

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	<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	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	3	31-32 32	<ul style="list-style-type: none"> • Updated Retro Health Insurance • Updated Retro Medicare
07-01-18	4	1	Updated maximum billable units for procedure code H2011
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

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Date	Section	Page(s)	Change
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> • Updated Retro Health and Pay & Chase • Updated TPL Resources
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
03-01-18	Forms	-	Updated SCDHHS letterhead on Fax Cover Sheet and LIPS Limit Exception Request Form
03-01-18	Webpage	-	Updated SCDHHS letterhead on Exception Fax Cover Sheet and Limit Exception Request
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	5	1	Updated Correspondence and Inquiries
01-01-18	Forms	-	Updated SCDHHS letterhead on Fax Cover Sheet and LIPS Limit Exception Request Form
01-01-18	Webpage	-	Replaced Updated SCDHHS letterhead on Exception Fax Cover Sheet and Limit Exception Request
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, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	5	4	Corrected formatting
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	3	-	Corrected formatting

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Date	Section	Page(s)	Change
07-01-17	Forms	-	Updated Fax Cover Sheet and LIPS Limit Exception Request 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
04-01-17	Forms	-	Updated Fax Cover Sheet and LIPS Limit Exception Request Form
03-01-17	2	40, 41	Updated Services Rendered Under Licensed Independent Social Worker-Clinical Practice section
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
01-01-17	Change Control Record	1	Deleted Place of Service Key from Section 3, date 12-01-16
01-01-17	2	20 38	<ul style="list-style-type: none"> • Updated Clinical Service Notes • Added Service Limit Exception for Fee for Service Beneficiaries
01-01-17	4	1	<ul style="list-style-type: none"> • Updated Procedure Codes
01-01-17	Forms	-	<ul style="list-style-type: none"> • Added LIPS Exception Fax Cover Sheet • Added LIPS Limit Exception Request Form
12-01-16	3	7	<ul style="list-style-type: none"> • Updated Diagnostic Codes
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	2	21	Updated Billing Information/Location of Service
11-01-16	3	7 8	Updated Modifiers Updated Place of Service Key

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Date	Section	Page(s)	Change
11-01-16	4	1	Added Modifier Key
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"> • 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 32	<ul style="list-style-type: none"> • Updated Eligibility for Services • Updated Psychological Testing and Evaluation
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

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Date	Section	Page(s)	Change
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: <ul style="list-style-type: none"> • South Carolina Medicaid Program <ul style="list-style-type: none"> ○ 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	2	6-7	Revised LIP Enrollment Guidelines
01-01-16	4	1	Updated procedure codes table
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	Appendix 1	19, 44-47	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	Appendix 1	1 1 All 4, 20, 23, 27, 43	<ul style="list-style-type: none"> • Updated general instructions • Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> ○ Added note to general instructions ○ Replaced ICD-9 with ICD-CM throughout section • Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792
09-01-15	2	12,13	<ul style="list-style-type: none"> • Added ICD-10-CM language to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System

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Date	Section	Page(s)	Change
		33,34	<ul style="list-style-type: none"> Updated Family Psychotherapy Section
09-01-15	3	6-7 13-14 21	<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"> Diagnostic Codes CMS-1500 Claim Form Completion Instructions, field 21 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	2	26-27 27 29	Updated the following sections: <ul style="list-style-type: none"> Comprehensive Assessment – Initial and Follow-up CALOCUS Assessment — PRTF and Community Support Services (formerly CALOCUS Assessment — PRTF) Service Documentation
03-13-15	3	12-13 22	<ul style="list-style-type: none"> Updated CMS-1500 Claim Form Completion Instructions Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-01-15	Appendix 2		Updated carrier codes
02-01-15	2	18-24 26-29	Updated the following sections: <ul style="list-style-type: none"> Program Requirements Program Services Core Treatment – Psychotherapy and Counseling Services

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Date	Section	Page(s)	Change
02-01-15	4	1,2	Updated procedure codes table
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 25-26	Added the following policies: <ul style="list-style-type: none"> • Copayment • Claim Reconsideration
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	Appendix 1	70	Updated edit code 989
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	2	2 5 7 9 10 16 20 26 28-29	Updated the following sections: <ul style="list-style-type: none"> • Overview • Provider Qualifications • Managed Care Organizations • Requirements for Participation in Rehabilitative Behavioral Health Services • Eligibility for Services • Out of Home Placement • Clinical Service Notes (CSNs) • Comprehensive Assessment – Initial And Follow-Up • Psychological Testing and Evaluation

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Date	Section	Page(s)	Change
		29 32	<ul style="list-style-type: none"> • Service Documentation for Psychological Testing and Evaluation • Service Documentation for Family Psychotherapy
09-01-14	4	1 2	<ul style="list-style-type: none"> • Updated Psychological Testing/Evaluation • Added billing language for Service Plan Development
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	4-29 32-36	<ul style="list-style-type: none"> • Updated the following sections: <ul style="list-style-type: none"> o Program Requirements o Program Services
07-01-14	4	1,2	Updated Procedure Codes for Physician and Self-Referrals
07-01-14	Forms	-	Removed DHHS Form 254
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
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	5	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

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Date	Section	Page(s)	Change
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	1-33 6-17 18 20	<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 • Updated Trading Partner Agreement • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
04-01-14	5	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 note on CMS-1500 (02/12) version claim form • Removed CMS-1500 (08/05) version claim form(s) • Removed Sample Edit Correction Form • Updated Sample Remittance Advice
04-01-14	Appendix 1	35 -	<ul style="list-style-type: none"> • Added edit code 527 • Entire section: <ul style="list-style-type: none"> ○ Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form ○ Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms

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Date	Section	Page(s)	Change
			(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)
03-01-14	2	29-30	Updated Psychological Testing and Evaluation section
03-01-14	4	1-5	Updated the following sections: <ul style="list-style-type: none"> • Procedure Codes for Physician and Self-Referrals • Procedure Codes Requiring State Agency Referral • Procedure Codes with Rates
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	5	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25 1-2 4 6 26 29-30	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

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Date	Section	Page(s)	Change
		32 32	<ul style="list-style-type: none"> • Recovery Audit Contractor • Beneficiary Explanation of Medical Benefits Program
01-01-14	2		Updated entire section to reflect policy effective January 1, 2014
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 • 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	4	1-4	Updated Procedure Codes for Physician and self-Referrals and PROCEDURE CODES requiring state agency referral sections
01-01-14	5	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"> • Added CMS-1500 (02/12) version claim form • Added note to CMS-1500 (05/85) version claim form • Added SCDHHS LIP Prior Authorization Request and SCDHHS Behavioral Health Referral and Feedback forms • Updated Duplicate Remittance Advice Request and EFT Authorization Agreement 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

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Date	Section	Page(s)	Change
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	5	12	Updated Orangeburg mailing address zip codes
12-01-13	Forms	-	Updated the following documents: <ul style="list-style-type: none"> • DHHS Form 254 • Medical Necessity Statement for Rehabilitative Services • LIPS Referral Form
11-01-13	5	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	5	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	5	8 10 13	<ul style="list-style-type: none"> • Updated Darlington County zip code • Updated Laurens County phone number • Updated York County office address
08-01-13	5	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

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Date	Section	Page(s)	Change
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	5	8 11	<ul style="list-style-type: none"> • Updated Colleton County office telephone number • Deleted Newberry County PO Box address
06-01-13	5	12	<ul style="list-style-type: none"> • Updated Richland county office telephone number
06-01-13	Forms	-	<ul style="list-style-type: none"> • Updated LIPS Referral Form • Updated LIPS Authorization Form
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> • Updated resolutions for edit codes 107, 219, 339, 673, 720 • Deleted edit code 577
04-01-13	1	6	Corrected the URL for MedicaideLearning.com
04-01-13	Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	<ul style="list-style-type: none"> • Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 • Updated CARCs for edit codes 460, 544, 569 • Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 • Added edit codes 820, 821 • Updated edit code 935, 938, 939
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	2	7,10	Changed references to mental retardation) intellectual disabilities or related disabilities)
03-01-13	4	-	Updated modifiers and units of service throughout document
03-01-13	5	10	Deleted Jasper County PO Box address
03-01-13	Appendix 1	i 2, 38, 70 38, 54, 70	<p>Deleted Change Log</p> <p>Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953</p> <p>Updated resolutions for edit codes 714, 851, and 953</p>
03-01-13	Managed	7	Deleted the Department of Alcohol and Other Drug

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Date	Section	Page(s)	Change
	Care Supplement		Abuse from agencies exempt from prior authorizations
03-01-13	Appendices and Supplement	-	Added a cover page
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
02-01-13	Forms	-	Revised DHHS Form 254
01-16-13	4	1-2	<ul style="list-style-type: none"> • Deleted reference to reimbursement rates • Deleted procedure code 90804, Individual Therapy w/Client • Added procedure codes for Individual Psychotherapy, face to face
01-11-12	Forms	-	Corrected procedure code for Diagnostic Assessment without medical- initial on Form 254
01-04-13	Forms	-	Corrected procedure codes for Individual Psychotherapy on Form 254
01-01-13	Forms	-	Replaced Form 254 sample
01-01-13	5	7 9	<ul style="list-style-type: none"> • Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	<ul style="list-style-type: none"> • Updated web addresses for provider information and provider training • Revised heading and language to reflect new provider enrollment requirements • Updated Program Integrity language (entire section) • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	6	<ul style="list-style-type: none"> • Updated National Provider Identifier and Medicaid Provider Number

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Date	Section	Page(s)	Change
		10 18, 32, 34 22-23	<ul style="list-style-type: none"> • Updated fields 17, 17b to add requirement for referring or ordering provider NPI • Updated provider information web addresses • Updated Electronic Funds Transfer (EFT)
12-01-12	5	4 11	<ul style="list-style-type: none"> • Updated web address 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	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-03-12	2	5	Replaced hyperlink for LIP pre-enrollment orientation
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	2	44	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 27, 30, 34 6, 17, 22	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks

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Date	Section	Page(s)	Change
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 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	2	8-12 13-14 16	<ul style="list-style-type: none"> • Updated QIO information to reflect Medicaid Bulletin dated May 15, 2012 in the following sections: <ul style="list-style-type: none"> o Medical Necessity (entire section) o Quality Improvement Organization – Physician Referrals (entire section) o Retroactive Coverage

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Date	Section	Page(s)	Change
		19-21	<ul style="list-style-type: none"> o Clinical Records and Documentation Requirements (entire section)
		3	<ul style="list-style-type: none"> • Updated policy in the following sections:
		7	<ul style="list-style-type: none"> o Program Requirements
		15	<ul style="list-style-type: none"> o Eligibility for Services
		15	<ul style="list-style-type: none"> o State Agency Referrals/Prior Authorization (PA)
		42	<ul style="list-style-type: none"> o Licensed Independent Social Work- Clinical Practice Supervision
		11	<ul style="list-style-type: none"> • Document heading changes:
		13	<ul style="list-style-type: none"> o “QIO MNS Confirmation” to “MNS Confirmation”
		13	<ul style="list-style-type: none"> o “Quality Improvement Organization” to “Quality Improvement Organization – Physician Referrals”
		13, 14	<ul style="list-style-type: none"> o Added subheadings “Physicians Responsibilities” and “QIO Responsibilities”
		15	<ul style="list-style-type: none"> o “Referral Process/Prior Authorization (PA) – DHHS Form 254” to “State Agency Referrals/Prior Authorization (PA)”
		15	<ul style="list-style-type: none"> o Added subheading “DHHS Form 254”
		-	<ul style="list-style-type: none"> • Editorial changes throughout document
07-01-12	4	1	<ul style="list-style-type: none"> • Updated Procedure Codes Requiring Physician Referral and Prior Authorization to reflect Medicaid Bulletin dated May 15, 2012
		2	<ul style="list-style-type: none"> • Updated Procedure Codes Requiring State Agency Referral
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	10, 11, 13-16, 19, 20, 26	Updated QIO and 254 Form information
06-01-12	4	All	Updated QIO information and rates
06-01-12	Forms	-	<ul style="list-style-type: none"> • Updated the Medical Necessity Statement • Updated the LIPS Referral Form • Updated the LIPS Authorization Form

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Date	Section	Page(s)	Change
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
04-01-12	Forms	-	<ul style="list-style-type: none"> • Added Form 130 • Removed Mental Health form • Removed LMSW form
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	19 22	<ul style="list-style-type: none"> • Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction
02-01-12	5	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	2	8, 44	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	- 22	<ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated EFT information
01-01-12	5	1	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11

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Date	Section	Page(s)	Change
01-01-12	Appendix 1	62 -	<ul style="list-style-type: none"> • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	3	33, 40, 41	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	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	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

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Date	Section	Page(s)	Change
			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	Forms	-	<ul style="list-style-type: none"> • Updated Authorization Form • Added Mental Health Form • Added LMSW Registration Form
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	5	5	Corrected Abbeville County PO Box Zip+4 Code
06-01-11	Forms	-	Removed Referral Request for Out of State Therapeutic Treatment Services form
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	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	18, 22, 23	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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
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	18, 21, 23, 24 15, 29 22	<ul style="list-style-type: none"> • Updated electronic remittance package information • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package
01-01-11	5	13	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	<ul style="list-style-type: none"> • Added the Duplicate Remittance Request Form • Updated the LIPS Referral form • Updated the LIPS Authorization Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166
01-01-11	TPL Supplement	8, 10 8 10	<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

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Date	Section	Page(s)	Change
		13 15 15	edit code 151 on the ECF <ul style="list-style-type: none"> • 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"> o Changed the timely filing requirement from 90 days of the invoice to 30 days o Added SCDHHS TPL recovery language • Updated the Retro Health and Pay & Chase section
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
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	<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

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Date	Section	Page(s)	Change
		7	<ul style="list-style-type: none"> • 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
		10	<ul style="list-style-type: none"> • Updated Freedom of Choice section
10-01-10	5	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 (HCK) Program
		1	<ul style="list-style-type: none"> • Updated Managed Care Overview
		2	<ul style="list-style-type: none"> • Updated Managed Care Organizations and Core Benefits paragraphs
		3	<ul style="list-style-type: none"> • Updated MCO Program ID card paragraph
		4	<ul style="list-style-type: none"> • Updated MHN Program ID card paragraph
		5	<ul style="list-style-type: none"> • Updated Core Benefits
		6	<ul style="list-style-type: none"> • Updated Exempt Services
		13	<ul style="list-style-type: none"> • Updated Overview
		17	<ul style="list-style-type: none"> • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10	3		Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest:
		19	<ul style="list-style-type: none"> • Companion Guides
		19-20	<ul style="list-style-type: none"> • South Carolina Medicaid Web-based Claims Submission Tool
		36	<ul style="list-style-type: none"> • Claim-Level Adjustments
09-01-10	5	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	Appendix 1	9	<ul style="list-style-type: none"> • Added edit code 225
		-	<ul style="list-style-type: none"> • Removed all references to the ADA Claim in the Resolution column

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Date	Section	Page(s)	Change
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
08-17-10	Cover	-	Corrected cover date
08-01-10	2	2 3, 4 6 7 8 9 12 14 32	Updated the following sections: <ul style="list-style-type: none"> • Rehabilitative Services Overview • Private Organizations • New Provider Enrollment for Private Organizations • Private Organization Requirements • Reporting Changes • Closure for a RBHS Provider • Contents of the SCDHHS Medical Necessity Statement (MNS) • Medical Necessity • Billable Code/Location of Service
08-01-10	3	7-8	Updated modifiers
08-01-10	4	1-8	Updated modifiers
08-01-10	5	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	-	<ul style="list-style-type: none"> • Updated DHHS Form 254 • Corrected signature lines of Medical Necessity Statement for: <ul style="list-style-type: none"> ○ Printed name of Physician and phone # ○ Name of LIP, fax # of LIP, and NPI of referred LIP
08-01-10	Appendix 1	20 51, 52	<ul style="list-style-type: none"> • Deleted edit code 520 • Deleted Provider Enrollment e-mail address

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Date	Section	Page(s)	Change
		59	from codes 941 and 944 • Changed resolution for edit code 994
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	• Updated edit code 714 • Updated edit code 738
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration