CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-13	5	5 7	• 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	• 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 16 22, 36, 40 27-28	• Updated National Provider Identifier and Medicaid Provider Number • 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 29	• 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,	• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 • Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926
12-01-12	TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	2	7	Updated Hospice section to reflect additional services requiring prior authorization from KePRO per bulletin dated September 11, 2012
10-01-12	4	43-48	• Updated the following tables: o CPT Code Requiring Prior Authorization Review o CPT Code Requiring SCDHHS Prior Authorization Review • Added the following tables: o High-Tech Radiology Codes Requiring Prior Authorization o PT/OT/ST CPT Codes Requiring Prior Authorization by KePRO o Transplant Codes Requiring Prior Authorization by KePRO
10-01-12	Appendix 1	-	Updated edit code information through document
09-01-12	4	- 44	• Removed frequency column from all applicable tables • Added J1725 to CPT codes requiring SCDHHS prior authorization
09-01-12	5	i	Corrected Table of Contents
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	2, 8, 12, 27	Updated program area contact information to reflect Medicaid Bulletin dated June 29
08-01-12	3	1, 40, 43-44 12, 22, 32	• Updated program area contact information to reflect Medicaid Bulletin dated June 29 • Updated hyperlinks
08-01-12	5	1	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		5 7	• Removed fax request information for SCDHHS forms • Added SCDHHS forms online order information • Updated telephone number for Greenville county office
08-01-12	Forms	-	• 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	• 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	• Changed Division of Care Management to Bureau of Managed Care • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to “Medicaid” to BlueChoice HealthPlan
08-01-12	TPL Supplement	5, 6, 10,17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 1	16, 48 45	• Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839
07-01-12	Appendix 2	-	Updated carrier codes
05-01-12	3	10-11	Updated place of service keys
05-01-12	4	20	Added surgical procedure code D2934

CHANGE CONTROL RECORD

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	• Updated address for Marion County • Updated phone number for Newberry County
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	• Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642
02-01-12	3	24 29	• Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction
02-01-12	4	2 -	• Deleted A4657 • Updated code Frequencies
02-01-12	5	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42 49	• Updated edit code 402 • Updated edit code 637 • 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	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	- 30	• 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
01-01-12	Appendix 1	62 -	• Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 • Updated CARCs and RARCs throughout the

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			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	38, 41, 46-48	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12 3, 17, 19	• 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	• Added edit codes 334 and 584 • Updated edit code 845
09-14-11	4	16	Deleted procedure code 54161
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 effective July 11, 2011

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	• 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
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	2	8	Deleted “voluntary” from first paragraph of Medicaid Managed Care section
04-01-11	3	3	Updated Copayment Policy to reflect bulletin dated 3-16-11
04-01-11	4	2 3 6, 8, 17, 18, 19	• Added end stage renal disease code A4657 and deleted codes A4913 and Q4098 • Added dialysis J-code J1750, • Added surgical codes 21014, 26113, 64492, 65756, 67840, and D2393
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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-11	2	22	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	20, 27, 28	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	• Changed the name of the Provider Outreach Web site to Provider Enrollment and Education • Updated the descriptions for Form 130s
02-01-11	Appendix 1	3	Added edit codes 079 and 080
01-01-11	1	7 19-20	• 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	20, 23, 24, 28 18, 34 23	• 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	4	5, 10-15	Added surgical codes 11045-11047, 29914-29916, 31295-31297, 31634, 43753-43757,49418, 64568-64570, 64611, 65778, 65779, 66174, and 66175
01-01-11	5	13	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	• 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: 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	• 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	• 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	-	• Removed all reference to the SCHIP program to

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program
		1	• Updated Program Description section
		7	• 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	• Updated Freedom of Choice section
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	-	• Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program
		1	• Updated Managed Care Overview
		2	• Updated Managed Care Organizations and Core Benefits paragraphs
		3	• Updated MCO Program ID card paragraph
		4	• Updated MHN Program ID card paragraph
		5	• Updated Core Benefits
		6	• Updated Exempt Services
		13	• Updated Overview
		17	• 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:
		20	• Companion Guides
		21	• South Carolina Medicaid Web-based Claims Submission Tool
		41	• Claim-Level Adjustments
09-01-10	4	43	• Updated the Procedure Codes Requiring Prior Authorization section to reflect Medicaid Bulletin dated July 30, 2010 replacing Qualis Health with Alliant Health solutions
09-01-10	5	5	• Removed County Commissioner’s Building from the Aiken County address
		8	• Deleted Dorchester County physical address telephone number

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		11	• Removed Highway 28 N from the McCormick County address
09-01-10	Appendix 1	9 -	• Added edit code 225 • Removed all references to the ADA Claim in the Resolution column
09-01-10	TPL Supplement	12 13 18	• 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	Change Control Record	-	Rearranged section entries for July 1
08-01-10	5	5, 8, 11-13 6	• 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	Appendix 1	20 51, 52 59	• Deleted edit code 520 • Deleted Provider Enrollment e-mail address from codes 941 and 944 • Changed resolution for edit code 994
07-01-10	2	4, 5	• Updated Family Planning Waiver section • Added “Breast and Cervical Cancer Early Detection Program (Best Chance Network)” and “Department of Environmental Control” paragraphs
07-01-10	3	2, 7	• Updated Retroactive Eligibility paragraph • Updated Modifier and Description table
07-01-10	4	1-3 4 5, 6, 7, 10,	• Added codes 90743 and 90744. Updated code 90747. Added Q4098. Changed code J0295 to J0295. Added code J2995. • Added codes J7100 and J7110. Omitted code Q4098 • Added codes 10140, 101402, 11423, 11977, and

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Date	Section	Page(s)	Change
		12, 14, 15, 23, 29, 30, 38, 44	21931. Omitted codes 25611 and 25620. Added codes 25606, 25607, 25608, 25609, 29828, 30901, 43257, 58301, 64490, 64491, 64493, 64494, 65855, and 67145. Added J1650, J9033, J1650, and J9033. Added list of codes 19976, 19977, 58301, 58600, 58615, 68670, and 58671. Table of Diagnosis codes and diagnosis descriptions added.
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Forms	-	Updated the Consent for Sterilization form
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
06-01-10	Managed Care Supplement	1 3 17 20, 23, 25	• Updated Managed Care Overview section • Updated Manage Care Organization (MCO), Core Benefits section • Updated the Managed Care Disenrollment Process, Overview section • Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change
05-01-10	5	1	• Removed reference to blank form at the end of this section. • Replaced with reference to blank form in the Forms section of this manual
03-01-10	Cover	-	Replaced the manual cover
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09
03-01-10	3	3, 18	Removed modem as an electronic claims transmission method
02-01-10	Appendix 1	13 36	• Added New Edit Codes 356, 357, and 358 • Updated Edit Code 738
02-01-10	Appendix 2	All	Updated Carrier Code List

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-10	3	33	Removed rendering provider requirement from field 19
01-01-10	4	17 19, 21-27, 28-37 21, 31 43	• Added the following code to the Infusion Centers chart: 90657 and 90658 • Added the following codes to the Infusion J-Codes charts: J0220, J0881, J1300, J1453, J1573, J1740, 1743, 1750, J1931, J2323, J2353, J2724, J3315, J3488 • Changed code J0886 to J0885 • Added new chart for procedure codes that require SCDHHS prior authorization
01-01-10	5	5 10 12	• 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	• 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 19, 22-24, 27-29	• 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	• Replaced CARC 17 with CARC 16 • Updated CARC A1 • Updated codes 509 and 510 • Added code 533
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4	• Updated the Medicare/Medicaid Eligibility

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		4-6 26	section to include Qualified Medicare Beneficiaries (QMBs) • Updated SC Medicaid Healthy Connections language throughout section • Updated South Carolina Medicaid Bulletins and Newsletters • Changed heading to Medicare Cost Sharing
10-01-09	2	8	Added Qualified Medicare Beneficiary subsection
10-01-09	5	10 11 12	• 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	• 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	• Removed all references to CHCcares to reflect with Medicaid Bulletin dated August 3, 2009 • Updated Absolute Total Care entries as following: o Changed the company's name to Absolute Total Care o Replaced the beneficiary card samples o Corrected contact information
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
08-01-09	Bulletin	-	Corrected bulletin in manual
07-01-09	2	14	Updated Vitamins and Supplements subsection to include dually eligible beneficiaries
07-01-09	4	2 5, 6, 10, 12, 13, 15, 16	• Added procedure code A4913 (Syvek Patch) to reflect Medicaid Bulletin dated June 5, 2009 • Add the following procedure codes: 19297, 22102, 29827, 45330, 51100-51103, 65782,

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		41-43	67041-67043, 67113, 92502 • Added new charts for procedure codes that require prior authorization
07-01-09	5	6, 12 8 9	• 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	2	7	Added Managed Care subsection
06-01-09	3	27	Corrected Web site address
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	• Updated to reflect managed care policies and procedures effective May 1, 2009 • Updated the Eligibility subsection • Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection • Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection • Updated the Medicaid Program Integrity subsection
05-01-09	2	7	Updated to reflect managed care policies and procedures effective May 1, 2009
02-01-09	3	27	Updated link
05-01-09	5	13	Updated telephone number for Union County office
05-01-09	Appendix 1	43	Deleted edit code 694
05-01-09	Appendix 2	-	Updated list of carrier codes
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009
04-01-09	1	2, 3, 8	Updated hyperlinks
04-01-09	2	42, 44	• Updated Antibiotic Infusion Therapy procedure codes

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		43, 44	• Updated Antibiotic Infusion Therapy procedure codes
04-01-09	3	4, 6, 7, 9, 19, 20, 27, 36, 39	Updated hyperlinks
04-01-09	4	1, 2 5, 6 17 22, 23, 25, 31, 32, 35	• End Stage Renal Disease Clinics Codes - Deleted codes A4357, 90772; added code 96372 • Surgical Procedure Codes – Added code 19301, deleted code 22526 • Infusion Centers – Deleted codes 90760, 90761, 90765, 90766, 90767, 90768, 90772, 90774, 90775; Added 96360, 96361, 96365, 96366, 96367, 96368, 96372, 96374, 96375; updated description for code 96360 • Infusion J-Codes (Alphabetical and Numeric) – Added codes J2791, J1459, J1561, J1568, J1569, J1572; corrected description for J2790; updated description for code J2791
04-01-09	5	11	Updated telephone number for Lexington County office
03-01-09	4	i	Removed blank page after Table of Contents
03-01-09	5	3-4 8 5, 11-13	• 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	• Added new edit codes 693 and 694 • Changed edit code 945 Resolution to input "26"modifier in field 18
03-01-09	Managed Care Supplement	1, 7, 10, 17, 23, 25-30, 35	Updated hyperlinks
03-01-09	TPL Supplement	8, 9, 19	Updated hyperlinks
02-01-09	4	2	Deleted code A4913
02-01-09	5	5	Updated Allendale County office PO Box zip code

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	5	11	Updated Lee County office address
12-01-08	2	23 29 43 45	• Added the last paragraph to the Reimbursement Policy section • Deleted sentence from Bulling Guidelines • Added information to fourth bullet • Added P9036, P9037, P9045, P9046, P9047 • Changed the limit of six to five and October 1st to 15th
12-01-08	3	8 9 19	• Added information to the description to code 11 • Added information to the description to code 99 • Revised description for 33a
12-01-08	4	2 3 -	S9339 – changed max to 31 Deleted codes J1751, J1752 Added codes 90772, Q4098, 15002, 15003, 15004, 15005, 15839, 19302, 22526, 24357, 24358, 24359, 27267, 28108, 30465, 45381, 46946, 50590, 57288, 59871, 65780, 65781, G0260, 90774, 90775, P9036, P9037, P9045, P9046, P9047, J0894, J2469
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	3	25, 29	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	3	32	Changed ECF field 1 to Prov/Xwalk ID
10-01-08	5	9, 13	Updated address for Lake City Updated phone number for Sumter County office
10-01-08	Forms	-	Revised ECF example to show update for field 1
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	5	6	Updated phone number for Berkeley County office

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	Appendix 1	3	Updated Edit Code 062
08-01-08	5	7	Deleted PO Box for Chester County
07-01-08	5	11	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-12-08	3	-	Corrected formatting throughout section
06-01-08	3	9, 18, 19, 27	Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers
06-01-08	5	12	Updated telephone number for Orangeburg county office
06-01-08	Form	-	Removed sample claim form showing NPI and Medicaid Provider ID
06-01-08	Appendix 1	30, 39, 42	• Added new edit code 529 • 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
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	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, 219, 339, 528
04-01-08	TPL	2	• Updated reference to Medicaid card name

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
	Supplement	3, 8, 15 12 29	• 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	• 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	9-20 All	• Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number). • Standardized formatting
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08	Appendix 1	59 70	• Added edit code 808 • Revised edit code 943 description and status (from warning to active)
03-01-08	TPL Supplement	9 21-22	• Added information on carrier code “CAS” for open casualty cases • Replaced Form 931 samples with new versions
02-01-08	3	10 27, 30	• Corrected instructions for field 10b • Standardized references to six-character legacy Medicaid provider number
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	5	10	Updated address for Lancaster County office
01-01-08	Managed Care Supplement	1 3	• Removed PhyTrust from the list of MHNs • Added Carolina Crescent to the list of MCOs

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Date	Section	Page(s)	Change
12-01-07	3	3-4 7 47	• Revised copayment section • Bolded sentence • Corrected address
12-01-07	4	All	Updated procedure codes throughout section
12-01-07	5	8, 10, 12	• Updated addresses for Edgefield, Lancaster and Oconee County offices • Updated zip code for Kershaw County
12-01-07	Forms	-	• Added sample Consent for Sterilization form (DHHS 1723) • Added sample CMS-1500 claim form with NDC • Added sample ECF with NDC information
11-01-07	5	9, 10 10	• Updated telephone numbers for Florence and Kershaw counties • Updated Horry County address to 1601 11th Ave., 1st Floor
11-01-07	Appendix 1	All	• Corrected ECF field numbers throughout edit resolution instructions • Added new edit code 107
11-01-07	Appendix 2	All	Updated list of carrier code
10-01-07	1	1-2 3 4 12 15 25	• 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	7-15	Removed PEP information from Managed Care section
10-01-07	3	14 50 17 36 47	• Removed PEP information • Added 90-day time limit for reversing refunds • Updated instructions for field 24J • Updated instructions for ECF field 19 • Removed Visit Counts section

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-07	Appendix 1	26 38-40, 43, 70	• 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	• 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	Forms	-	Updated DHHS Form 205
07-01-07	Appendix 2	-	Updated list of carrier codes
06-01-07	2	16	Changed reference to location of forms from "Section 5" to "Forms section"
06-01-07	3	-	Removed Time Restricted Supplement
06-01-07	3	All	• Updated form completion instructions for new CMS-1500 and Form 130 versions • Updated ECF and RA descriptions • Added information about National Provider Identifier • Replaced Reference to Forms 110 and 120 with Form 115 • Clarified retroactive eligibility policy • Updated ECF correction instructions • Added CPT and HCPCS ordering information • Make minor editorial changes throughout section
06-01-07	5	3-4 6-8 12 -	• Revised "Procurement of Forms" to address new CMS-1500 version and updated vendor information • Added toll-free number for Berkeley, Charleston and Dorchester county offices • Updated phone number for Oconee County • Split forms and exhibits from Section 5 to create separate Forms section
06-01-07	Forms	-	• Updated DHHS forms to add National Provider Identifier field • Updated sample claims to new CMS-1500

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Date	Section	Page(s)	Change
			version • Updated ECF and remits to new versions • Updated DHHS Form 218
06-01-07	Appendix 1	-	Updated list of edit codes
06-01-07	TPL Supplement	-	• Updated all sample forms and claims with new versions • Updated form completion instructions to match new form versions
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
04-01-7	Appendix 2	-	Updated list of carrier codes
04-01-07	Time Restricted Supplement	-	Updated date for mandatory use of revised CMS-1500
03-01-07	5	6	Updated Barnwell county office address
03-01-07	Time Restricted Supplement	All	Removed all references to NDC quantity and unit
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	3	-	Added Time Restricted Supplement
01-01-07	5	-	Added line “03” to sample ECF for the third payer declaration
01-01-07	Appendix 1	9, 14	Added Edit Codes 202, 203, 204, 301
01-01-07	Appendix 2	-	Updated list of carrier codes
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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	• 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	4	21, 30	Updated codes in accordance with 2006 CPT update
08-01-06	5	-	Updated Reasonable Effort Documentation form
07-01-06	2 3 4	4, 37-39 26 17-18	Updated procedure codes to reflect 2006 CPT updates
07-01-06	Appendix 1	23, 60, 61	Updated resolutions for edit codes 504, 923, 940
07-01/06	Appendix 2	-	Updated list of carrier codes
04-01-06	Appendix 1	43	Updated resolution for edit code 735
04-01-06	Appendix 2	-	Updated list of carrier codes
03-01-06	3	4, 17, 18 19 28 28 42	• Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to www.dhhs.state.sc.us • Changed the Internet Explorer version required for the Web Tool to 6.0 • Added TPL indicators to the ECF field 4 description • Added Injury Code indicators to the ECF field 5 description • Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts
03-01-06	Appendix 1	60	Changed resolution for edit code 925
02-01-06	Appendix 1	41	Changed resolution for edit code 721

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Date	Section	Page(s)	Change
01-01-06	5	-	Updated Authorization Agreement for Electronic Funds Transfer
01-01-06	1	4, 5	Removed SILVERxCARD sample and program description
01-01-06	Appendix 2	-	Updated list of carrier codes
01-1-06	Appendix 1	67	Added edit code 935
12-1-05	Appendix 1	70	Added edit code 949