative days rate to \$136.99
03-01-07	5	6	Updated Barnwell county office address
03-01-07	Appendix 1	-	Updated list of edit codes
02-01-07	TPL Supplement	31-32	Updated ECF Samples to show third payer line
01-01-07	2	7	Updated deductible and coinsurance information
01-01-07	2	7	Removed “as of January 2004” from manual
01-01-07	3	53	Changed Medicaid rate for administrative days and sub-acute
01-01-07	4	2	Corrected procedure code chart
01-01-07	Appendix 1	9, 14	Added Edit Codes 202, 203, 204, 301
01-01-07	Appendix 2	-	Updated list of carrier codes
12-01-06	2	7	Updated deductible and coinsurance information
12-01-06	2	37	Removed bullet under “Treatment Rendered Outside the SC Medical Area”
12-01-06	3	13	Added verbiage in Medicare/Medicaid Dual Eligibility section
12-01-06	3	13, 14	Updated Medicare Part A Billing section
12-01-06	4	1	Changed website to www.scdhhs.gov under

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Outpatient Fee Schedule, Reimbursement types 1 and 5
12-01-06	4	2, 12	Updated list of revenue codes
12-01-06	4	19	Updated DRG list
11-01-06	5	-	Updated county office addresses
10-01-06	5	-	Updated county office addresses
10-01-06	Appendix 2	-	Updated list of carrier codes
09-01-06	5	-	Updated county office addresses
09-01-06	Appendix 1	10,11,13 15,17,18 22, 23, 24 26, 27, 28 29 ,30 ,31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50 52, 58, 60 61, 62, 63 66 ,67	<ul style="list-style-type: none"> • Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949 • Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749 • Updated resolutions for edit codes 761, 764, 765, 768, 769, 771, 772, 773, 774 • Added new edit codes 518, 724 • Deleted edit code 777
08-01-06	-	-	Added TPL Supplement
08-01-06	5	-	Updated Reasonable Effort Documentation form
07-01-06	Appendix 1	23, 60, 61	Updated resolution for edit codes 504, 923, 940
07-01-06	Appendix 2	-	Updated list of carrier codes
07-01-06	4	39-42	Updated procedure codes to reflect 2006 CPT updates
05-01-06	Appendix 1	52	Updated resolution for edit code 852
05-01-06	3	All	Changed all occurrences of “item” to “field” in reference to UB-92 claim form

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Date	Section	Page(s)	Change
04-01-06	Appendix 1	43	Updated resolution for edit code 735
04-01-06	Appendix 2	-	Updated list of carrier codes
04-01-06	2, 3	-	Updated deductible, coinsurance, and blood deductible information and other policies in accordance with Medicaid Bulletins dated February 6 and March 7, 2006.
04-01-06	4	19-39	Updated DRG list
03-01-06	Appendix 1	60	Changed resolution for edit code 925
02-01-06	Appendix 1	41	Changed resolution for edit code 721
01-01-06	2, 4, 5	-	Changed “Carolina Medical Review” to “The Carolinas Center for Medical Excellence” throughout manual; updated CCME address, phone, and fax number.
01-01-06	5	21	Updated Authorization Agreement for Electronic Funds Transfer
01-01-06	5	44, 45	Removed Form 204 – Pregnancy/Newborn Risk Assessment – from manual
01-01-06	5	27	Updated ESRD Enrollment Form
01-01-06	1	4, 5	Removed SILVERxCARD sample and program description
01-01-06	Appendix 2	-	Updated list of carrier codes
01-01-06	Appendix 1	67	Added edit code 935
12-01-05	Appendix 1	70	Added edit code 949
11-01-05	1	6, 7	Removed “HIPAA” from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
11-01-05	3	5, 7	Changed verb tense under Procedural Coding and Diagnostic Codes

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-05	3	3	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05	3	3	Changed Web site from www.scdhhshipaa.org to www.scmehcaidprovider.org
11-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	Appendices	-	Made each appendix a separate file; moved Change Control Record out of appendices to a separate file
10-01-05	4	5, 8	Corrected revenue code descriptions
10-01-05	3	3 23-38	<ul style="list-style-type: none"> • Removed references to PAID system • Made small corrections to revenue coding and reimbursement types
10-01-05	2	15, 18, 21 24, 27, 55 56, 57, 70 75	<ul style="list-style-type: none"> • Corrected minor errors, clarified inpatient/ outpatient distinction • Added section on Collection of Blood and Arterial Puncture
09-01-05	Appendix 2	All	Updated lists of carrier codes
09-01-05	Appendix 1	38, 64	Added edit codes 577 and 900
08-01-05	Appendix 1	62	Added edit code 868
07-01-05	Appendix 2	All	Updated lists of carrier codes.