

## CHANGE CONTROL RECORD

| Date     | Section                   | Page(s)       | Change                                                                                                                                                                                                                                                                                                           |
|----------|---------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 03-20-24 | Admin & Billing Manual    | Various Pages | “Remittance advice is accessible for three years after payment date via Web Tool” was added to the following sections: South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool), Trading Partner Agreement, Duplicate Remittance Advice and Remittance Advice sections.                               |
| 02-13-24 | Appendix 2                |               | Updated Carrier Codes (effective 1-1-24)                                                                                                                                                                                                                                                                         |
| 01-01-24 | 1 Admin. & Billing Manual | 5             | Added language to clarify that providers delivering services via telehealth may not be subject to the SCMSA location requirement.                                                                                                                                                                                |
| 01-01-24 | 1 Admin. & Billing Manual | 7             | Updated the definition of Medical necessity to align with State Law and regulations.                                                                                                                                                                                                                             |
| 01-01-24 | 1 Admin. & Billing Manual | 24-31         | Updated Health records retention policy from five (5) years to four (4) years from the last payment date, with exception of nursing homes and hospitals that must retain such records for six (6) years. Updated health record documentation policy related to signature, date, and progress notes requirements. |
| 01-01-24 | 1 Admin. & Billing Manual | 32            | Removed the examples of beneficiary information protected under HIPAA in the Safeguarding Beneficiary Information section.                                                                                                                                                                                       |
| 01-01-24 | 1 Admin. & Billing Manual | 39            | Removed the 3 years limitations for claims filing timeline for members with retroactive eligibility.                                                                                                                                                                                                             |
| 01-01-24 | 1 Admin. & Billing Manual | 49            | Added language to clarify that the claims reconsideration process must be exhausted before a provider requests an administrative hearing.                                                                                                                                                                        |

## CHANGE CONTROL RECORD

| Date     | Section                                         | Page(s)         | Change                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 10-17-23 | Appendix 2                                      |                 | <ul style="list-style-type: none"> <li>Updated Carrier Codes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                        |
| 10-01-23 |                                                 |                 | Published Cover Page                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10-01-23 | 3                                               | 17,18           | Updated link for the S.C. Nurse Aide Registry                                                                                                                                                                                                                                                                                                                                                                                                  |
| 10-01-23 | Section 7-<br>Non-covered<br>Medical<br>Expense | 42-43           | Removed reference to prescription limitations (effective 2017) and ambulatory care visits limitations (effective 04/2020 to align with current State Plan services.                                                                                                                                                                                                                                                                            |
| 10-01-23 | Section 7-<br>Non-covered<br>Medical<br>Expense | 43              | Added policy regarding Deductible expenses deemed Medically necessary.                                                                                                                                                                                                                                                                                                                                                                         |
| 07-01-23 | Appendix 2                                      |                 | <ul style="list-style-type: none"> <li>Updated Carrier Codes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                        |
| 05-11-23 | Admin. and<br>Billing<br>manual                 | 7<br><br>10, 11 | <ul style="list-style-type: none"> <li>Added to Provider Enrollment requirements that providers must “Be located within the South Carolina Medical Service Area (SCMSA), which is defined as the State of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina State border as detailed in South Carolina Code of Laws, Section 44-6-110.”</li> </ul> <p>Added section related to clinical trials.</p> |
| 05-11-23 | Appendix 3                                      | 1,2             | Added language referencing ARPA requirements around COVID-19 copayments                                                                                                                                                                                                                                                                                                                                                                        |
| 05-01-23 | Appendix 2                                      |                 | Updated Carrier Codes                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 01-01-23 | Appendix 2                                      |                 | Updated Carrier Codes                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 10-01-22 | Appendix 2                                      |                 | Updated Carrier Codes                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 08-01-22 | Appendix 2                                      |                 | Updated Carrier Codes                                                                                                                                                                                                                                                                                                                                                                                                                          |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s) | Change                                                                                                                                                                                                                        |
|----------|-------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 05-01-22 | Appendix 2              |         | Updated Carrier Codes                                                                                                                                                                                                         |
| 02-01-22 | Admin. & Billing Manual | 23      | Added the following paragraph: “When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided.” |
| 01-01-22 | Appendix 2              |         | Updated Carrier Codes                                                                                                                                                                                                         |
| 01-01-22 | TPL                     | 3       | Under “Cost Avoidance vs. Pay & Chase”, Medicaid no longer covers Pay & Chase for prenatal claims and claims related to child enforcement policies; therefore, this information was removed.                                  |
| 01-01-22 | Admin. & Billing Manual | 31      | Under “Health Insurance”, Maternal Health was deleted and (after 100 days) was added.                                                                                                                                         |
| 11-01-21 | Appendix 2              |         | Updated Carrier Codes                                                                                                                                                                                                         |
| 10-01-21 | Appendix 1              |         | Added Edit Codes 607 & 608 to the Appendix                                                                                                                                                                                    |
| 09-01-21 | Forms                   |         | The Electronic Funds Transfer (EFT) was removed.                                                                                                                                                                              |
| 08-01-21 | Appendix 2              |         | Updated Carried Codes that were effective 6-1-21.                                                                                                                                                                             |
| 07-01-21 | Manual Homepage         |         | Updated Managed Care Supplement                                                                                                                                                                                               |
| 07-01-21 | Admin. & Billing Manual | 50,51   | Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS.                                                                                                                              |
| 04-20-21 | Appendix 2              |         | Updated Carrier Codes                                                                                                                                                                                                         |
| 01-21-21 | Appendix 2              |         | Updated Carrier Codes                                                                                                                                                                                                         |
| 11-1-20  | Appendix 2              |         | Updated Carrier Codes                                                                                                                                                                                                         |

## CHANGE CONTROL RECORD

| Date     | Section    | Page(s) | Change                                                                                                                   |
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| 10-15-20 |            | 5       | Updated policy language in the Provider Administrative and Billing Manual regarding “Claims for Medicaid Reimbursement.” |
| 9-18-20  |            |         | Updated the TPL supplement document                                                                                      |
| 9-18-20  |            | 25      | Provider Administrative & Billing Manual. Updated the “Disclosure of Information by Provider”                            |
| 07-15-20 | Appendix 1 |         | Added new edits 291 and 791.                                                                                             |
| 06-30-20 | Appendix 2 |         | Updated Carrier Codes                                                                                                    |
| 05-01-20 | Appendix 2 |         | Updated Carrier Codes                                                                                                    |
| 05-01-20 |            |         | A link was added to the homepage of each individual manual to access “Co-Payments.”                                      |
| 03-30-20 |            |         | As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks.                    |
| 10-31-19 | Appendix 1 | 62      | Added new edit code 882                                                                                                  |
| 08-29-19 | Appendix 2 |         | Updated Carrier Codes. A link was added to each guide’s homepage to access the carrier codes.                            |
| 08-23-19 | Appendix 1 | 66      | Updated resolution for edit code 901                                                                                     |
| 08-14-19 |            |         | For consistency with CMS State regulations, any reference to the word “guides” has been replaced with “manuals.”         |
| 08-01-19 | Forms      |         | Uploaded New Electronic Funds Transfer (EFT) Form                                                                        |
| 07-02-19 | Appendix 1 | 33      | Updated CARC for edit code 636                                                                                           |
| 07-02-19 | Forms      |         | Updated EFT form                                                                                                         |
| 07-01-19 | 1,3,5      |         | Replaced with New Provider Administrative and Billing Guide                                                              |

## CHANGE CONTROL RECORD

| Date     | Section                       | Page(s)                                           | Change                                                                                                                                                                                                                                                   |
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| 07-01-19 | Appendix 1                    | 55,61,66                                          | Added new edit 870. Update edit codes 839 and 901                                                                                                                                                                                                        |
| 04-01-19 | 1                             | 35                                                | Updated Prepayment Reviews                                                                                                                                                                                                                               |
| 04-01-19 | Appendix 1                    | 56                                                | Updated edit codes 906 and 907                                                                                                                                                                                                                           |
| 11-01-18 | Forms                         | -                                                 | Updated Claim Reconsideration Form                                                                                                                                                                                                                       |
| 11-01-18 | Appendix 1                    | 55-56                                             | Updated edit codes 906 and 907                                                                                                                                                                                                                           |
| 10-01-18 | 2                             | 29                                                | Updated Morbid obesity/bariatric paragraph.                                                                                                                                                                                                              |
| 10-01-18 | Appendix 1                    | 44, 55-56,<br>64-65                               | Updated edit codes 820, 906, 907, and 977                                                                                                                                                                                                                |
| 08-06-18 | 1                             | 25                                                | Updated Premium Payment Project                                                                                                                                                                                                                          |
| 08-06-18 | TPL<br>Supplement             | 17-18                                             | Updated TPL Resources                                                                                                                                                                                                                                    |
| 08-01-18 | Appendix 2                    | -                                                 | Updated carrier codes                                                                                                                                                                                                                                    |
| 08-01-18 | Managed<br>Care<br>Supplement | -                                                 | Updated entire section                                                                                                                                                                                                                                   |
| 07-01-18 | Change<br>Control<br>Record   | 1                                                 | <ul style="list-style-type: none"> <li>Added DHHS Form 181 to Forms entry dated 06-01-18</li> </ul>                                                                                                                                                      |
| 07-01-18 | Appendix 1                    | 3, 37, 42,<br>45, 52-57,<br>70, 73<br>48<br>66-67 | <ul style="list-style-type: none"> <li>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</li> <li>Updated CARC for 786</li> <li>Updated Resolution for 906 and 907</li> </ul> |
| 07-01-18 | TPL<br>Supplement             | 15-16<br>17                                       | <ul style="list-style-type: none"> <li>Updated Retro Health and Pay &amp; Chase</li> <li>Updated TPL Resources</li> </ul>                                                                                                                                |
| 06-01-18 | Forms                         | -                                                 | Updated Notice of Admission Authorization & Change of Status for Long Term Care Forms (DHHS Form 181)                                                                                                                                                    |

## CHANGE CONTROL RECORD

| Date     | Section    | Page(s)                  | Change                                                                                                                                                                                                                                                                                                                                                                                   |
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| 05-01-18 | Forms      | -                        | Updated Claim Reconsideration Form                                                                                                                                                                                                                                                                                                                                                       |
| 05-01-18 | Appendix 2 | -                        | Updated carrier codes                                                                                                                                                                                                                                                                                                                                                                    |
| 02-01-18 | Forms      | -                        | Updated Health Insurance Information Referral Form (DHHS Form 931)                                                                                                                                                                                                                                                                                                                       |
| 01-01-18 | 5          | 1                        | Updated Correspondence and Inquiries                                                                                                                                                                                                                                                                                                                                                     |
| 12-01-17 | Forms      | -                        | Updated Claim Reconsideration Form                                                                                                                                                                                                                                                                                                                                                       |
| 10-01-17 | Appendix 1 | 3                        | Added new edit code 063                                                                                                                                                                                                                                                                                                                                                                  |
| 09-01-17 | Forms      | -                        | Updated forms: <ul style="list-style-type: none"> <li>• Complex Care Supplemental Assessment</li> <li>• Claims Reconsideration</li> <li>• Duplicate Remittance Advice Request</li> <li>• Electronic Funds Transfer (EFT) Authorization Agreement</li> </ul>                                                                                                                              |
| 06-01-17 | 2          | 28-29                    | Updated Level of Care Criteria Section                                                                                                                                                                                                                                                                                                                                                   |
| 06-01-17 | Forms      | -                        | <ul style="list-style-type: none"> <li>• Updated Claim Reconsideration Form</li> <li>• Updated Complex Care Program Supplemental Assessment Form (DHHS 185S)</li> </ul>                                                                                                                                                                                                                  |
| 05-01-17 | Appendix 1 | -                        | Updated Provider Service Center Hours of Operation                                                                                                                                                                                                                                                                                                                                       |
| 04-01-17 | 2          | 1<br>9<br>20<br>22<br>23 | Updated the following sections to reflect changes to MR language: <ul style="list-style-type: none"> <li>• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</li> <li>• Estate Recovery</li> <li>• Preadmission Screening and Resident Review (PASSAR)</li> <li>• Level II Determination - DHHS Form 250</li> <li>• DDSN Responsibilities</li> </ul> |
| 04-01-17 | 3          | 29                       | Updated KEPRO branding                                                                                                                                                                                                                                                                                                                                                                   |
| 04-01-17 | Forms      | -                        | Updated the following sections to reflect changes to MR language:                                                                                                                                                                                                                                                                                                                        |

## CHANGE CONTROL RECORD

| Date     | Section    | Page(s)                 | Change                                                                                                                                                                                                                                                                                         |
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|          |            |                         | <ul style="list-style-type: none"> <li>Resident Case Mix Classification Change (Form 210)</li> <li>PASARR Level I Screening Form (Form 234)</li> <li>Social History for MI Level II PASARR Screening (Form 247)</li> <li>Social History for ID Level II PASARR Screening (Form 248)</li> </ul> |
| 03-01-17 | Forms      | -                       | Updated Claim Reconsideration Form                                                                                                                                                                                                                                                             |
| 12-01-16 | 2          | 27-32                   | Updated Complex Care Services                                                                                                                                                                                                                                                                  |
| 12-01-16 | Forms      | -                       | Updated Claim Reconsideration Form                                                                                                                                                                                                                                                             |
| 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          | -<br>1<br>3<br>5-6      | <ul style="list-style-type: none"> <li>Updated hyperlinks throughout section</li> <li>Updated Administration section</li> <li>Updated Procurement of Forms section</li> <li>Updated CLTC Regional Offices addresses</li> </ul>                                                                 |
| 06-01-16 | Appendix 1 | 44<br>3, 14, 29, 30, 63 | Added new edit codes 801 and 802<br>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                                                                                                                                                                                                                                                          |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)                                    | Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 04-01-16 | Managed Care Supplement | 18-19                                      | Replaced sample MCO cards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 03-01-16 | Appendix 1              | 19, 23                                     | Added edit codes 450 and 532                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 02-01-16 | 1                       | -                                          | Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: <ul style="list-style-type: none"> <li>• South Carolina Medicaid Program <ul style="list-style-type: none"> <li>◦ Program Description</li> <li>◦ SC Healthy Connections Medicaid Card(s)</li> </ul> </li> <li>• Records/Documentation Requirements <ul style="list-style-type: none"> <li>◦ General Information</li> <li>◦ Signature Policy</li> </ul> </li> <li>• Medicaid Program Integrity <ul style="list-style-type: none"> <li>◦ Program Integrity</li> </ul> </li> <li>• Appeals</li> </ul> |
| 01-01-16 | 1                       | 19                                         | Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 01-01-16 | Appendix 1              | 21                                         | Added edit code 527                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 12-01-15 | Cover                   | -                                          | December 1, 2015 - Replaced manual cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11-01-15 | Appendix 1              | 19, 44-47                                  | <ul style="list-style-type: none"> <li>• Revised edit code 507, 821, 837, 838, 839</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 10-01-15 | 1                       | 7<br>10                                    | <ul style="list-style-type: none"> <li>• Updated to add SCDHHS alerts</li> <li>• Updated Provider Participation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10-01-15 | Appendix 1              | 1<br><br>1<br>All<br><br>4, 20, 23, 27, 43 | <ul style="list-style-type: none"> <li>• Updated general instructions</li> <li>• Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> <li>◦ Added note to general instructions</li> <li>◦ Replaced ICD-9 with ICD-CM throughout section</li> </ul> </li> <li>• Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792</li> </ul>                                                                                                                                                                                   |
| 09-01-15 | 3                       | 30,31                                      | <ul style="list-style-type: none"> <li>• Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)      | Change                                                                                                                                                                                                          |
|----------|-------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                         |              | 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"> <li>Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System</li> </ul> |
| 07-01-15 | Appendix 3              | 1-2          | Updated Copayment Schedule                                                                                                                                                                                      |
| 03-13-15 | 3                       | 31           | <ul style="list-style-type: none"> <li>Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>                                                                                               |
| 02-01-15 | Forms                   |              | <ul style="list-style-type: none"> <li>Updated Form 181 (04/2014) to add Reset button</li> <li>Updated Form 185S</li> </ul>                                                                                     |
| 01-01-15 | Forms                   |              | Updated the following forms: <ul style="list-style-type: none"> <li>Claim Reconsideration form</li> <li>Authorization Form 181</li> </ul>                                                                       |
| 12-01-14 | 1                       | 9, 10        | Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals                                                                                |
| 12-01-14 | 3                       | 3-4<br>28-29 | Added the following policies: <ul style="list-style-type: none"> <li>Copayment</li> <li>Claim Reconsideration</li> </ul>                                                                                        |
| 12-01-14 | Forms                   |              | Added Claim Reconsideration form                                                                                                                                                                                |
| 12-01-14 | Appendix 1              | 6, 50        | Updated edit codes 121 and 839                                                                                                                                                                                  |
| 12-01-14 | Appendix 3              | 1-2          | Added to manual                                                                                                                                                                                                 |
| 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 | 5                       | 5            | Updated CLTC Regional Office listing                                                                                                                                                                            |
| 11-01-14 | Appendix 1              | 70           | Updated edit code 989                                                                                                                                                                                           |

## CHANGE CONTROL RECORD

| Date     | Section                   | Page(s)                               | Change                                                                                                                                                                                           |
|----------|---------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10-01-14 | 1                         | 33-34                                 | Updated Medicaid Beneficiary Lock-In Program                                                                                                                                                     |
| 10-01-14 | Appendix 1                | 3, 31, 36,<br>48-49, 61<br>46         | <ul style="list-style-type: none"> <li>Updated edit code 079, 637, 719, 820, 821, 908, 909</li> <li>Added new edit code 790</li> </ul>                                                           |
| 09-01-14 | 2                         | 26<br>27-30                           | Updated the following sections: <ul style="list-style-type: none"> <li>Program requirements</li> <li>Program Services</li> </ul>                                                                 |
| 09-01-14 | Forms                     | -                                     | <ul style="list-style-type: none"> <li>Updated Notice of Admission, Authorization, and Change of Status for Long Term Care</li> <li>Updated Complex Care Supplemental Assessment Form</li> </ul> |
| 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<br>24, 48-51,<br>58            | <ul style="list-style-type: none"> <li>Deleted edit codes 845 and 969</li> <li>Updated edit codes 537, 837-839, 843, 844, and 892</li> </ul>                                                     |
| 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 | 2                         | 8                                     | Replaced reference to county office listing with the Where To Go for Help web address                                                                                                            |
| 05-01-14 | 5                         | 1<br>9                                | <ul style="list-style-type: none"> <li>Replaced reference to county office listing with the Where To Go for Help web address</li> <li>Removed DHHS county office listing</li> </ul>              |
| 05-01-14 | Appendix 1                | 1, 2, 4, 45,<br>46, 62, 64,<br>92, 93 | Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984                                                                                                                                   |

## CHANGE CONTROL RECORD

| Date     | Section               | Page(s)                                                 | Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 04-01-14 | Change Control Record | 2                                                       | Deleted CMS-1500 changes from January 1, 2014 for sections 3 and Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 04-01-14 | 1                     | 6, 23, 25<br><br>29-31<br>32<br>33<br>37<br>39<br>41-44 | <ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>Updated the following sections: <ul style="list-style-type: none"> <li>Program Integrity</li> <li>Recovery Audit Contractor</li> <li>Beneficiary Oversight</li> <li>Fraud</li> <li>Referrals to the Medicaid Fraud Control Unit</li> <li>Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)</li> </ul> </li> </ul> |
| 04-01-14 | 2                     | 44                                                      | <ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                              |
| 04-01-14 | 3                     | 1-32<br><br>1<br>27                                     | <ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated December 3, 2013—Discontinuation of Edit Correction Form</li> <li>Updated Trading Partner Agreement</li> <li>Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>                                                                                                                                                                                                                                                                            |
| 04-01-14 | 5                     | 14                                                      | Updated Horry County address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 04-01-14 | Forms                 |                                                         | <ul style="list-style-type: none"> <li>Updated Duplicate Remittance Advice Request form</li> <li>Removed Sample Edit Correction Form</li> <li>Updated Sample Remittance Advice</li> </ul>                                                                                                                                                                                                                                                                                                                                                            |
| 04-01-14 | Appendix 1            | 35<br>-                                                 | <ul style="list-style-type: none"> <li>Added edit code 527</li> <li>Entire section: <ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-</li> </ul> </li> </ul>                                                                                                                                                                                               |

## CHANGE CONTROL RECORD

| Date     | Section        | Page(s)                                                                       | Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|          |                |                                                                               | 1500 Health Insurance Claim Forms (02/12) version                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 04-01-14 | TPL Supplement | 5<br>6-8<br>9-10<br>10-11<br><br>13-14<br>15-16<br>22-23<br>30-31             | <ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form:               <ul style="list-style-type: none"> <li>Timely Filing Requirements</li> <li>Reasonable Effort</li> <li>Nursing Facility Claims</li> <li>Professional, Institutional, and Dental Claims</li> <li>Rejected Claims</li> <li>Recovery</li> <li>Sample Forms – Reasonable Effort</li> <li>Sample Forms – ECF (deleted)</li> </ul> </li> </ul>                                                                                                                         |
| 02-01-14 | Cover          | -                                                                             | January 1, 2014 - Replaced manual cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 02-01-14 | 5              | 13                                                                            | Updated Florence County office telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 01-01-14 | 1              | 1, 2, 11<br>6, 23, 25<br><br>1-2<br>4<br><br>6<br><br>26<br>29-30<br>32<br>32 | <p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> <li>Managed Care Organizational Changes dated November 15, 2013</li> <li>Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013</li> </ul> <p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>Eligibility Determination</li> <li>South Carolina Health Connections Medicaid card</li> <li>South Carolina Web-based Claims Submissions Tool</li> <li>Retroactive Eligibility</li> <li>Program Integrity</li> <li>Recovery Audit Contractor</li> <li>Beneficiary Explanation of Medical Benefits Program</li> </ul> |
| 01-01-14 | 2              | 43<br><br>44                                                                  | <p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> <li>Managed Care Organizational Changes dated November 15, 2013</li> <li>Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                   |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)  | Change                                                                                                                                                                                                                                                                                                                                              |
|----------|-------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01-01-14 | 3                       | -        | Updated entire section to reflect the following bulletins: <ul style="list-style-type: none"> <li>Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>Managed Care Organizational Changes dated November 15, 2013</li> </ul>                                                                                           |
| 01-01-14 | 5                       | 1<br>3-4 | Updated the following sections <ul style="list-style-type: none"> <li>Correspondence and Inquiries</li> <li>Procurement of Forms</li> </ul>                                                                                                                                                                                                         |
| 01-01-14 | Forms                   |          | <ul style="list-style-type: none"> <li>Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms</li> </ul>                                                                                                                                                                                                                 |
| 01-01-14 | Appendix 1              |          | Updated to reflect the following bulletins: <ul style="list-style-type: none"> <li>Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>Managed Care Organizational Changes dated November 15, 2013</li> </ul> |
| 01-01-14 | Managed Care Supplement |          | Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013                                                                                                                                                                                                                                                             |
| 01-01-14 | TPL Supplement          |          | <ul style="list-style-type: none"> <li>Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> </ul>                                                                                                                                                                       |
| 12-01-13 | 5                       | 16       | Updated Orangeburg mailing address zip codes                                                                                                                                                                                                                                                                                                        |
| 11-01-13 | 5                       | 17       | Updated York County mailing address                                                                                                                                                                                                                                                                                                                 |
| 11-01-13 | MC Supplement           | 18       | Replaced BlueChoice MCO Medicaid card                                                                                                                                                                                                                                                                                                               |
| 10-01-13 | 5                       | 16<br>17 | <ul style="list-style-type: none"> <li>Updated Orangeburg office and mailing address</li> <li>Updated York County office address</li> </ul>                                                                                                                                                                                                         |
| 10-01-13 | Appendix 1              | -        | <ul style="list-style-type: none"> <li>Updated CARCs/RARCs throughout section</li> </ul>                                                                                                                                                                                                                                                            |

## CHANGE CONTROL RECORD

| Date     | Section       | Page(s)                                                               | Change                                                                                                                                                                                                                                                                                                                                           |
|----------|---------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |               | 5, 39<br>69<br>37, 42, 44                                             | <ul style="list-style-type: none"> <li>Added edit codes 110 and 725</li> <li>Deleted edit code 961</li> <li>Revised edit codes 720, 749, 750, 758, and 759</li> </ul>                                                                                                                                                                            |
| 10-01-13 | MC Supplement | 20                                                                    | <ul style="list-style-type: none"> <li>Added WellCare MCO Medicaid card and contact information</li> </ul>                                                                                                                                                                                                                                       |
| 09-01-13 | 5             | 12<br>14<br>17                                                        | <ul style="list-style-type: none"> <li>Updated Darlington County zip code</li> <li>Updated Laurens County phone number</li> <li>Updated York County office address</li> </ul>                                                                                                                                                                    |
| 08-01-13 | 5             | 17                                                                    | <ul style="list-style-type: none"> <li>Updated York County physical address</li> </ul>                                                                                                                                                                                                                                                           |
| 08-01-13 | Appendix 1    | 1<br>50, 51<br>72                                                     | <ul style="list-style-type: none"> <li>Updated resolution for edit code 007</li> <li>Updated RARC and resolution for edit codes 820 and 821</li> <li>Deleted edit codes 954, 955, and 956</li> </ul>                                                                                                                                             |
| 07-01-13 | 5             | 12<br>15                                                              | <ul style="list-style-type: none"> <li>Updated Colleton County office telephone number</li> <li>Deleted Newberry County PO Box address</li> </ul>                                                                                                                                                                                                |
| 06-01-13 | 5             | 16                                                                    | <ul style="list-style-type: none"> <li>Updated Richland county office telephone number</li> </ul>                                                                                                                                                                                                                                                |
| 06-01-13 | Appendix 1    | 5, 11, 15,<br>33, 40<br>30                                            | <ul style="list-style-type: none"> <li>Updated resolutions for edit codes 107, 219, 339 673, 720</li> <li>Deleted edit code 577</li> </ul>                                                                                                                                                                                                       |
| 04-01-13 | 1             | 6                                                                     | Corrected the URL for <a href="https://www.MedicaideLearning.com">MedicaideLearning.com</a>                                                                                                                                                                                                                                                      |
| 04-01-13 | Appendix 1    | 2<br>20, 25, 28<br>4, 39, 52,<br>53, 57, 59<br>73<br>50, 51<br>67, 69 | <ul style="list-style-type: none"> <li>Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052</li> <li>Updated CARCs for edit codes 460, 544, 569</li> <li>Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960</li> <li>Added edit codes 820, 821</li> <li>Updated edit code 935, 938, 939</li> </ul> |
| 03-01-13 | 5             | 14                                                                    | Deleted Jasper County PO Box address                                                                                                                                                                                                                                                                                                             |
| 03-01-13 | Appendix 1    | i                                                                     | Deleted Change Log                                                                                                                                                                                                                                                                                                                               |

## CHANGE CONTROL RECORD

| Date     | Section                   | Page(s)                    | Change                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------|---------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                           | 2, 38, 70<br>38, 54, 70    | Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953<br>Updated resolutions for edit codes 714, 851, and 953                                                                                                                                                                                                                                                         |
| 03-01-13 | Managed Care Supplement   | 7                          | Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations                                                                                                                                                                                                                                                                                                                   |
| 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)                                                                                                                                                                                                                                                                                                                                                   |
| 01-01-13 | 2                         | -<br><br>29                | <ul style="list-style-type: none"> <li>Replaced Intermediate Care facility for Individuals with Mentally Retarded (ICF/MR) with Intermediate Care facility for Individuals with Intellectual Disabilities (ICR/IID) throughout section</li> <li>Added Complex Care Service section</li> </ul>                                                                                                                           |
| 01-01-13 | 5                         | 11<br>13                   | <ul style="list-style-type: none"> <li>Added Chester county Zip+4 code</li> <li>Updated Greenville PO Box address</li> </ul>                                                                                                                                                                                                                                                                                            |
| 01-01-13 | Forms                     | -                          | Added new Complex Care Program Supplement Assessment Form (Form185S)                                                                                                                                                                                                                                                                                                                                                    |
| 01-01-13 | Appendix 1                | -                          | Added Change Log for section changes                                                                                                                                                                                                                                                                                                                                                                                    |
| 12-03-12 | 1                         | 6<br>7-8<br>27-32<br>33-41 | <ul style="list-style-type: none"> <li>Updated web addresses for provider information and provider training</li> <li>Revised heading and language to reflect new provider enrollment requirements</li> <li>Updated Program Integrity language (entire section)</li> <li>Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)</li> </ul> |
| 12-03-12 | 3                         | 25                         | Updated Electronic Funds Transfer (EFT)                                                                                                                                                                                                                                                                                                                                                                                 |

## CHANGE CONTROL RECORD

| Date     | Section        | Page(s)                                                                                         | Change                                                                                                                                                                                                                                                                                                                                        |
|----------|----------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12-01-12 | 5              | 3<br>15                                                                                         | <ul style="list-style-type: none"> <li>Updated web address for provider information</li> <li>Updated McCormick county office telephone number</li> </ul>                                                                                                                                                                                      |
| 12-01-12 | Appendix 1     | 24, 26, 27,<br>32, 33<br><br>19, 27, 40,<br>44, 45, 47,<br>49, 50, 55,<br>56, 57, 59,<br>60, 61 | <ul style="list-style-type: none"> <li>Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690</li> <li>Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926</li> </ul>                                                      |
| 12-01-12 | TPL Supplement | 8, 9, 17                                                                                        | Updated web addresses for provider information and provider training                                                                                                                                                                                                                                                                          |
| 11-01-12 | 5              | 1                                                                                               | Updated Allendale county office address                                                                                                                                                                                                                                                                                                       |
| 11-01-12 | Appendix 2     | -                                                                                               | Updated carrier code list                                                                                                                                                                                                                                                                                                                     |
| 10-05-12 | Forms          | -                                                                                               | Updated Duplicate Remittance Advice Request Form                                                                                                                                                                                                                                                                                              |
| 10-01-12 | 1              | 4                                                                                               | Replaced back of Healthy Connections Medicaid card                                                                                                                                                                                                                                                                                            |
| 10-01-12 | Appendix 1     | -                                                                                               | Updated edit code information through document                                                                                                                                                                                                                                                                                                |
| 08-01-12 | 1              | 2, 8, 9, 12,<br>13, 15, 25,<br>34                                                               | Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012                                                                                                                                                                                                                                                     |
| 08-01-12 | 2              | 26, 49<br><br>40-4<br><br>46, 48                                                                | <ul style="list-style-type: none"> <li>Updated SCDHHS contact information per Medicaid Bulletin dated June 29, 2012</li> <li>Changed the number days MCO providers are required to reimburse the nursing facility from 30 to 90</li> <li>Change “Department of Facility Services” to “Division of Community and Facility Services”</li> </ul> |
| 08-01-12 | 3              | 25                                                                                              | Updated hyperlinks                                                                                                                                                                                                                                                                                                                            |



## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)                                                                                               | Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------|-------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 08-01-12 | 5                       | 1<br><br>5<br><br>7                                                                                   | <ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Removed fax request information for SCDHHS forms</li> <li>Added SCDHHS forms online order information</li> <li>Updated telephone number for Greenville county office</li> </ul>                                                                                                                                                    |
| 08-01-12 | Forms                   | -                                                                                                     | <ul style="list-style-type: none"> <li>Deleted forms 140 and 142</li> <li>Updated Duplicate Remittance Advice Request Form</li> </ul>                                                                                                                                                                                                                                                                                                                                        |
| 08-01-12 | Appendix 1              | -<br><br>1, 24, 60,<br>65, 66-<br>67,70-72<br>15, 31, 69<br>8, 10, 29,<br>31<br>10, 11, 14,<br>34, 48 | <ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987</li> <li>Added edit codes 349, 590, 978, 990, 991-995</li> <li>Deleted edit codes 166, 205, 573, 574, 593, 596</li> <li>Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798</li> </ul> |
| 08-01-12 | Managed Care Supplement | 1-2<br><br>7<br><br>11<br><br>17<br><br>19                                                            | <ul style="list-style-type: none"> <li>Changed Division of Care Management to Bureau of Managed Care</li> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Removed language limiting enrollment to 2500 members</li> <li>Update contact information for Palmetto Physician Connections</li> <li>Added to "Medicaid" to BlueChoice HealthPlan</li> </ul>                                                                |
| 08-01-12 | TPL Supplement          | 5, 6,<br>10,17, 24                                                                                    | Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012                                                                                                                                                                                                                                                                                                                                                                                    |
| 07-01-12 | Appendix 1              | 16, 48<br>45                                                                                          | <ul style="list-style-type: none"> <li>Deleted edit codes 386 and 868</li> <li>Added edit codes 837, 838, 839</li> </ul>                                                                                                                                                                                                                                                                                                                                                     |
| 05-01-12 | 5                       | 5-8                                                                                                   | Corrected headers                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 05-01-12 | Appendix 1              | 62                                                                                                    | Updated edit code 975                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## CHANGE CONTROL RECORD

| Date     | Section    | Page(s)              | Change                                                                                                                                                                                                                                                        |
|----------|------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 04-01-12 | 1          | 4                    | Replaced the South Carolina Healthy Connections card                                                                                                                                                                                                          |
| 04-01-12 | 5          | 15<br>16             | <ul style="list-style-type: none"> <li>Updated address for Marion County</li> <li>Updated phone number for Newberry County</li> </ul>                                                                                                                         |
| 04-01-12 | Forms      | -                    | Updated DHHS Form 181                                                                                                                                                                                                                                         |
| 03-01-12 | 3          | 21<br>22<br><br>25   | <ul style="list-style-type: none"> <li>Updated Remittance Package</li> <li>Added Duplicate Remittance Package</li> <li>Added Remittance Advice</li> <li>Added SC Medicaid Web-Based Claim Submission Tool</li> <li>Added Electronic Funds Transfer</li> </ul> |
| 02-07-12 | Cover      | -                    | Manual cover updated January 1, 2012                                                                                                                                                                                                                          |
| 02-07-12 | Appendix 1 | 18<br>24<br>30       | <ul style="list-style-type: none"> <li>Updated edit code 402</li> <li>Updated edit code 544</li> <li>Updated edit code 636, 637, and 642</li> </ul>                                                                                                           |
| 02-01-12 | 5          | 13                   | Updated the Fairfield county office number                                                                                                                                                                                                                    |
| 02-01-12 | Appendix 1 | 18<br>30<br>42<br>49 | <ul style="list-style-type: none"> <li>Updated edit code 402</li> <li>Updated edit code 636, 637, and 642</li> <li>Updated edit code 766</li> <li>Updated edit code 867</li> </ul>                                                                            |
| 01-01-12 | 1          | 2-5, 20, 24          | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11                                                                                                                                               |
| 01-01-12 | 3          | -<br>21              | <ul style="list-style-type: none"> <li>Updated hyperlinks throughout section</li> <li>Updated EFT information</li> </ul>                                                                                                                                      |
| 01-01-12 | 5          | 1                    | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11                                                                                                                                               |
| 01-01-12 | Appendix 1 | 62<br><br>-          | <ul style="list-style-type: none"> <li>Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11</li> <li>Updated CARCs and RARCs throughout the</li> </ul>                                             |

## 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 | 5                       | 5                            | Updated CLTC Regional Offices addresses                                                                                                                                                                                                                                                                                                          |
| 11-01-11 | TPL Supplement          | 6, 15<br>12<br><br>3, 17, 19 | <ul style="list-style-type: none"> <li>Changed Medicare timely filing requirement to two years and six months</li> <li>Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code</li> <li>Deleted sample legacy number from UB-04 TPL Fields table</li> <li>Updated TPL contact information</li> </ul> |
| 10-01-11 | Appendix 1              | 14, 29<br>47                 | <ul style="list-style-type: none"> <li>Added edit codes 334 and 584</li> <li>Updated edit code 845</li> </ul>                                                                                                                                                                                                                                    |
| 10-01-11 | 2                       | 9, 10                        | Added prescription drugs limit to non-covered medical expenses and allowable deductions                                                                                                                                                                                                                                                          |
| 09-01-11 | 1                       | 19                           | Deleted information regarding National Correct Coding Initiative                                                                                                                                                                                                                                                                                 |
| 09-01-11 | 2                       | 23<br>39                     | <ul style="list-style-type: none"> <li>Added language to DDSN Responsibilities</li> <li>Updated Payment for Services policy</li> </ul>                                                                                                                                                                                                           |
| 09-01-11 | 5                       | 17                           | Updated zip code for Spartanburg County office                                                                                                                                                                                                                                                                                                   |
| 09-01-11 | Forms                   | -                            | Updated the Resident Case Mix Classification Change form (DHHS 210)                                                                                                                                                                                                                                                                              |
| 09-01-11 | Appendix 1              | 15, 29, 30                   | Added edit code 361, 591, 596 and 605                                                                                                                                                                                                                                                                                                            |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)          | Change                                                                                                                                                                                                          |
|----------|-------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | 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<br>43<br>56   | <ul style="list-style-type: none"> <li>Updated resolution for edit code 300</li> <li>Added edit codes 840 and 841</li> <li>Updated Provider Enrollment Contact information in edit codes 941 and 944</li> </ul> |
| 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 | 2                       | 5                | <ul style="list-style-type: none"> <li>Added new Distinct Part for ICF/MR</li> </ul>                                                                                                                            |
| 05-01-11 | Appendix 1              | 43               | Updated edit code 796                                                                                                                                                                                           |
| 04-01-11 | 3                       | 12, 13, 17<br>30 | <ul style="list-style-type: none"> <li>Removed all references to the Turn Around Document (TAD)</li> <li>Added coinsurance to the Level of Care field description</li> </ul>                                    |
| 04-01-11 | 5                       | 6                | Updated telephone number for Beaufort County                                                                                                                                                                    |
| 04-01-11 | Forms                   | -                | <ul style="list-style-type: none"> <li>Updated Electronic Funds Transfer Form</li> <li>Updated Resident Case Mix Classification Change form</li> <li>Deleted sample TAD</li> </ul>                              |
| 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 | 3              | 25               | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center                                                                                                                                                           |
| 03-01-11 | 5              | 4<br>5           | <ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center</li> <li>Added toll free number for Aiken County</li> </ul>                                                        |
| 03-01-11 | Appendix 1     | -<br>67          | <ul style="list-style-type: none"> <li>Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section</li> <li>Made change to Edit Code 990 description</li> </ul>                                       |
| 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<br>24, 25     | <ul style="list-style-type: none"> <li>Changed the name of the Provider Outreach Web site to Provider Enrollment and Education</li> <li>Updated the descriptions for Form130s</li> </ul>                                                        |
| 02-01-11 | Appendix 1     | 3                | Added edit codes 079 and 080                                                                                                                                                                                                                    |
| 01-01-11 | 1              | 7<br>19-20       | <ul style="list-style-type: none"> <li>Updated the South Carolina Medicaid Web-based Claims Submission Tool section</li> <li>Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits</li> </ul>                 |
| 01-01-11 | 3              | 26<br>25         | <ul style="list-style-type: none"> <li>Updated electronic remittance package information</li> <li>Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package</li> </ul>                           |
| 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<br>8<br>10 | <ul style="list-style-type: none"> <li>Removed references to Dental claims</li> <li>Removed language to contact program areas for missing carrier codes</li> <li>Added reference to CMS-1500 for correcting edit code 151 on the ECF</li> </ul> |

## CHANGE CONTROL RECORD

| Date     | Section        | Page(s)                        | Change                                                                                                                                                                                                                                                                                                                                           |
|----------|----------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                | 13                             | <ul style="list-style-type: none"> <li>Added edit code 165 to other TPL-related insurance edit codes list</li> </ul>                                                                                                                                                                                                                             |
|          |                | 15                             | <ul style="list-style-type: none"> <li>Updated Retro Medicare section to include the following:               <ul style="list-style-type: none"> <li>Changed the timely filing requirement from 90 days of the invoice to 30 days</li> <li>Added SCDHHS TPL recovery language</li> </ul> </li> </ul>                                             |
|          |                | 15                             | <ul style="list-style-type: none"> <li>Updated the Retro Health and Pay &amp; Chase section</li> </ul>                                                                                                                                                                                                                                           |
| 12-01-10 | Cover          | -                              | Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”                                                                                                                                                                                                                                                         |
| 12-01-10 | 2              | 22 & 23                        | <ul style="list-style-type: none"> <li>Replaced Resident Assessment Protocols (RAPs) with Care Area Assessments (CAAs)</li> <li>Replaced Minimum Data Set (MDS) 2.0 with Minimum Data Set (MDS) 3.0</li> </ul>                                                                                                                                   |
| 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<br>16<br>32<br>51<br>52      | <ul style="list-style-type: none"> <li>Edit code 202: added information to Resolution section</li> <li>Edit codes 421 and 424 deleted</li> <li>Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29</li> <li>Deleted edit code 959</li> <li>Deleted edit codes 962 and 963</li> </ul> |
| 11-01-10 | TPL Supplement | 3, 8, 13-14, 18-19<br>6, 15-17 | <ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle</li> </ul>                                    |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)                                             | Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------|-------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10-01-10 | 1                       | -<br><br>1<br>7<br><br>10                           | <ul style="list-style-type: none"> <li>Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>Updated Program Description section</li> <li>Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated Freedom of Choice section</li> </ul>                                                                                                                                                   |
| 10-01-10 | 5                       | 11                                                  | Correct McCormick county office street address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 10-01-10 | Forms                   | -                                                   | Deleted the Mini-Mental State Exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 10-01-10 | Managed Care Supplement | -<br><br>1<br>2<br><br>3<br>4<br>5<br>6<br>13<br>17 | <ul style="list-style-type: none"> <li>Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>Updated Managed Care Overview</li> <li>Updated Managed Care Organizations and Core Benefits paragraphs</li> <li>Updated MCO Program ID card paragraph</li> <li>Updated MHN Program ID card paragraph</li> <li>Updated Core Benefits</li> <li>Updated Exempt Services</li> <li>Updated Overview</li> <li>Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph</li> </ul> |
| 09-01-10 | 5                       | 5<br><br>8<br><br>11                                | <ul style="list-style-type: none"> <li>Removed County Commissioner’s Building from the Aiken County address</li> <li>Deleted Dorchester County physical address telephone number</li> <li>Removed Highway 28 N from the McCormick County address</li> </ul>                                                                                                                                                                                                                                                                                                                                                                             |
| 09-01-10 | Appendix 1              | 9<br>-                                              | <ul style="list-style-type: none"> <li>Added edit code 225</li> <li>Removed all references to the ADA Claim in the Resolution column</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)     | Change                                                                                                                                                                                                                                                                                                                                                                                 |
|----------|-------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 09-01-10 | TPL Supplement          | 12          | <ul style="list-style-type: none"> <li>Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information</li> <li>Updated the Web-Submitted Claims section with the exception to Dental claims</li> <li>Updated the TPL Resources section to include the DentaQuest contact information for TPL questions</li> </ul> |
|          |                         | 13          |                                                                                                                                                                                                                                                                                                                                                                                        |
|          |                         | 18          |                                                                                                                                                                                                                                                                                                                                                                                        |
| 08-01-10 | Change Control Record   | 1           | Removed July 1 entry for Appendix 2                                                                                                                                                                                                                                                                                                                                                    |
| 08-01-10 | 5                       | 5, 9, 11-13 | <ul style="list-style-type: none"> <li>Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties</li> <li>Updated the address for Barnwell County</li> <li>Updated the telephone number for Beaufort County</li> </ul>                                                                                                                                      |
|          |                         | 6           |                                                                                                                                                                                                                                                                                                                                                                                        |
| 08-01-10 | Appendix 1              | 20          | <ul style="list-style-type: none"> <li>Deleted edit code 520</li> <li>Deleted Provider Enrollment e-mail address from codes 941 and 944</li> <li>Changed resolution for edit code 994</li> </ul>                                                                                                                                                                                       |
|          |                         | 51, 52      |                                                                                                                                                                                                                                                                                                                                                                                        |
|          |                         | 59          |                                                                                                                                                                                                                                                                                                                                                                                        |
| 07-01-10 | 5                       | -           | Updated telephone numbers zip codes for multiple county offices                                                                                                                                                                                                                                                                                                                        |
| 07-01-10 | Appendix 1              | 32          | <ul style="list-style-type: none"> <li>Updated edit code 714</li> <li>Updated edit code 738</li> </ul>                                                                                                                                                                                                                                                                                 |
|          |                         | 35          |                                                                                                                                                                                                                                                                                                                                                                                        |
| 06-01-10 | Managed Care Supplement | 1           | <ul style="list-style-type: none"> <li>Updated Managed Care Overview section</li> <li>Updated Manage Care Organization (MCO), Core Benefits section</li> <li>Updated the Managed Care Disenrollment Process, Overview section</li> <li>Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change</li> </ul>                                       |
|          |                         | 3           |                                                                                                                                                                                                                                                                                                                                                                                        |
|          |                         | 17          |                                                                                                                                                                                                                                                                                                                                                                                        |
|          |                         | 20, 23, 25  |                                                                                                                                                                                                                                                                                                                                                                                        |
| 05-01-10 | 5                       | 1           | <ul style="list-style-type: none"> <li>Removed reference to blank form at the end of this section</li> <li>Replaced reference to blank form in the Forms section of this manual</li> </ul>                                                                                                                                                                                             |



## CHANGE CONTROL RECORD

| Date     | Section               | Page(s)            | 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                     | 3, 18              | Removed modem as an electronic claims transmission method                                                                                                                                                                                                                                                                                        |
| 02-01-10 | Appendix 1            | 13<br>36           | <ul style="list-style-type: none"> <li>Added New Edit Codes 356,357 and 358</li> <li>Updated Edit Code 738</li> </ul>                                                                                                                                                                                                                            |
| 02-01-10 | Appendix 2            | All                | Updated Carrier Code List                                                                                                                                                                                                                                                                                                                        |
| 01-01-10 | 5                     | 5<br>10<br>12      | <ul style="list-style-type: none"> <li>Updated Physical Address for Allendale County Office</li> <li>Replaced Jasper County DSS with Jasper County DHHS</li> <li>Replaced Orangeburg County DSS with Orangeburg County DHHS</li> </ul>                                                                                                           |
| 01-01-10 | Appendix 1            | 49                 | Updated Edit Code 932                                                                                                                                                                                                                                                                                                                            |
| 12-01-09 | 1                     | 8<br>25            | <ul style="list-style-type: none"> <li>Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> <li>Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009</li> </ul>                                                                          |
| 12-01-09 | 3                     | 1-2<br>3<br>25, 33 | <ul style="list-style-type: none"> <li>Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009</li> <li>Updated Medicare Crossover Claims – Coinsurance and Deductibles</li> <li>Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> </ul> |
| 12-01-09 | 5                     | 8                  | Updated the Dorchester County office street address                                                                                                                                                                                                                                                                                              |
| 12-01-09 | Appendix 1            | -<br>-             | <ul style="list-style-type: none"> <li>Replaced CARC 17 with CARC 16</li> <li>Updated CARC A1</li> </ul>                                                                                                                                                                                                                                         |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)                  | Change                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------|-------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                         | 18, 19<br>20             | <ul style="list-style-type: none"> <li>Updated codes 509 and 510</li> <li>Added code 533</li> </ul>                                                                                                                                                                                                                                                                                                        |
| 10-01-09 | 1                       | 3-4<br><br>4-6<br><br>26 | <ul style="list-style-type: none"> <li>Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs)</li> <li>Updated SC Medicaid Healthy Connections language throughout section</li> <li>Updated South Carolina Medicaid Bulletins and Newsletters</li> <li>Changed heading to Medicare Cost Sharing</li> </ul>                                                   |
| 10-01-09 | 5                       | 10<br><br>11<br><br>12   | <ul style="list-style-type: none"> <li>Updated physical address for Jasper County office</li> <li>Updated telephone number for Lexington County office</li> <li>Updated zip codes for Orangeburg County office</li> </ul>                                                                                                                                                                                  |
| 10-01-09 | Appendix 1              | 3<br>60                  | <ul style="list-style-type: none"> <li>Updated edit code 065</li> <li>Updated edit code 852</li> </ul>                                                                                                                                                                                                                                                                                                     |
| 09-08-09 | Managed Care Supplement | 20                       | Replaced the Absolute Total Care Medicaid beneficiary card sample                                                                                                                                                                                                                                                                                                                                          |
| 09-01-09 | Managed Care Supplement | 21<br><br>20, 25         | <ul style="list-style-type: none"> <li>Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009</li> <li>Updated Absolute Total Care entries as following:               <ul style="list-style-type: none"> <li>Changed the company's name to Absolute Total Care</li> <li>Replaced the beneficiary card samples</li> <li>Corrected contact information</li> </ul> </li> </ul> |
| 08-01-09 | 5                       | 14                       | Updated telephone number for York County office                                                                                                                                                                                                                                                                                                                                                            |
| 08-01-09 | Appendix 1              | 3                        | Updated edit code 062                                                                                                                                                                                                                                                                                                                                                                                      |
| 07-01-09 | 5                       | 6, 12<br><br>8<br>9      | <ul style="list-style-type: none"> <li>Updated address for Bamberg and Orangeburg County offices</li> <li>Updated office zip code for Darlington County</li> <li>Updated telephone number for Fairfield County office</li> </ul>                                                                                                                                                                           |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)                                 | Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 06-01-09 | TPL Supplement          | 19                                      | Updated Department of Insurance Web site address                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 05-01-09 | 1                       | 1-6, 11<br>2<br>3<br><br>5<br><br>28-33 | <ul style="list-style-type: none"> <li>Updated to reflect managed care policies and procedures effective May 1, 2009</li> <li>Updated the Eligibility subsection</li> <li>Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection</li> <li>Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection</li> <li>Updated the Medicaid Program Integrity subsection</li> </ul> |
| 05-01-09 | 2                       | 36-39                                   | Updated Managed Care subsection to include policies and procedures effective May 1, 2009                                                                                                                                                                                                                                                                                                                                                                                        |
| 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 | Managed Care Supplement | -                                       | Updated supplement to include general policies and procedures effective May 1, 2009                                                                                                                                                                                                                                                                                                                                                                                             |
| 04-01-09 | 1                       | 2, 3, 8                                 | Updated hyperlinks                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 04-01-09 | 3                       | 25                                      | Updated hyperlinks                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 04-01-09 | 5                       | 11                                      | Updated telephone number for Lexington County office                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 03-01-09 | 2                       | 41-43                                   | Updated hyperlinks                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 03-01-09 | 5                       | 3<br>11<br>5, 11-13                     | <ul style="list-style-type: none"> <li>Updated hyperlink</li> <li>Corrected Dorchester County's Orangeburg Road telephone number</li> <li>Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties</li> </ul>                                                                                                                                                                                                                                    |
| 03-01-09 | Appendix 1              | 43                                      | <ul style="list-style-type: none"> <li>Added new edit codes 693 and 694</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                              |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)                     | Change                                                                                                                                    |
|----------|-------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
|          |                         | 72                          | <ul style="list-style-type: none"> <li>Changed edit code 945 Resolution to input "26" modifier in field 18</li> </ul>                     |
| 03-01-09 | Managed Care Supplement | 1, 7, 10, 17, 23, 25-30, 35 | Updated hyperlinks                                                                                                                        |
| 03-01-09 | TPL Supplement          | 8, 9, 19                    | Updated hyperlinks                                                                                                                        |
| 02-01-09 | 5                       | 5                           | Updated Allendale County office PO Box zip code                                                                                           |
| 02-01-09 | Forms                   | -                           | Updated Authorization Agreement for Electronic Funds Transfer (EFT) form                                                                  |
| 01-01-09 | 1                       | 8                           | Updated hyperlink for bulletin.scdhhs.gov                                                                                                 |
| 01-01-09 | 5                       | 11                          | Updated Lee County office address                                                                                                         |
| 12-01-08 | 3                       | 1                           | Updated the address for overnight delivery of claims                                                                                      |
| 11-01-08 | 1                       | 8                           | Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008                                                           |
| 11-01-08 | 3                       | 25                          | Added EFT information to reflect Medicaid Bulletin dated August 26, 2008                                                                  |
| 10-01-08 | 2                       | 36                          | Updated Payment for Services information                                                                                                  |
| 10-01-08 | 5                       | 9, 13                       | <ul style="list-style-type: none"> <li>Updated address for Lake City</li> <li>Updated phone number for Sumter County office</li> </ul>    |
| 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                                                                                           |
| 09-01-08 | 5                       | 10                          | Updated phone number for Kershaw County office                                                                                            |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)           | Change                                                                                                                                                                                                                                 |
|----------|-------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 09-01-08 | Appendix 1              | 17                | Added Edit Code 318                                                                                                                                                                                                                    |
| 08-01-08 | 3                       | 9<br>10           | <ul style="list-style-type: none"> <li>Updated Non-covered Medical Expenses Definition</li> <li>Updated Allowable Deductions Amounts</li> </ul>                                                                                        |
| 08-01-08 | 5                       | 7                 | Deleted PO Box for Chester County                                                                                                                                                                                                      |
| 08-01-08 | Forms                   | -                 | Updated forms 235 and 236                                                                                                                                                                                                              |
| 08-01-08 | Appendix 1              | 3                 | Updated Edit Code 062                                                                                                                                                                                                                  |
| 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 | 5                       | 12                | Updated telephone number for Orangeburg county office                                                                                                                                                                                  |
| 06-01-08 | Appendix 1              | 30, 39, 42        | <ul style="list-style-type: none"> <li>Added new edit code 0529</li> <li>Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692</li> </ul>                                                                                        |
| 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 | 2                       | 4-5               | Added information about location of supervising entities                                                                                                                                                                               |
| 04-01-08 | 5                       | 8<br>15<br>15, 16 | <ul style="list-style-type: none"> <li>Updated address and phone number for Dorchester County office</li> <li>Changed Regional Offices to Regional/CLTC Offices</li> <li>Updated regional offices for Regions 6A, 9, 10, 11</li> </ul> |

## CHANGE CONTROL RECORD

| Date     | Section                 | Page(s)                           | Change                                                                                                                                                                                                                                                                                                 |
|----------|-------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 04-01-08 | Appendix 1              | 4, 13, 20, 33                     | Added new edit codes 062, 219, 339, 528                                                                                                                                                                                                                                                                |
| 04-01-08 | TPL Supplement          | 2<br>3, 8, 15<br><br>12<br><br>29 | <ul style="list-style-type: none"> <li>Updated reference to Medicaid card name</li> <li>Changed references to location of forms from Section 5 to Forms section</li> <li>Updated field numbers for occurrence codes on UB-04</li> <li>Replaced sample ADA form with more attractive version</li> </ul> |
| 03-01-08 | 1                       | 3-5<br><br>7                      | <ul style="list-style-type: none"> <li>Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information.</li> <li>Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable</li> </ul>  |
| 03-01-08 | Forms                   | -                                 | Replaced Form 931 with new version dated January 2008                                                                                                                                                                                                                                                  |
| 03-01-08 | Appendix 1              | 59<br>70                          | <ul style="list-style-type: none"> <li>Added edit code 808</li> <li>Revised edit code 943 description and status (from warning to active)</li> </ul>                                                                                                                                                   |
| 03-01-08 | TPL Supplement          | 9<br><br>21-22                    | <ul style="list-style-type: none"> <li>Added information on carrier code “CAS” for open casualty cases</li> <li>Replaced Form 931 samples with new versions</li> </ul>                                                                                                                                 |
| 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<br>3                            | <ul style="list-style-type: none"> <li>Removed PhyTrust from the list of MHNs</li> <li>Added Carolina Crescent to the list of MCOs</li> </ul>                                                                                                                                                          |
| 11-01-07 | 5                       | 9, 10<br><br>10                   | <ul style="list-style-type: none"> <li>Updated telephone numbers for Florence and Kershaw counties</li> <li>Updated Horry County address to 1601 11<sup>th</sup> Ave., 1<sup>st</sup> Floor</li> </ul>                                                                                                 |

## CHANGE CONTROL RECORD

| Date     | Section        | Page(s)                                     | Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------|----------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11-01-07 | Appendix 1     | All                                         | <ul style="list-style-type: none"> <li>Corrected ECF field numbers throughout edit resolution instructions</li> <li>Added new edit code 107</li> </ul>                                                                                                                                                                                                                                                                                                                               |
| 10-01-07 | 1              | 1-2<br>3<br><br>4<br><br>12<br>15<br><br>25 | <ul style="list-style-type: none"> <li>Removed PEP information</li> <li>Added information about managed care enrollment broker and Managed Care Supplement</li> <li>Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement).</li> <li>Clarified that “days” refers to business days</li> <li>Clarified which sections of manual may contain PA information</li> <li>Expanded provider list under Program Integrity</li> </ul> |
| 10-01-07 | Appendix 1     | 26<br>38-40, 43,<br>70                      | <ul style="list-style-type: none"> <li>Corrected description for edit code 502</li> <li>Added NPI warning edits 578-583, 692, 943</li> </ul>                                                                                                                                                                                                                                                                                                                                         |
| 10-01-07 | -              | -                                           | Added Managed Care Supplement                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 10-01-07 | TPL Supplement | 15-17                                       | <ul style="list-style-type: none"> <li>Added 90-day time limit for reversing refunds</li> <li>Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare</li> </ul>                                                                                                                                                                                                                                                                   |
| 07-01-07 | Forms          | -                                           | Updated DHHS Form 205                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 07-01-07 | Appendix 2     | -                                           | Updated list of carrier codes                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 06-01-07 | 2              | All                                         | Changed references to location of forms from “Section 5” to “Forms section”                                                                                                                                                                                                                                                                                                                                                                                                          |
| 06-01-07 | 3              | All                                         | <ul style="list-style-type: none"> <li>Clarified retroactive eligibility policy</li> <li>Updated ECF correction instructions</li> <li>Made minor editorial changes</li> <li>Changed references to location of forms from “Section 5” to “Forms section”</li> </ul>                                                                                                                                                                                                                   |
| 06-01-07 | 5              | 6-8<br><br>12                               | <ul style="list-style-type: none"> <li>Added toll-free number for Berkeley, Charleston, and Darlington county offices</li> <li>Updated phone number for Oconee County</li> </ul>                                                                                                                                                                                                                                                                                                     |

## CHANGE CONTROL RECORD

| Date     | Section        | Page(s) | Change                                                                                                                                                                                                |
|----------|----------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                | -<br>-  | <ul style="list-style-type: none"> <li>Updated PASARR Referral Packet Cover Letter and Remittance Advice</li> <li>Split forms and exhibits from Section 5 to create separate Forms section</li> </ul> |
| 06-01-07 | Forms          | -       | <ul style="list-style-type: none"> <li>Updated DHHS forms to add National Provider Identifier field</li> </ul>                                                                                        |
| 06-01-07 | Appendix 1     | -       | <ul style="list-style-type: none"> <li>Updated list of edit codes</li> </ul>                                                                                                                          |
| 06-01-07 | TPL Supplement | All     | <ul style="list-style-type: none"> <li>Updated all sample forms and claims with new versions</li> <li>Updated form completion instructions to match new form versions</li> </ul>                      |
| 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                                                                                                                                                                            |
| 03-01-07 | 5              | 16      | 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 | Appendix 1     | 9, 14   | Added Edit Codes 202, 203, 204, 301                                                                                                                                                                   |
| 11-01-06 | 5              | -       | Updated county office addresses                                                                                                                                                                       |
| 10-01-06 | 5              | -       | Updated county office addresses                                                                                                                                                                       |
| 09-01-06 | 5              | -       | Updated county office addresses                                                                                                                                                                       |



## CHANGE CONTROL RECORD

| Date     | Section    | Page(s)                                                                                                                                                          | Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 09-01-06 | Appendix 1 | 10, 11, 13<br>15, 17, 18<br>22, 23, 24<br>26, 27, 28<br>29, 30, 31<br>32, 35, 36<br>39, 40, 41<br>42, 46, 47<br>48, 49, 50<br>52, 58, 60<br>61, 62, 63<br>66, 67 | <ul style="list-style-type: none"> <li>Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949</li> <li>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</li> <li>Updated resolutions for edit codes 761, 764, 765 768, 769, 771, 772, 773, 774</li> <li>Added new edit codes 518, 724</li> <li>Deleted edit code 777</li> </ul> |
| 08-01-06 | -          | -                                                                                                                                                                | Added TPL Supplement                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 07-01-06 | Appendix 1 | 23, 60, 61                                                                                                                                                       | Updated resolution for edit codes 504, 923, 940                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 05-01-06 | Appendix 1 | 52                                                                                                                                                               | Updated resolution for edit code 852                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 04-01-06 | Appendix 1 | 43                                                                                                                                                               | Updated resolution for edit code 735                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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 | 5          | -                                                                                                                                                                | Updated Authorization Agreement for Electronic Funds Transfer                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 01-01-06 | 1          | 4, 5                                                                                                                                                             | Removed SILVERxCARD sample and program description                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 01-01-06 | Appendix 1 | 67                                                                                                                                                               | Added edit code 935                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 12-01-05 | Appendix 1 | 70                                                                                                                                                               | Added edit code 949                                                                                                                                                                                                                                                                                                                                                                                                                                                           |