

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-10-18	Change Control Record	1 2	<ul style="list-style-type: none"> • Added entries to 07-01-18 for Medicaid Rehabilitative Staff Qualifications and IPOC Components • Added entry to 03-01-18 for Utilization Management for Private Providers • Updated Forms section change descriptions for dates 01-01-18 and 03-01-18 • Updated Webpage change description for date 03-01-18
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	2	23 35 59 126	<ul style="list-style-type: none"> • Updated Eligibility for Rehabilitative Services • Updated Medicaid Rehabilitative Staff Qualifications • Updated IPOC Components • Updated Service Documentation

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Date	Section	Page(s)	Change
07-01-18	3	34 34	<ul style="list-style-type: none"> • Updated Retro Health Insurance • Updated Retro Medicare
07-01-18	4	3	<ul style="list-style-type: none"> • Updated Crisis Management
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> • Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952 • Updated CARC for 786 • Updated Resolution for 906 and 907
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> • Updated Retro Health and Pay & Chase • Updated TPL Resources
06-01-18	2	23	Updated Eligibility for Rehabilitative Services
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
04-01-18	2	73	<ul style="list-style-type: none"> • Updated Staff Qualifications
03-01-18	Change Control Record	11	<ul style="list-style-type: none"> • Moved entry dated 11-01-14 below entry dated 12-01-14 • Added Appendix 1 entry for date 12-01-14
03-01-18	2	48 130-131 136	<ul style="list-style-type: none"> • Corrected table header for Utilization Management for Private Providers • Updated Purpose, Peer Support Services (PSS) • Updated Peer Support Specialist
03-01-18	Forms		<p>Updated the following forms to replace the SCDHHS letterhead:</p> <ul style="list-style-type: none"> • Fax Cover Sheet for RBHS Exception • Request for Rehabilitative Behavioral Health Services Limit Exception • Rehabilitative Behavioral Health Services (RBHS) Referral Form • Community Integration Services Provider Credentialing Request • Therapeutic Childcare Center Credentialing Request

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Date	Section	Page(s)	Change
03-01-18	Webpage	-	Updated the following forms to replace the SCDHHS letterhead: <ul style="list-style-type: none"> • Fax Cover Sheet for RBHS Exception • Request for Rehabilitative Behavioral Health Services Limit Exception • Rehabilitative Behavioral Health Services (RBHS) Referral Form
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	Forms	-	Updated the following forms to replace the SCDHHS letterhead: <ul style="list-style-type: none"> • Fax Cover Sheet for RBHS Exception • Request for Rehabilitative Behavioral Health Services Limit Exception • Rehabilitative Behavioral Health Services (RBHS) Referral Form • Community Integration Services Provider Credentialing Request • Therapeutic Childcare Center Credentialing Request
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	5	4	Corrected formatting
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	Forms	-	Updated the following forms to replace the letterhead/logo:

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> • Fax Cover Sheet for RBHS Exception • Request for Rehabilitative Behavioral Health Services Limit Exception • Rehabilitative Behavioral Health Services (RBHS) Referral Form • Community Integration Services Provider Credentialing Request • Therapeutic Childcare Center Credentialing Request
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
04-01-17	Forms	-	<p>Updated the following forms to replace the letterhead/logo:</p> <ul style="list-style-type: none"> • Fax Cover Sheet for RBHS Exception • Request for Rehabilitative Behavioral Health Services Limit Exception • Rehabilitative Behavioral Health Services (RBHS) Referral Form • Accreditation Crosswalk for Rehabilitative Behavioral Health Services • Accreditation for Rehabilitative Behavioral Health Services • Program Changes for Rehabilitative Behavioral Health Services • Voluntary Termination Notification for Rehabilitative Behavioral Health Services • Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian Agreement to Participate in Community Support Service • Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian Agreement to Participate in Community Support Service - Spanish • Community Integration Services Provider

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Date	Section	Page(s)	Change
			Credentialing Request <ul style="list-style-type: none"> • Therapeutic Childcare Center Credentialing Request
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
01-01-17	4	2-3 8-9	<ul style="list-style-type: none"> • Updated Core Treatment and Psychotherapy Services • Updated Assessment, Psychotherapy, and Support Services
12-01-16	2	49	Updated Billable Code/Location of Service
12-01-16	3	7 8 16	<ul style="list-style-type: none"> • Updated Diagnostic Codes • Updated Place of Service Key • Updated CMS-1500 Instructions, field 24D
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5, 6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
10-01-16	2	7	<ul style="list-style-type: none"> • Updated Enrollment Application for Organizations
09-01-16	2	111 117	<ul style="list-style-type: none"> • Updated Behavior Modification (B-MOD), Service Documentation • Updated Family Support (FS) (0-21), Service Documentation
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

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Date	Section	Page(s)	Change
08-01-16	2	37 46	Updated Staff Monitoring/ Supervision Staff Updated Clinical Service Notes
08-01-16	4	8	Updated MCO Frequency Limits for procedure code 90837
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16	2	3 12-20 25-48 51-54 64-77 81-93 96-112 113-158	Updated the following sections: <ul style="list-style-type: none"> • Rehabilitative Services • Provider Qualifications • Eligibility For Rehabilitative Services • Documentation Requirements • Billing Requirements • Core Rehabilitative Service Standards • Core Treatment – Psychotherapy and Counseling Services • Community Support Services
07-01-16	4	1-5	Updated the Procedure Codes Table
07-01-16	Forms	-	Updated the following documents/forms: <ul style="list-style-type: none"> • Accreditation Crosswalk • Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian Agreement to Participate in Community Support Service • Rehabilitative Behavioral Health Services (RBHS) Referral Form • RBHS Limit Exception Request Form
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	5	- 1 3	<ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated Administration section • Updated Procurement of Forms section
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	2	27, 29	Updated Eligibility for Rehabilitative Services section.

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Date	Section	Page(s)	Change
05-01-16	Forms	-	Added the following forms: <ul style="list-style-type: none"> • Community Integration Services Provider Credentialing Request • Therapeutic Childcare Center Credentialing Request
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	2	13-14 27, 28 32, 33 34 36-40 47 78	Updated the following sections: <ul style="list-style-type: none"> • Maintenance of Staff Credentials • Documenting Medical Necessity for <u>Community Support Services</u> • Utilization Management for Private Providers • Service Limit Exception Process • Medicaid Rehabilitative Staff Qualifications • Documentation Requirements • Staff Qualifications
04-01-16	Forms	-	<ul style="list-style-type: none"> • Added Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian Agreement to Participate in Community Support Service – Spanish
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"> • South Carolina Medicaid Program <ul style="list-style-type: none"> ◦ Program Description ◦ SC Healthy Connections Medicaid Card(s) • Records/Documentation Requirements <ul style="list-style-type: none"> ◦ General Information ◦ Signature Policy • Medicaid Program Integrity <ul style="list-style-type: none"> ◦ Program Integrity

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> • Appeals
02-01-16	2	25 31 38 113-114 119-120 127-128	Updated the following sections: <ul style="list-style-type: none"> • Documenting Medical Necessity for <u>Community Support Services</u> • Utilization Management For Private Providers • Medicaid Rehabilitative Staff Qualifications, Licensed Practical Nurse (LPN) • PRD, Same Day Service Restrictions (formerly Special Restrictions Related to Other Services) • B- Mod, Same Day Service Restrictions (formerly Special Restrictions Related to Other Services) • FS, Same Day Service Restrictions (formerly Special Restrictions Related to Other Services)
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	2	23-46 47-52 57-59 62 72 72 71-84 85-100 101-132 133-180	<ul style="list-style-type: none"> • Updated the following sections: <ul style="list-style-type: none"> ◦ Eligibility for Rehabilitative Services, Medical Necessity – entire section ◦ Documentation Requirements – entire section ◦ Non-Billable Medicaid Activities ◦ IPOC Components ◦ 90-Day Progress Summaries ◦ Discharge/Transition Criteria ◦ Core Rehabilitative Service Standards – entire section ◦ Core Treatment – Psychotherapy and Counseling Services – entire section ◦ Community Support Services – entire section ◦ Substance Use Disorder Treatment Services
01-01-16	4	1-3 5-10	Updated the following sections: <ul style="list-style-type: none"> • Procedure Codes Table • DAODAS Only Procedure Codes
01-01-16	Forms	-	<ul style="list-style-type: none"> • Added Rehabilitative Behavioral Health Services (RBHS) Parent/Caregiver/Guardian

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Date	Section	Page(s)	Change
			Agreement to Participate in Community Support Service <ul style="list-style-type: none"> • Revised the Rehabilitative Behavioral Health Services (RBHS) Referral Form
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	2	5-6 9 14-15 15 15-16 19 19 19-20 1-2 2-3 6-8 9 9-10 11-14 16-17 17-18 20 20-21 35	<ul style="list-style-type: none"> • Added the following sections: <ul style="list-style-type: none"> o Accreditation o Location/Zoning Requirements o Licensed Professionals o Training o Reporting Business Changes o Third-Party Liability o Maintenance of Fiscal and Medical Records o Quality Improvement and Monitoring • Updated the following sections: <ul style="list-style-type: none"> o Rehabilitative Services Overview o Rehabilitative Services o Enrollment Application for Organizations o Facility Qualifications (formerly Facility Requirements) o Business Requirements o Maintenance of Staff Credentials o Reporting Program Changes (formerly Reporting Changes) o Provider Termination (formerly Business Termination Guidelines) o Managed Care Organization o Quality Improvement Agent (QIO) Authorization o Medicaid Rehabilitative Staff Qualifications
11-01-15	Forms		Added the following forms: <ul style="list-style-type: none"> • Accreditation Crosswalk for Rehabilitative Behavioral Health Services • Accreditation for Rehabilitative Behavioral Health Services • Program Changes for Rehabilitative Behavioral Health Services

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> • Voluntary Termination Notification for Rehabilitative Behavioral Health Services Deleted the following forms: <ul style="list-style-type: none"> • Sample Attestation Statement • Rehabilitative Services – Program Update
11-01-15	Appendix 1	19, 44-47	<ul style="list-style-type: none"> • Revised edit code 507, 821, 837, 838, 839
10-01-15	1	7 10	<ul style="list-style-type: none"> • Updated to add SCDHHS alerts • Updated Provider Participation
10-01-15	2	87	<ul style="list-style-type: none"> • Updated Admission Criteria for Children and Adolescents (ages 0-21)
10-01-15	Appendix 1	1 1 All 4, 20, 23, 27, 43	<ul style="list-style-type: none"> • Updated general instructions • Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> o Added note to general instructions o Replaced ICD-9 with ICD-CM throughout section • Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792
09-01-15	2	86,87 91 97	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System: <ul style="list-style-type: none"> o Eligibility for Rehabilitative Services o Admission Criteria for Children and Adolescents (ages 0-21) o Admission Criteria for Children and Adolescents (ages 0-21)
09-01-15	3	6-7 14 22	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System: <ul style="list-style-type: none"> o Diagnostic Codes o CMS-1500 Claim From Completion Instructions, field 21 • Updated SC Medicaid Web-based Claims

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Date	Section	Page(s)	Change
			Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool
09-01-15	Appendix 1	5, 14	<ul style="list-style-type: none"> Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System
07-01-15	2	10	Corrected spelling for PRS services
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
06-01-15	3	6-7	Updated Diagnostic Codes
05-01-15	2	10 13-37 38-58 60-71 73-86 91-111 118-159	Updated the following sections: <ul style="list-style-type: none"> Provider Qualifications Eligibility for Rehabilitative Services Documentation Requirements Core Rehabilitative Service Standards Core Treatment – Psychotherapy and Counseling Services Community Support Services Substance Abuse Treatment Services
05-01-15	Forms		<ul style="list-style-type: none"> Deleted Rehabilitative Behavioral Health Services (RBHS) Independent Third Party Attestation Updated and renamed Request for Rehabilitative Behavioral Health Services Limit Exception Added Rehabilitative Behavioral Health Services (RBHS) Referral Form
04-22-15	4	1-4	Updated Procedure Codes Table
04-01-15	Form		Updated the following forms: <ul style="list-style-type: none"> Fax Cover Sheet for RBHS Exceptions Request for RBHS Daily Service Limit Exception
03-19-15	4	1-11	Deleted effective date February 1, 2015 from table

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Date	Section	Page(s)	Change
			headings
03-13-15	3	13 25	<ul style="list-style-type: none"> • Updated CMS-1500 Claim Form Completion Instructions • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-13-15	5	1	Updated Correspondence and Inquiries
03-01-15	2	13-33 34-55 56-70 89-110	Updated the following sections: <ul style="list-style-type: none"> • Eligibility for Rehabilitative Services • Documentation Requirements • Core Rehabilitative Service Standards • Community Support Services
03-01-15	4	1-4 5-9	Updated the following sections: <ul style="list-style-type: none"> • Procedure Codes Table • DAODAS Only Procedure Codes
03-01-15	Forms		Added the following forms: <ul style="list-style-type: none"> • Rehabilitative Behavioral Health Services (RBHS) Independent Third Party Attestation • Fax Cover Sheet for RBHS Exceptions • Request for RBHS Daily Service Limit Exception
03-01-15	Appendix 2		Updated carrier codes
02-01-15	2	8 41 49-51	Updated the following sections: <ul style="list-style-type: none"> • Provider Qualifications • Documentation Requirements • Core Treatment – Psychotherapy and Counseling Services
02-01-15	4	1,2	Updated procedure codes table
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals

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Date	Section	Page(s)	Change
12-01-14	2	10	Update the following sections: <ul style="list-style-type: none"> • Provider Qualifications • Core Treatment – Psychotherapy and Counseling Services
12-01-14	3	3-4 27-28	Added the following policies: <ul style="list-style-type: none"> • Copayment • Claim Reconsideration
12-01-14	4	5-10	Updated to reflect Medicaid Bulletin - Psychotherapy Frequency Limits in the Rehabilitative Behavioral Health Services (RBHS) manual in the Drug and Alcohol section
12-01-14	Forms		Added Claims Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	Appendix 1	70	Updated edit code 989
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	<ul style="list-style-type: none"> • Updated edit code 079, 637, 719, 820, 821, 908, 909 • Added new edit code 790
09-01-14	2	5-11 46-71 94-134	Updated the following sections <ul style="list-style-type: none"> • Provider Qualifications • Core Treatment – Psychotherapy and Counseling Services • Substance Abuse Treatment Services
09-01-14	4	1 5	<ul style="list-style-type: none"> • Updated procedure codes table • Updated DAODAS only procedure codes table
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for

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Date	Section	Page(s)	Change
			Healthy Connections Checkup
08-01-14	Appendix 1	51, 69 24, 48-51, 58	<ul style="list-style-type: none"> • Deleted edit codes 845 and 969 • Updated edit codes 537, 837-839, 843, 844, and 892
07-01-14	2	1-2 3-11 13-30 31-49 52-71 78-89 109	Updated the following sections: <ul style="list-style-type: none"> • Rehabilitative Services Overview • Provider Qualifications • Eligibility for Rehabilitative Services • Documentation Requirements • Core Treatment-Psychotherapy and Counseling Services • Community Support Services • Substance Abuse Treatment Services
07-01-14	Forms	-	<ul style="list-style-type: none"> • Removed DHHS Form 254 • Removed Medical Necessity Statement for Rehabilitative Services
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	3-9 24 37-45 48-64	Updated the following sections: <ul style="list-style-type: none"> • Provider Qualifications • Eligibility for Rehabilitative Services • Documentation Requirements • Core Rehabilitative Service Standards
05-01-14	5	1 5	<ul style="list-style-type: none"> • Replaced reference to county office listing with the Where To Go for Help web address • Removed DHHS county office listing
05-01-14	Forms		Updated Rehabilitative Services – Program Update

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Date	Section	Page(s)	Change
			Form
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated the edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	1	6, 23, 25 29-31 32 33 37 39 41-44	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated the following sections: <ul style="list-style-type: none"> ○ Program Integrity ○ Recovery Audit Contractor ○ Beneficiary Oversight ○ Fraud ○ Referrals to the Medicaid Fraud Control Unit ○ Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)
04-01-14	3	1-41 7- 20 21 24-25	<ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version • Updated Trading Partner Agreement • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
04-01-14	5	10	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> • Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms • Removed note on CMS-1500 (02/12) version claim form • Removed CMS-1500 (08/05) version claim form (s) • Removed Sample Edit Correction Form • Updated Sample Remittance Advice
04-01-14	Appendix 1	35	<ul style="list-style-type: none"> • Added edit code 527

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

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Date	Section	Page(s)	Change
01-01-14	3	-	Updated entire section to reflect the following bulletins: <ul style="list-style-type: none"> • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013
01-01-14	5	1 3-4	Updated the following sections <ul style="list-style-type: none"> • Correspondence and Inquiries • Procurement of Forms
01-01-14	Forms		<ul style="list-style-type: none"> • Added CMS-1500 (02/12) version claim form • Added note to CMS-1500 (05/85) version claim form • Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms
01-01-14	Appendix 1		Updated to reflect the following bulletins: <ul style="list-style-type: none"> • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		<ul style="list-style-type: none"> • Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014
12-01-13	2	3-12 13-30 32-49 51-77 78-141	Updated the following sections: <ul style="list-style-type: none"> • Provider Qualifications Section • Eligibility for Rehabilitative Services • Documentation Requirements • Core Rehabilitative Standards • Community Support Services

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Date	Section	Page(s)	Change
12-01-13	4	32	Updated RBHS procedure codes tables
12-01-13	5	12	Updated Orangeburg mailing address zip codes
12-01-13	Forms	-	<ul style="list-style-type: none"> • Updated DHHS Form 254 • Updated Medical Necessity Statement for Rehabilitative Services
11-01-13	5	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	5	12 13	<ul style="list-style-type: none"> • Updated Orangeburg office and mailing address • Updated York County office address
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	<ul style="list-style-type: none"> • Updated CARCs/RARCs throughout section • Added edit codes 110 and 725 • Deleted edit code 961 • Revised edit codes 720, 749, 750, 758, and 759
10-01-13	MC Supplement	20	<ul style="list-style-type: none"> • Added WellCare MCO Medicaid card and contact information
09-01-13	4	1-4 5-9	<ul style="list-style-type: none"> • Updated procedure codes table • Updated DAODAS only procedure codes table
09-01-13	5	8 10 13	<ul style="list-style-type: none"> • Updated Darlington County zip code • Updated Laurens County phone number • Updated York County office address
08-01-13	2	1,2 3-10 11-25 27-43 45-53 55-68 69-85 87-108	<p>Updated the following sections:</p> <ul style="list-style-type: none"> • Rehabilitative Services Overview • Provider Qualifications • Eligibility for Rehabilitative Services • Documentation Requirements • Core Rehabilitative Service Standards • Core Treatment – Therapy and Counseling Services • Community Support Services • Substance Abuse Treatment
08-01-13	5	13	<ul style="list-style-type: none"> • Updated York County physical address

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Date	Section	Page(s)	Change
08-01-13	Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> • Updated resolution for edit code 007 • Updated RARC and resolution for edit codes 820 and 821 • Deleted edit codes 954, 955, and 956
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	4	1 1-4 1-10	<ul style="list-style-type: none"> • Updated units of service language • Revised table header • Deleted MCO language in footer
07-01-13	5	8 11	<ul style="list-style-type: none"> • Updated Colleton County office telephone number • Deleted Newberry County PO Box address
07-01-13	Forms	-	Updated Rehabilitative Services – Provider Update Forms (formerly Rehabilitative Behavioral Health Services)
06-01-13	5	12	<ul style="list-style-type: none"> • Updated Richland county office telephone number
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> • Updated resolutions for edit codes 107, 219, 339 673, 720 • Deleted edit code 577
05-15-13	2	1 3 11 31 54 70 87 107	<p>Updated the following sections:</p> <ul style="list-style-type: none"> • Rehabilitative Services Overview • Provider Qualifications • Eligibility for Rehabilitative Services • Documentation Requirements • Core Rehabilitative Service Standards • Core Treatment – Therapy and Counseling Services • Community Support Services <p>Added Substance Abuse Treatment Services Section</p>
05-15-13	4	1-4 6-11	<ul style="list-style-type: none"> • Updated Assessment, Therapy Service, and Support services procedure codes table • Updated DAODAS only procedure codes table
05-15-13	Forms	-	Added Rehabilitative Behavioral Health

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Services(RBHS) Program Update Form
05-01-13	3	6	Deleted Place of Service Code 21
04-01-13	1	6	Corrected the URL for MedicaidLearning.com
04-01-13	4	1-4 5-10	<ul style="list-style-type: none"> • Updated Assessment, Therapy Service, and Support services procedure codes table • Added DAODAS procedure codes table
04-01-13	Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	<ul style="list-style-type: none"> • Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 • Updated CARCs for edit codes 460, 544, 569 • Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 • Added edit codes 820, 821 • Updated edit code 935, 938, 939
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	2	7, 8	<ul style="list-style-type: none"> • Changed mental retardation to intellectual disabilities or related disabilities
03-01-13	4	1-4 5-10	<ul style="list-style-type: none"> • Updated Assessment, Therapy Service, and Support services procedure codes table • Added DAODAS procedure codes table
03-01-13	5	10	Deleted Jasper County PO Box address
03-01-13	Appendix 1	i 2, 38, 70 38, 54, 70	<p>Deleted Change Log</p> <p>Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953</p> <p>Updated resolutions for edit codes 714, 851, and 953</p>
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-13	Forms	-	Revised DHHS Form 254
02-01-13	4	-	<ul style="list-style-type: none"> • Updated RBHS procedure code table • Added new table for DAODAS only procedure codes
01-11-13	Forms	-	Corrected procedure code for Diagnostic Assessment without medical- initial on Form 254
01-04-13	Forms	-	Corrected procedure codes for Individual Psychotherapy on Form 254
01-01-13	2	39 41 42 43	Updated the following sections: <ul style="list-style-type: none"> • Diagnostic Assessment • Initial Assessment • Follow-up Assessment • Billing/Frequency Limits
01-01-13	4	1-8	Updated procedure code table
01-01-13	5	7 9	<ul style="list-style-type: none"> • Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13	Forms	-	Updated Form 254
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	<ul style="list-style-type: none"> • Updated web addresses for provider information and provider training • Revised heading and language to reflect new provider enrollment requirements • Updated Program Integrity language (entire section) • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	6 10-11 19, 34, 37	<ul style="list-style-type: none"> • Updated National Provider Identifier and Medicaid Provider Number • Updated fields 17, 17b to add requirement for referring or ordering provider NPI • Updated provider information web addresses

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		25-26	<ul style="list-style-type: none"> • Updated Electronic Funds Transfer (EFT)
12-01-12	5	Need page numbers	<ul style="list-style-type: none"> • Updated URL for provider information • Updated McCormick county office telephone number
12-01-12	Appendix 1	24, 26, 27, 32, 33 19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	<ul style="list-style-type: none"> • Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 • Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926
12-01-12	TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12	2	3-7 7 7 9 10 10 16	Updated the following sections: <ul style="list-style-type: none"> • Provider Qualifications (entire section) • Eligibility for Rehabilitative Services • Medical Necessity • Services Directly Provided by State Agencies • Referrals to Private Organizations • State Agency Referrals • Medicaid RBHS Staff Qualification for LISW-CP and SAP
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, 13, 15, 25,	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		34	
08-01-12	3	1, 26, 31, 34, 38 7, 19, 25	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks
08-01-12	5	1 5 7	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed fax request information for SCDHHS forms • Added SCDHHS forms online order information • Updated telephone number for Greenville county office
08-01-12	Forms	-	<ul style="list-style-type: none"> • Deleted forms 140 and 142 • Updated Duplicate Remittance Advice Request Form
08-01-12	Appendix 1	- 1, 24, 60, 65, 66- 67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 • Added edit codes 349, 590, 978, 990, 991-995 • Deleted edit codes 166, 205, 573, 574, 593, 596 • Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12	Managed Care Supplement	1-2 7 11 17 19	<ul style="list-style-type: none"> • Changed Division of Care Management to Bureau of Managed Care • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to “Medicaid” to BlueChoice HealthPlan
08-01-12	TPL	5, 6, 10,17,	Updated program area contact information to reflect

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
	Supplement	24	Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 1	16, 48 45	<ul style="list-style-type: none"> • Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839
07-01-12	Appendix 2	-	Updated carrier codes
05-01-12	Appendix 1	62	Updated edit code 975
04-01-12	1	4	Replaced South Carolina Healthy Connections card
04-01-12	5	11 12	<ul style="list-style-type: none"> • Updated address for Marion County • Updated phone number for Newberry County
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	<ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642
02-01-12	2	3 6 9	<ul style="list-style-type: none"> • Updated Private Organizations • Deleted Provisional Enrollment section • Updated Eligibility for Rehabilitative Services
02-01-12	3	22 24	<ul style="list-style-type: none"> • Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction
02-01-12	5	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42 49	<ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 636, 637, and 642 • Updated edit code 766 • Updated edit code 867
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	- 25	<ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated EFT information
01-01-12	5	1	Deleted IVRS Information per “Retirement of Toll

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	Appendix 1	62 -	<ul style="list-style-type: none"> • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	3	39, 43, 44	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12 3, 17, 19	<ul style="list-style-type: none"> • Changed Medicare timely filing requirement to two years and six months • Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code • Deleted sample legacy number from UB-04 TPL Fields table • Updated TPL contact information
10-01-11	Appendix 1	14, 29 47	<ul style="list-style-type: none"> • Added edit codes 334 and 584 • Updated edit code 845
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	5	13	Updated zip code for Spartanburg County office
09-01-11	Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-11	Appendix 1	8	Updated edit codes 165 and 166
08-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 11, 2011
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11	5	13	Deleted PO Box address for the Spartanburg County Office
07-01-11	Appendix 1	12 43 56	<ul style="list-style-type: none"> • Updated resolution for edit code 300 • Added edit codes 840 and 841 • Updated Provider Enrollment Contact information in edit codes 941 and 944
07-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 8, 2011
06-01-11	5	5	Corrected Abbeville County PO Box Zip+4 Code
06-01-11	Forms	-	Removed Referral Request for Out of State Therapeutic Treatment Services form
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
05-01-11	Appendix 1	43	Updated edit code 796
04-01-11	2	3 5& 6	<ul style="list-style-type: none"> • Updated language for Private Organizations • Updated policy and Web sites for New Provider Enrollment for Private Organizations
04-01-11	5	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
04-01-11	Appendix 3	-	Updated copay amounts to reflect bulletin dated 3-16-11
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-11	2	5, 6	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	20, 21, 27, 28	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	4 5	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County
03-01-11	Appendix 1	- 67	Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description
03-01-11	Appendix 2	-	Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10
03-01-11	TPL Supplement	17 24, 25	<ul style="list-style-type: none"> • Changed the name of the Provider Outreach Web site to Provider Enrollment and Education • Updated the descriptions for Form130s
02-01-11	2	-	Reformatted sections throughout document
02-01-11	Appendix 1	3	Added edit codes 079 and 080
01-01-11	1	7 19-20	<ul style="list-style-type: none"> • Updated the South Carolina Medicaid Web-based Claims Submission Tool section • Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits
01-01-11	2	3-5 5-6 6-7 7 7 9 11 19 30 37	<ul style="list-style-type: none"> • Updated the following sections: <ul style="list-style-type: none"> o Private Organizations o New Provider Enrollment for Private Organizations o RBHS Enrollment Application o Provisional Enrollment o Reporting Changes o Closure of a RBHS Provider o Eligibility for Rehabilitative Services o Maintenance of Staff Credentials o Billable Code/Location of Service o Addendum IPOC

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		40 55 12 12-13 14 15	<ul style="list-style-type: none"> o Progress Summaries o Special Restrictions • In the following sections, updated the medical necessity authorizing staff to include only the state referring LPHA: <ul style="list-style-type: none"> o Medical Necessity o Contents of the SCDHHS Medical Necessity Statement (MNS) o Referrals to Private Organizations o Referrals to Private Organizations, Medical Necessity o Diagnostic Assessment Services
01-01-11	3	21, 25, 26, 28 18, 34 25	<ul style="list-style-type: none"> • Updated electronic remittance package information • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package
01-01-11	5	13	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166
01-01-11	TPL Supplement	8, 10 8 10 13 15 15	<ul style="list-style-type: none"> • Removed references to Dental claims • Removed language to contact program areas for missing carrier codes • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list • Updated Retro Medicare section to include the following: <ul style="list-style-type: none"> o Changed the timely filing requirement from 90 days of the invoice to 30 days o Added SCDHHS TPL recovery language

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> Updated the Retro Health and Pay & Chase section
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	Appendix 1	8 16 32 51 52	<ul style="list-style-type: none"> Edit code 202: added information to Resolution section Edit codes 421 and 424 deleted Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29 Deleted edit code 959 Deleted edit codes 962 and 963
11-01-10	TPL Supplement	3, 8, 13-14, 18-19 6, 15-17	<ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle
10-01-10	1	- 1 7 10	<ul style="list-style-type: none"> Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program Updated Program Description section Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest Updated Freedom of Choice section
10-01-10	5	11	Correct McCormick county office street address

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-10	Managed Care Supplement	- 1 2 3 4 5 6 13 17	<ul style="list-style-type: none"> • Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10	5	5 8 11	<ul style="list-style-type: none"> • Removed County Commissioner’s Building from the Aiken County address • Deleted Dorchester County physical address telephone number • Removed Highway 28 N from the McCormick County address
09-01-10	Appendix 1	9 -	<ul style="list-style-type: none"> • Added edit code 225 • Removed all references to the ADA Claim in the Resolution column
09-01-10	TPL Supplement	12 13 18	<ul style="list-style-type: none"> • Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information • Updated the Web-Submitted Claims section with the exception to Dental claims • Updated the TPL Resources section to include the DentaQuest contact information for TPL questions
08-01-10	2	2 3, 4 6 7	<ul style="list-style-type: none"> • Updated the following sections: <ul style="list-style-type: none"> o Rehabilitative Services Overview o Private Organizations o New Provider Enrollment for Private Organizations o Private Organization Requirements

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		8 9 12 14 32 48	<ul style="list-style-type: none"> o Reporting Changes o Closure for a RBHS Provider o Contents of the SCDHHS Medical Necessity Statement (MNS) o Medical Necessity o Billable Code/Location of Service • Updated the Billing/Frequency Limits for Diagnostic Assessment Services Chart
08-01-10	3	7-8	Updated modifiers
08-01-10	4	1-8	Updated modifiers
08-01-10	5	5, 9, 11-13 6	<ul style="list-style-type: none"> • Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties • Updated the address for Barnwell County • Updated the telephone number for Beaufort County
08-01-10	Forms	-	Updated DHHS Form 254
08-01-10	Appendix 1	20 51, 52 59	<ul style="list-style-type: none"> • Deleted edit code 520 • Deleted Provider Enrollment e-mail address from codes 941 and 944 • Changed resolution for edit code 994
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	<ul style="list-style-type: none"> • Updated edit code 714 • Updated edit code 738
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration