

MEDICAID PROVIDER MANUAL

SICKLE CELL SERVICES PROGRAM

March 1, 2008
Updated June 1, 2010

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

February 28, 2008

MEDICAID BULLETIN

MC-MCHC 08-02

TO: Sickle Cell Program Providers

SUBJECT: Medicaid Policy Manual for Sickle Cell Services Program

The enclosed revised Sickle Cell Program Manual is effective March 1, 2008 and includes all previous HIPAA changes and Medicaid policy bulletins.

This manual is to be used for program information and requirements, billing procedures, and provider services guidelines. **Due to several substantial changes in policy, providers are urged to carefully review this revision.**

In addition to inclusion of policy changes specific to the Sickle Cell program area, the new provider manuals for all Medicaid programs have been reformatted to give them a more consistent, standardized layout and to improve navigation and readability. Headings for each subsection appear on the left side of the page, with the corresponding information on the right. "Chapters" are now called "sections," and the numbering system has been simplified.

The revised manual is organized generally as follows, with each section having its own table of contents:

Section 1, **General Information and Administration**, contains an overview of the South Carolina Medicaid program, as well as information about record retention, documentation requirements, utilization review, program integrity, and other general Medicaid policies.

Section 2, **Policies and Procedures**, describes policies and procedures specific to the Sickle Cell program.

Section 3, **Billing Procedures**, contains billing information that is common to all South Carolina Medicaid programs, as well as program-specific guidelines for claim filing and processing.

Section 4 contains procedure codes, fee schedules, and other approval codes and modifiers.

Section 5, **Administrative Services**, contains contact information for SCDHHS state and county offices, contacts for claim form suppliers and vendors, and information about obtaining forms and manuals.

The Forms section includes forms and form samples referenced throughout the manual, as well as some generic forms.

The **appendices** include the following:

- Appendix 1: Edit Codes, CARCs & RARCs, and Resolutions
- Appendix 2: Carrier Codes
- Appendix 3: Schedule of Copayments

The **Third-Party Liability Supplement** explains third-party liability requirements and recommended practices. It includes sample forms and resources.

The **Managed Care Supplement** contains information on the managed care program, including pictures of the cards issued by the various managed care plans.

The enclosed compact disk contains a copy of the manual in Portable Document Format (PDF). To access the file, you will need Adobe Acrobat Reader software, which is pre-installed on most computers and also available for free download at www.adobe.com/support.

The most current version of the provider manual is maintained on the SCDHHS Web site at www.scdhhs.gov. [On the SCDHHS home page, click on the Provider Manuals link listed under the heading "Providers."] The Web site is updated on the first of every month to reflect any minor non-policy changes to provider manuals (for example, corrections to addresses, etc.). Note: SCDHHS policy changes continue to be conveyed to providers as they occur via Medicaid bulletin; manuals are revised to reflect those changes as they occur. Providers with access to the Internet should check the SCDHHS Web site monthly to access information about any updates made to the provider manuals.

Should you wish to order a printed copy of your provider manual, or an additional compact disk, please call South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing.

The policy manual and fee schedule are not subject to copyright regulations and may be reproduced in their entirety.

If you have any questions regarding this provider manual and fee schedule, please contact your program coordinator in the Division of Family Services at (803) 898-2565. Thank you for your continued support of the South Carolina Medicaid program.

/s/

Emma Forkner
Director

EF/bgav

Enclosure

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>

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MANAGED CARE SUPPLEMENT

THIRD-PARTY LIABILITY SUPPLEMENT

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-10	Managed Care Supplement	1 3 17 20, 23, 25	<ul style="list-style-type: none"> • Updated Managed Care Overview section • Updated Manage Care Organization (MCO), Core Benefits section • Updated the Managed Care Disenrollment Process, Overview section • Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change
05-01-10	5	1	<ul style="list-style-type: none"> • Removed reference to blank form at the end of this section • Replaced reference to blank form in the Forms section of this manual
03-01-10	Cover	-	Replaced the manual cover
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09
03-01-10	3	5, 21	Removed modem as an electronic claims transmission method
02-01-10	Appendix 1	13 36	<ul style="list-style-type: none"> • Added New Edit Codes 356,357 and 358 • Updated Edit Code 738
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	5	5 10 12	<ul style="list-style-type: none"> • Updated Physical Address for Allendale County Office • Replaced Jasper County DSS with Jasper County DHHS • Replaced Orangeburg County DSS with Orangeburg County DHHS
01-01-10	Appendix 1	49	Updated Edit Code 932
12-01-09	1	8	<ul style="list-style-type: none"> • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package

CHANGE CONTROL RECORD

		25	<ul style="list-style-type: none"> Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009
12-01-09	3	1-2 19, 21- 22, 24- 27	<ul style="list-style-type: none"> Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009 Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09	5	8	Updated the Dorchester County office street address
12-01-09	Appendix 1	- - 18, 19 20	<ul style="list-style-type: none"> Replaced CARC 17 with CARC 16 Updated CARC A1 Updated codes 509 and 510 Added code 533
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4 4-6 26	<ul style="list-style-type: none"> Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) Updated SC Medicaid Healthy Connections language throughout Updated South Carolina Medicaid Bulletins and Newsletters Changed heading to Medicare Cost Sharing
10-01-09	5	10 11 12	<ul style="list-style-type: none"> Updated physical address for Jasper County office Updated telephone number for Lexington County office Updated zip codes for Orangeburg County office
10-01-09	Appendix 1	3 60	<ul style="list-style-type: none"> Updated edit code 065 Updated edit code 852
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	Managed Care Supplement	21 20, 25	<ul style="list-style-type: none"> Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 Updated Absolute Total Care entries as following: <ul style="list-style-type: none"> Changed the company's name to Absolute Total Care

CHANGE CONTROL RECORD

			<ul style="list-style-type: none"> o Replaced the beneficiary card samples o Corrected contact information
08-01-09	5	14	Updated telephone number for York County office
08-01-09	Appendix 1	3	Updated edit code 062
08-01-09	Appendix 2	-	Updated carrier code list
07-01-09	5	6, 12 8 9	<ul style="list-style-type: none"> • Updated address for Bamberg and Orangeburg County offices • Updated office zip code for Darlington County • Updated telephone number for Fairfield County office
06-01-09	TPL Supplement	19	Updated Department of Insurance Web site address
05-01-09	1	1-6, 11 2 3 5 28-33	<ul style="list-style-type: none"> • Updated to reflect managed care policies and procedures effective May 1, 2009 • Updated the Eligibility subsection • Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection • Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection • Updated the Medicaid Program Integrity subsection
05-01-09	5	13	Updated telephone number for Union County office
05-01-09	Appendix 1	43	Deleted edit code 694
05-01-09	Appendix 2	-	Updated list of carrier codes
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009
04-01-09	1	2, 3, 8	Updated hyperlinks
04-01-09	3	4, 6-8, 19, 25, 33, 36	Updated hyperlinks

CHANGE CONTROL RECORD

04-01-09	5	11	Updated telephone number for Lexington County office
03-01-09	2	13	Updated hyperlink
03-01-09	5	4 8 5, 11-13	<ul style="list-style-type: none"> • Updated hyperlink • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
03-01-09	Appendix 1	43 72	<ul style="list-style-type: none"> • Added new edit codes 693 and 694 • Changed edit code 945 Resolution to input "26" modifier in field 18
03-01-09	Managed Care Supplement	1, 7, 10, 17, 23, 25-30, 35	Updated hyperlinks
03-01-09	TPL Supplement	8, 9, 19	Updated hyperlinks
02-01-09	5	5	Updated Allendale County office PO Box zip code
02-01-09	Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form
02-01-09	Appendix 2	-	Updated list of carrier codes
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09	5	11	Updated Lee County office address
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	3	23, 25	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	3	27	Changed ECF field 1 to Prov/Xwalk ID
10-01-08	5	9, 13	<ul style="list-style-type: none"> • Updated address for Lake City • Updated phone number for Sumter County office
10-01-08	Forms	-	Revised ECF example to show update for field 1

CHANGE CONTROL RECORD

10-01-08	Appendix 1	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
09-01-08	Appendix 1	17	Added Edit Code 318
08-01-08	Appendix 1	3	Updated Edit Code 062
08-01-08	5	7	Deleted PO Box for Chester County
07-01-08	5	11	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	3	8, 15, 16, 18, 19, 24	Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers
06-01-08	5	12	Updated telephone number for Orangeburg county office
06-01-08	Appendix 1	30, 39, 42	<ul style="list-style-type: none"> • Added new edit code 529 • Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692
06-01-08	TPL Supplement	-	Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4
05-01-08	Managed Care Supplement	-	Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section
04-01-08	5	8	Updated address and phone number for Dorchester County office
04-01-08	Appendix 1	4, 13, 20, 33	Added new edit codes 062, 219, 339, 528

CHANGE CONTROL RECORD

04-01-08	TPL Supplement	2 3, 8, 15 12 29	<ul style="list-style-type: none"> • Updated reference to Medicaid card name • Changed references to location of forms from Section 5 to Forms section • Updated field numbers for occurrence codes on UB-04 • Replaced sample ADA form with more attractive version
05-01-08	1	5-6	Added information and sample cards for the Health Opportunity Account and the Kids SCHIP Dental Coverage program.
05-01-08	3	9	Clarified filing requirements for claims submitted after the May 23, 2008, NPI-only deadline for typical providers.
05-01-08	Appendix 1	3, 38 31	<ul style="list-style-type: none"> • Revised edit codes 062 and 569 • Added edit code 520

SECTION 1

GENERAL INFORMATION AND ADMINISTRATION

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GENERAL INFORMATION AND ADMINISTRATION

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA
MEDICAID
PROGRAM****PROGRAM DESCRIPTION**

The Medicaid program, as established by Title XIX of the Social Security Act, as amended, provides quality health care to low income, disabled, and elderly individuals by utilizing state and federal funds to reimburse providers for approved medical services. This care includes the diagnosis, treatment, and management of illnesses and disabilities.

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency designated to administer the South Carolina Medicaid program in compliance with state and federal laws and regulations and the South Carolina State Plan.

In addition to providing traditional fee-for-service medical care coverage, SCDHHS offers two voluntary Medicaid Managed Care Programs:

- Medicaid Managed Care Organization (MCO) Program
- Primary Care Case Management/Medical Homes Networks (PCCM or PCCM/MHN)

The Medicaid Managed Care Organization (MCO) program consists of contracted MCOs that, through a developed network of providers, provide, at a minimum, all services outlined in the core benefit package described in the MCO contract, for certain eligibility categories. SCDHHS pays a capitated rate per member per month, according to age, gender, and category of eligibility to MCOs. Payments for core services provided to MCO members are the responsibility of MCOs, not the fee-for-service Medicaid program.

The Medical Homes Network (MHN) Program is a Primary Care Case Management (PCCM) program. An MHN is composed of a Care Coordination Services Organization (CSO) and the primary care providers (PCPs) enrolled in that network. The CSO supports the member physicians by providing care coordination, disease

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****PROGRAM DESCRIPTION
(CONT'D.)**

management, and data management. The PCPs manage the health care of their patient members either by directly providing medically necessary health care services or authorizing another provider to treat the beneficiary. The Network receives a per-member-per-month (PMPM) care coordination fee. Reimbursement for medical services provided is made on a fee-for-service basis.

Both MHNs and MCOs may elect to provide their members enhanced services beyond what is offered under traditional fee-for-service Medicaid.

**ELIGIBILITY
DETERMINATION**

Applications for Medicaid eligibility may be filed in person or by mail. Applications may be obtained and completed at outstationed locations such as county health departments, some federally qualified health centers, most hospitals, and SCDHHS county eligibility offices. Applications are also available at the SCDHHS Web site: <http://www.scdhhs.gov>.

Individuals who apply for SSI through the Social Security Administration and are determined eligible are automatically eligible for Medicaid.

For certain programs, Medicaid eligibility may be retroactive for a maximum of three months prior to the month of application when the applicant received medical services of the type covered by Medicaid and the applicant would have met all eligibility criteria had the application been filed at the time. A child born to a woman eligible for Medicaid due to pregnancy is automatically entitled to Medicaid benefits for one year provided that the child continues to reside in South Carolina.

Not all Medicaid beneficiaries receive full coverage. Some beneficiaries may qualify under the categories of limited benefits or emergency services only. Questions regarding coverage for these categories should be directed to your program representative.

Providers may verify a beneficiary's eligibility for Medicaid benefits by utilizing a Point of Sale (POS) device, the Medicaid Interactive Voice Response System (IVRS), the South Carolina Medicaid Web-based Claims Submission Tool, or an eligibility verification vendor. Additional information on these options is detailed later in this section.

If the beneficiary is enrolled in a MCO or MHN/PCCM,

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****ELIGIBILITY
DETERMINATION
(CONT'D.)**

certain services will require prior approval and/or coordination through the MCO or MHN/PCCM providers. For questions regarding MCO or MHN/PCCM programs, please refer to the MCO or MHN Policy and Procedure Guide available on the SCDHHS Web site: <http://www.scdhhs.gov>.

More information about managed care can also be found in the Managed Care Supplement attached to all provider manuals.

**ENROLLMENT
COUNSELING SERVICES**

SCDHHS provides enrollment counseling services to Medicaid beneficiaries through a contract with a private vendor, Maximus, Incorporated. Services are provided under the program name “South Carolina Healthy Connections Choices.” The function of the enrollment counselor is to assist Medicaid-eligible members in the selection of the best Medicaid health plan to suit individual/family needs. For additional information, contact South Carolina Healthy Connections Choices at (877) 552-4642 or visit <http://www.SCchoices.com>.

**MEDICARE / MEDICAID
ELIGIBILITY**

Medicaid beneficiaries who are also eligible for Medicare benefits are commonly referred to as “dually eligible.” Providers may bill SC Medicaid for Medicare cost sharing for Medicaid-covered services for dually eligible beneficiaries. Some dual eligibles are also Qualified Medicare Beneficiaries (QMB). If the dually eligible beneficiary is also a QMB, providers may bill SC Medicaid for Medicare cost sharing, for services that are covered by Medicare without regard to whether the service is covered by SC Medicaid. Reimbursement for these services will be consistent with the SC State Medicaid Plan.

Please refer to Section 3 of this manual for instructions regarding billing procedures for dually eligible beneficiaries. For instructions on how to access beneficiary information, including QMB status, refer to the Medicaid Interactive Voice Response System (IVRS) or the Medicaid Web-Based Claims Submission Tool (the Web Tool), explained later in this section.

In the IVRS, the QMB status is given at the end of the eligibility information. In the Web Tool, the Eligibility or Beneficiary Information section will indicate “Yes” if the beneficiary is a Qualified Medicare Beneficiary.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

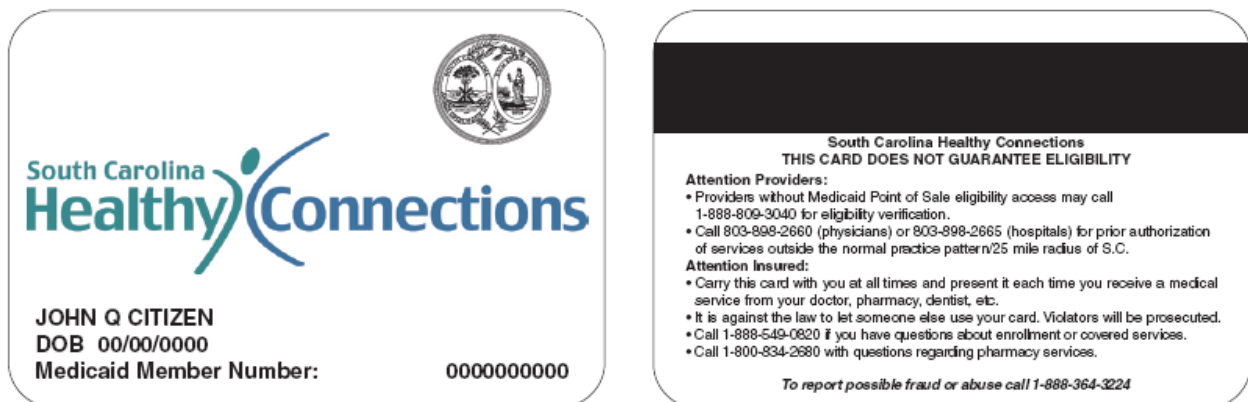
MEDICARE / MEDICAID ELIGIBILITY (CONT'D.)

Note: Pharmacy providers should refer to Section 2 of the Pharmacy Services Provider Manual for more information on coverage for dually eligible beneficiaries.

SOUTH CAROLINA HEALTHY CONNECTIONS MEDICAID CARD

Medicaid beneficiaries are issued a plastic South Carolina Healthy Connections Medicaid card. Only one person's name appears on each card. If more than one family member is eligible for Medicaid, the family receives a card for each eligible member. In addition to the member's name, the front of the card includes the member's date of birth and Medicaid Member Number. Possession of the plastic card does not guarantee Medicaid coverage. Failure to verify eligibility prior to providing a service leaves the provider at risk of providing services to an ineligible individual.

The following is an example of a South Carolina Healthy Connections card:



The back of the Healthy Connections Medicaid card includes:

- A toll-free number that may be utilized by providers to access the Medicaid Interactive Voice Response System (IVRS). This system is discussed in full under “Medicaid Interactive Voice Response System” in this section.
- A number that providers may call for prior authorization of services outside the normal practice pattern or outside a 25-mile radius of South Carolina

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****SOUTH CAROLINA
HEALTHY CONNECTIONS
MEDICAID CARD (CONT'D.)**

- A magnetic strip that may be used in POS devices to access information regarding Medicaid eligibility, third-party insurance coverage, beneficiary special programs, and service limitations 24 hours a day, seven days a week in a real time environment. There is a fee to providers for such POS services.
- A toll-free number for the beneficiary if he or she has questions about enrollment, Medicaid-covered services or eligibility
- A toll-free number for the beneficiary if he or she has questions regarding pharmacy services

Providers are urged to report inappropriate use of a Medicaid card by a beneficiary (such as abuse, card-sharing, etc.) to the Division of Program Integrity's toll-free Fraud and Abuse Hotline at 1-888-364-3224.

Beneficiaries who choose to enroll with a Medicaid Managed Care Organization (MCO) will also be issued an identification card by the MCO. This MCO-issued card contains phone numbers for member services and provider billing issues specific to the managed care plan. Please see the Managed Care Supplement for samples of cards from the various managed care plans.

**SC HEALTHY
CONNECTIONS KIDS
SCHIP DENTAL
COVERAGE**

South Carolina Healthy Connections Kids (HCK) is a children's health program which was implemented by SCDHHS in April 2008. The HCK program is mandatory managed care and is administered by Managed Care Organizations (MCOs) only. SCDHHS has formulated a capitated rate and contracts with MCOs to develop comprehensive networks of providers to deliver services. All service provision is reimbursed through the MCOs with the exception of dental services, which are reimbursed using the fee-for-service system. Applications may be submitted at any SCDHHS county office.

The following is an example of a South Carolina Healthy Connections Kids SCHIP Dental Coverage card:

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

SC HEALTHY CONNECTIONS KIDS SCHIP DENTAL COVERAGE (CONT'D.)



The back of the South Carolina Healthy Connections Kids SCHIP Dental Coverage card includes:

- A toll-free number that providers may use to access the Medicaid Interactive Voice Response System (IVRS). This system is discussed in full under “Medicaid Interactive Voice Response System” in this section.
- A toll-free number for the beneficiary if he or she has questions about enrollment, Medicaid-covered services, or eligibility

The MCO will also issue a health benefits card. This MCO-issued card contains phone numbers for member services and provider billing issues specific to the managed care plan. Please see the Managed Care Supplement for samples of HCK cards from the various managed care plans.

SC HEALTHY CONNECTIONS HEALTH OPPORTUNITY ACCOUNT

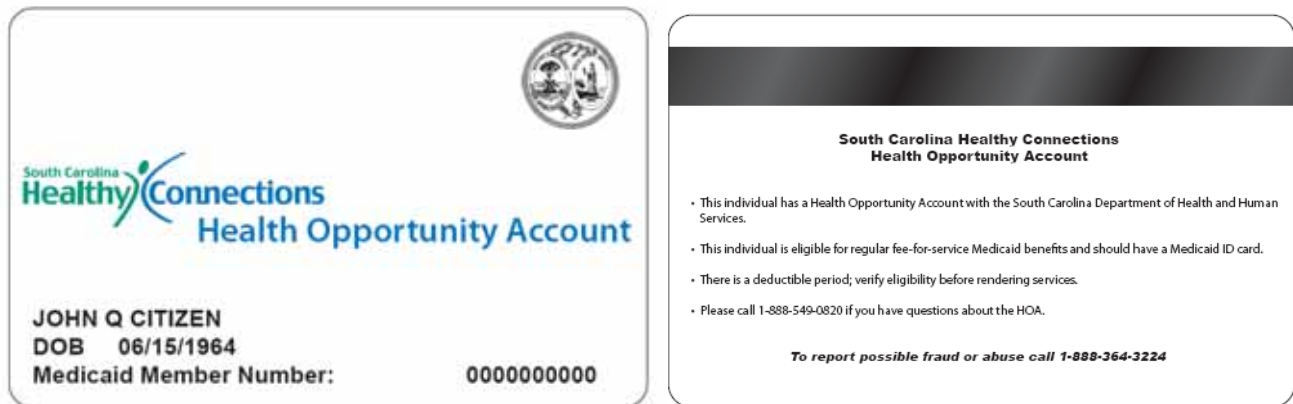
The South Carolina Healthy Connections Health Opportunity Account (HOA) was implemented by SCDHHS in May 2008. It is a Medicaid option that allows beneficiaries to manage their own health care spending and set aside money to be used when they no longer need Medicaid. Routine claims filing procedures apply to HOA participants.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

SC HEALTHY CONNECTIONS HEALTH OPPORTUNITY ACCOUNT (CONT'D.)

The following is an example of a South Carolina Healthy Connections Health Opportunity Account card:



The back of the South Carolina Healthy Connections Health Opportunity Account card includes a toll-free number for questions about enrollment, Medicaid-covered services, or eligibility.

MEDICAID INTERACTIVE VOICE RESPONSE SYSTEM (IVRS)

SCDHHS contracts with a company to maintain the Medicaid Eligibility IVRS. To access the IVRS, providers must call a toll-free number, 1-888-809-3040, and enter their Medicaid Provider ID/NPI Number. Providers will be prompted to enter the dates of service and one of the following beneficiary identifiers:

- Medicaid Member Number (printed on the Healthy Connections card)
- Social Security Number and full name or date of birth
- Full name and date of birth

The system then relays the beneficiary eligibility information to the provider over the phone, including:

- Beneficiary Special Programs status
- Medicare coverage
- Third-Party Liability (TPL) coverage

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

MEDICAID INTERACTIVE VOICE RESPONSE SYSTEM (IVRS) (CONT'D.)

- Service limitations
- Visit count information

This automated process verifies Medicaid eligibility for the previous 12 months only. Providers can make an unlimited number of calls to the IVRS and may request an unlimited number of beneficiary eligibility verifications per call. There is no charge to the provider for IVRS services. Providers may also use the IVRS to access their most recent Medicaid payment information.

SOUTH CAROLINA MEDICAID WEB-BASED CLAIMS SUBMISSION TOOL

SCDHHS provides a free tool, accessible through an Internet browser, which allows providers to submit claims (Dental, UB and CMS-1500), query Medicaid eligibility, check claim status and as of November 15, 2009, offers providers electronic access to their remittance packages and the ability to change their own passwords.

Providers interested in using this tool must complete a SC Medicaid Trading Partner Agreement (TPA) with SCDHHS and return the signed SC Medicaid TPA Enrollment Form. Once received, the provider will be contacted with the Web site address and Web Tool User ID(s). If a provider utilizes a billing agent and elects to have the billing agent access their electronic remittance package, both the provider and the billing agent must have a TPA on file. The provider's TPA must name their billing agent. The billing agent's TPA must include the provider's name and Medicaid number. For more information regarding the TPA, refer to Section 3 of this manual.

To learn more about this tool and how to access it, visit the SC Medicaid provider Web site at: <http://www.scm Medicaidprovider.org> or call South Carolina Medicaid EDI Support Center at 1-888-289-0709. For a schedule of Web Tool training dates, click on "Training Options."

SOUTH CAROLINA MEDICAID BULLETINS AND NEWSLETTERS

SCDHHS Medicaid bulletins and newsletters are distributed electronically through e-mail and are available online at <http://www.scdhhs.gov/>.

To ensure that you receive important SC Medicaid information, visit the Web site or enroll to receive bulletins and newsletters via e-mail, go to bulletin.scdhhs.gov to subscribe.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****REQUIREMENTS FOR
PROVIDER PARTICIPATION**

In order to participate in the Medicaid program, a provider must meet all of the following requirements:

- Licensure by the appropriate licensing body, certification by the standard-setting agency, and /or other pre-contractual approval processes established by SCDHHS
- Enrollment in the South Carolina Medicaid program
- If required, obtain a National Provider Identifier (NPI) and share it with South Carolina Medicaid. Refer to <https://nppes.cms.hhs.gov> for additional information about obtaining an NPI
- Continuously meet South Carolina licensure requirements of their respective professions or boards in order to maintain Medicaid enrollment

Enrollment

In order to become eligible to participate in the Medicaid program, providers are required to either complete a provider enrollment agreement form or sign a contract with SCDHHS, depending on what type of service they provide.

By signing the provider enrollment agreement or contract, the provider agrees to comply with all federal and state laws and regulations currently in effect as well as all policies, procedures, and standards required by the Medicaid program. Official notification of enrollment is sent to the provider.

All rendering providers must be enrolled in the Medicaid program. Enrolled providers are prohibited from allowing non-enrolled providers use of their Medicaid ID number/NPI number in order for non-participating providers to be reimbursed for services. Please refer to Section 3 of this manual for instructions regarding billing procedures.

MCO network providers/subcontractors do not have to be Medicaid-enrolled providers. Fee-for-service reimbursement from SCDHHS may only be made to Medicaid-enrolled providers.

A provider must immediately report any change in enrollment or contractual information (*e.g.*, mailing or payment address, physical location, telephone number, specialty information, change in group affiliation,

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

Enrollment (Cont'd.)

ownership, etc.) to the appropriate area within SCDHHS. Not reporting this change of information promptly could result in a delay of payment to the provider. Contact information for these areas is listed below:

Contracted Providers

Division of Contracts
SCDHHS
Post Office Box 8206
Columbia, SC 29202-8206
(803) 898-2605

Non-Contracted Providers

Medicaid Provider Enrollment
Post Office Box 8809
Columbia, SC 29202-8809
(803) 788-7622 Ext. 41650

The Medicaid program administered by SCDHHS is considered to be a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

Extent of Provider Participation

Providers have the right to limit the number of Medicaid patients they are willing to treat within their practice; however, providers may not discriminate in selecting the Medicaid beneficiaries they will treat or services they will render. A provider may not refuse to furnish services covered under Medicaid to an eligible individual because of a third party's potential liability for the service(s). A provider who is not a part of a Managed Care Organization's network may refuse service to a Medicaid MCO member.

A provider and a beneficiary (or the beneficiary's guardian or representative) should determine before treatment is rendered whether the provider is willing to accept the beneficiary as a Medicaid patient. In an emergency, or if a provider cannot determine that a patient is Medicaid-eligible at the time service is rendered, the provider should meet with the beneficiary (or the beneficiary's legal guardian or representative) at the earliest possible date to determine whether the provider is willing to accept the beneficiary as a Medicaid patient for the previously rendered service. To avoid disputes or misunderstandings, providers are encouraged to document the details of their provider-patient agreement in the patient's record.

In furnishing care to beneficiaries who are participating in a Medicaid managed care option, all providers are required to comply with the benefit requirements specified by the applicable managed care program with respect to issues

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****Extent of Provider
Participation (Cont'd.)**

such as the extent of approvals for referrals, etc. Specific questions may be addressed directly to the managed care provider or the Division of Care Management at (803) 898-4614.

Once a provider has accepted a beneficiary as a Medicaid patient, it is the responsibility of the provider to deliver all Medicaid-covered services throughout the course of treatment. The policy section of this manual may include clarification of specific program policies.

Non-Discrimination

All Medicaid providers are required to comply with the following laws and regulations:

- Title VI of the Civil Rights Act of 1964 that prohibits any discrimination due to race, color, or national origin (45 CFR Part 80)
- Title V, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794 that prohibits discrimination on the basis of handicap (45 CFR Part 84)
- The Americans with Disabilities Act of 1990 that prohibits discrimination on the basis of disability (28 CFR Parts 35 & 36)
- The Age Discrimination Act of 1975 that prohibits discrimination on the basis of age (45 CFR Parts 90 and 91)

Service Delivery***Freedom of Choice***

Except as otherwise specified in this manual, a Medicaid beneficiary has the right to choose any provider who is both a participant in the Medicaid program and willing to accept the beneficiary as a patient.

However, once a beneficiary exercises his or her freedom of choice by voluntarily enrolling in a Medicaid managed care option, the beneficiary is required to follow that plan's requirements (*e.g.*, use of designated primary and specialist providers, precertification of services, etc.) for the time period during which the beneficiary is enrolled in the managed care option.

Medical Necessity

Medicaid will pay for a service when the service is covered under the South Carolina State Plan and is medically necessary. "Medically necessary" means that the service

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM***Medical Necessity (Cont'd.)*

(the provision of which may be limited by specific manual provisions, bulletins, and other directives) is directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability. A provider's medical records or other appropriate documentation for each beneficiary must substantiate the need for services, must include all findings and information supporting medical necessity and justification for services, and must detail all treatment provided.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

RECORDS/ DOCUMENTATION REQUIREMENTS

GENERAL INFORMATION

As a condition of participation in the Medicaid program, providers are required to maintain and provide access to records. These records should fully disclose the medical necessity for treatment and the extent of services provided to Medicaid beneficiaries. Unless program policy otherwise allows, this documentation must be present in the beneficiaries' records before the provider files claims for reimbursement. For the purpose of reviewing and reproducing documents, providers shall grant to staff of SCDHHS, the State Auditor's Office, the South Carolina Attorney General's Office, the Government Accountability Office (GAO), and the U.S. Department of Health and Human Services (USDHHS) and/or any of their designees access to all records concerning Medicaid services and payment. These records may be reviewed during normal business hours, with or without notice.

A provider record or any part thereof will be considered illegible if at least three medical or other professional staff members who regularly perform post-payment reviews are unable to read the records or determine the extent of services provided. If this situation should occur, a written request for a translation may be made. In the event of a negative response or no response, the reimbursed amount will be subject to recoupment.

Assuming that the information is in a reasonably accessible format, the South Carolina Medicaid Program will accept records and clinical service notes in accordance with the Uniform Electronic Transactions Act (S.C. Code Ann. §26-6-10 *et seq.*). Reviewers and auditors will accept H documentation as long as they can access them and the integrity of the document is ensured. Furthermore, providers must comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

The minimum retention period for Medicaid records is five years. Exceptions include providers of hospital and nursing home services, who are required to maintain records

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS****GENERAL INFORMATION
(CONT'D.)**

pertaining to Medicaid beneficiaries for a period of six years. Other Medicaid provider agreements/contracts may require differing periods of time for records retention.

Providers should contact their Medicaid program representative for specific information regarding the documentation requirements for the services provided. In all cases, records must be retained until any audit, investigation, or litigation is resolved, even if the records must be maintained longer than normally required. Medicaid providers generally maintain on-site all medical and fiscal records pertaining to Medicaid beneficiaries.

Medical and fiscal records pertaining to Medicaid beneficiaries that a provider may maintain at an off-site location/storage facility are subject to the same retention policies, and the records must be made available to SCDHHS within five business days of the request. For reviews by the SCDHHS Division of Program Integrity, requested Medicaid records should be provided within two business days.

Note: These requirements pertain to retention of records for Medicaid purposes only; other state or federal rules may require longer retention periods.

**DISCLOSURE OF
INFORMATION BY
PROVIDER**

As of April 14, 2003, for most covered entities, health care providers are required to comply with privacy standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, which includes providing all patients and/or clients with a Notice of Privacy Practices. The Notice should include sufficient information to disclose to each Medicaid patient/client the provider's intent to release any medical information necessary for processing claims, including Medicaid claims. Providers who have not issued their patients/clients a Notice of Privacy Practices should obtain authorization to release such information to SCDHHS. The authorization must be signed and dated by the beneficiary and must be maintained in the patient's/client's record.

Once a Notice of Privacy Practices is acknowledged by the Medicaid beneficiary, or the beneficiary's authorization to release information is obtained, a provider who uses hard-copy claim forms that require the patient's signature is no longer required to have each claim form signed by the

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS****DISCLOSURE OF
INFORMATION BY
PROVIDER (CONT'D.)**

beneficiary. Providers who file claims electronically are required under their Trading Partner Agreement (TPA) to ensure ready association of electronic claims with an acknowledged Notice of Privacy Practices or a signed statement from the beneficiary consenting to the release of information necessary to process claims.

Certain medical services may be subject to more stringent rules or regulations governing the disclosure of information than others. However, if a provider is unable to release information necessary for Medicaid claims processing due to the lack of proper Notice or authorization from the beneficiary, payment may be denied and/or previous payments may be recouped. Consequently, providers who are concerned about releasing patient information to SCDHHS are advised to obtain specific written authorization from the Medicaid patient/client.

**SAFEGUARDING
BENEFICIARY
INFORMATION**

Federal regulations at 42 CFR Part 431, Subpart F, and South Carolina Regulations at Chapter 126, Article 1, Subarticle 4, require that certain information concerning Medicaid applicants and beneficiaries be protected. As a condition of participation in the Medicaid program, all providers must agree to comply with the federal laws and regulations regarding this protection, by execution of either a contract or a provider enrollment agreement. Questions regarding access to protected information should be referred to your Medicaid program representative.

Beneficiary information that must be protected includes but is not limited to the following:

- Name and address
- Medical services provided
- Social and economic circumstances
- Medical data, including diagnosis and past history of disease or disability
- Any information involving the identification of legally liable third-party resources
- Any information verifying income eligibility and the amount of medical assistance payments

This information may generally be used or disclosed only for the following purposes:

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

RECORDS / DOCUMENTATION REQUIREMENTS

SAFEGUARDING

BENEFICIARY

INFORMATION (CONT'D.)

- Establishing eligibility
- Determining the amount of medical assistance
- Providing services for beneficiaries
- Assisting in a Medicaid-related investigation, prosecution, or civil or criminal proceeding

Regarding the release of beneficiary information to billing/collection agencies, the Centers for Medicare and Medicaid Services (CMS) has instructed the states that the requirements for the release of beneficiary information should parallel the limitations on payments. Agents to whom payments could be made are allowed to obtain relevant beneficiary information, since the sharing of that information is for a purpose directly connected with Medicaid administration. However, if no payment could be made to the agent because the agent's compensation is tied to the amount billed or collected, or is dependent upon the collection of the payment, then Medicaid is not allowed to release beneficiary information to that agent.

Note: The manner in which the Medicaid program deals with the agent is determined primarily by the terms of the agent's compensation, not by the designation attributed to the agent by the provider. Agents or providers who furnish inaccurate, incomplete, or misleading information to SCDHHS regarding agent compensation issues may face sanctions.

Confidentiality of Alcohol and Drug Abuse Case Records

Federal law requires providers to observe more stringent rules when disclosing medical information from the records of alcohol and drug abuse patients than when disclosing information concerning other Medicaid beneficiaries. Federal regulations govern the information that must be protected in such cases and the circumstances under which this information may be disclosed. These regulations may be found at 42 CFR Part 2.

SPECIAL / PRIOR AUTHORIZATION

Certain medical services must be authorized by SCDHHS (or its designee) prior to delivery in order to be reimbursable by Medicaid. Some of the services that are specifically subject to prior authorization and approval are as follows:

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS****SPECIAL / PRIOR
AUTHORIZATION (CONT'D.)**

- Services provided outside of the South Carolina Medicaid Service Area (SCMSA). The SCMSA is South Carolina and adjacent areas within 25 miles of its borders. For specific information, contact the appropriate Medicaid program representative.
- Services not routinely covered by Medicaid, or other services that require prior approval before payment or before service delivery as a matter of policy. Please refer to the appropriate section of this manual or contact your Medicaid program representative.
- Services for which prepayment review is required.

Refer to program-specific sections of this manual for other services that must be authorized prior to delivery.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION
RECORDS / DOCUMENTATION REQUIREMENTS

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

CHARGE LIMITS

Providers may not charge Medicaid any more for services to a beneficiary than they would customarily charge the general public. Providers should bill their usual and customary charges and not the Medicaid reimbursement rate. Retroactive adjustments can only be made up to the billed amount. Medicaid will generally pay the lower of the established Medicaid reimbursement rate, determined by the program, or the provider's charges. The Medicaid program will not pay for services or items that are furnished gratuitously without regard to the beneficiary's ability to pay, or where no payment from any other source is expected, such as free x-rays or immunizations provided by health organizations.

BROKEN, MISSED, OR CANCELLED APPOINTMENTS

CMS prohibits billing Medicaid beneficiaries for broken, missed, or cancelled appointments. Medicaid programs are state-designed and administered with federal policy established by CMS. Federal requirements mandate that providers participating in the Medicaid program must accept the agency's payment as payment in full. Providers cannot bill for scheduling appointments or holding appointment blocks. According to CMS Program Issuance Transmittal Notice MCD-43-94, broken or missed appointments are considered part of the overall cost of doing business.

MEDICAID AS PAYMENT IN FULL

Once a provider has accepted a beneficiary as a Medicaid patient, the provider must accept the amount established and paid by the Medicaid program (or paid by a third party, if equal or greater) as payment in full. Neither the beneficiary, beneficiary's family, guardian, or legal representative may be billed for any difference between the Medicaid allowable amount for a covered service and the provider's actual charge, or for any coinsurance or deductible not paid by a third party. In addition to not charging the patient for any coinsurance or deductible amounts, providers may not charge the patient for the primary insurance carrier's copayment. Only applicable Medicaid copayments and services not covered by Medicaid may be billed to the beneficiary.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****MEDICAID AS PAYMENT IN FULL (CONT'D.)**

For beneficiaries enrolled in a Medicaid managed care option, the managed care entity must accept SCDHHS' capitated payment as payment in full for all services covered by the capitation arrangement. Managed care network providers must accept their reimbursement from the managed care entity as payment in full. Only services not included in the specified benefits package or not otherwise covered by Medicaid may be billed to a beneficiary enrolled in a managed care option.

PAYMENT LIMITATION

Medicaid payments may be made only to a provider, to a provider's employer, or to an authorized billing entity. **There is no option for reimbursement to a beneficiary.** Likewise, seeking or receiving payment from a beneficiary pending receipt of payment from the Medicaid program is not allowed, except where a copayment is applicable. By virtue of submitting a claim to Medicaid, a provider is agreeing to accept Medicaid as the payer.

REASSIGNMENT OF CLAIMS

In general, Medicaid payments are to be made only to the enrolled practitioner. However, in certain circumstances payment may be made to the following:

1. The employer of the practitioner, if the practitioner is required as a condition of employment to turn over fees to the employer
2. The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim
3. A foundation, plan, or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim
4. A business agent. Regulations found at 42 CFR Part 447, Subpart A, allow Medicaid to make payment for services to a provider's "business agent" such as a billing service or an accounting firm, only if the agent's compensation is:
 - a) Related to the cost of processing the billing
 - b) Not related on a percentage or other basis to the amount that is billed or collected

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****REASSIGNMENT OF CLAIMS (CONT'D.)**

- c) Not dependent upon the collection of the payment

If the agent's compensation is tied to the amount billed or collected or is dependent upon the collection of the payment, Medicaid is not allowed to make payment to the agent. Furthermore, providers are urged to seek advice regarding the HIPAA (Public Law 104-191) provisions when entering into such an agreement.

THIRD-PARTY LIABILITY

As a condition of eligibility for Medicaid, federal regulations at 42 CFR Part 433, Subpart D, require individuals to assign any rights to medical support or other third-party payment to the Medicaid agency (SCDHHS) and cooperate with the agency in obtaining such payments. The South Carolina Code §43-7-420 makes this assignment effective automatically upon application for Medicaid.

Medicaid providers may obtain information regarding third-party resources that are known to SCDHHS by utilizing the Partners for Health Medicaid Insurance card with a Point of Sale (POS) device, by calling the Medicaid Interactive Voice Response System (IVRS) or by using the South Carolina Medicaid Web-based Claims Submission Tool. The Medicaid IVRS is discussed in full under "Medicaid Interactive Voice Response System" in this section. Third-party resources include but are not limited to health benefits under commercial health insurance plans, indemnity contracts, school insurance, Workers' Compensation, and other casualty plans that may provide health insurance benefits under automobile or homeowner's coverages.

For Medicaid purposes, third-party resources are divided into two general categories: Health Insurance and Casualty Insurance.

Health Insurance

In general, health insurance may include any individual accident and health policy or group policy that provides payment for health care costs. Unless otherwise permitted, a provider who accepts a Medicaid beneficiary as a patient is required to request payment from all available third-party resources prior to billing Medicaid. All third-party claims filed must be assigned to the provider.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****Health Insurance (Cont'd.)**

Should the third-party carrier deny payment or reduce payment to less than the Medicaid approved amount, the provider may then submit the claim to Medicaid. The claim filed to Medicaid must be properly completed with all applicable third-party information entered in the appropriate fields (see Section 3 or other appropriate materials for billing instructions). Under the federally mandated Cost Avoidance program, 42 CFR §433.139, claims for certain services to beneficiaries who have health insurance coverage may automatically reject if the third-party carrier has not been billed first. If a claim is rejected for failure to bill third-party coverage, the resulting Edit Correction Form (ECF) for the rejected claim will contain the carrier code, policy number, and name of the policyholder for each third-party carrier. SCDHHS will not reprocess the claim unless the provider returns a correctly coded ECF that documents payment or denial of payment by the third-party carrier.

While most claims are subject to coordination of benefits to ensure Medicaid is the payer of last resort, federal regulations exempt claims submitted for physicians' services under the Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) program, Maternal Health, Title IV – Child Support Enforcement, and certain Department of Health and Environmental Control (DHEC) services under Title V. While providers are encouraged to file with any liable third party for these claim types, if they choose not to do so, SCDHHS will pay the claims and bill liable third parties directly through the Benefit Recovery program.

Premium Payment Project

Through the Premium Payment Project, SCDHHS is able to pay private health insurance premiums for Medicaid beneficiaries who are subject to losing coverage due to non-payment. SCDHHS will pay these premiums when said payment is determined to be cost effective.

Premium payment is usually cost effective for Medicaid beneficiaries with chronic medical conditions requiring long-term treatment such as cancer, end stage renal disease, chronic heart problems, congenital birth defects, and AIDS. Depending on the amount of the premium, the program may also be appropriate for beneficiaries with short-term costly health needs, such as pregnancy.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

Premium Payment Project (Cont'd.)

Providers of services to participating beneficiaries should consider Medicaid the payer of last resort and bill any liable third-party insurance plan prior to billing Medicaid.

Questions regarding the Premium Payment Project may be referred to the Division of Third-Party Liability. Providers who wish to refer a beneficiary for participation in the project may call MIVS at (803) 933-1800 or the Division of Third-Party Liability at (803) 933-1827.

Casualty Insurance

Casualty insurance includes policies that provide payment for treatment related to an accident or injury. This type of coverage is most commonly related to incidents such as auto accidents, and in these cases the injured party is frequently represented by an attorney.

Unlike health insurance claims, claims involving casualty insurance are not subject to review under the Cost Avoidance program. The accident questionnaire is the primary referral source and is generated by the Medicaid claims processing system. At times, it is the provider who identifies a potentially liable third party. If there is casualty insurance coverage, the provider may pursue the claim directly with either the beneficiary's attorney or the casualty insurance carrier, or file a claim with Medicaid (provided that the one-year time limit for submission of claims has not been exceeded).

If the provider files a claim with Medicaid and the claim is paid, then SCDHHS will pursue reimbursement from any liable third party.

Provider Responsibilities – TPL

A provider who has been paid by Medicaid and **subsequently** receives reimbursement from a third party must repay to SCDHHS either the full amount paid by Medicaid or the full amount paid by the third party, whichever is less. Some providers may choose to submit a repayment check accompanied by a completed Form for Medicaid Refunds (DHHS Form 205) identifying the third-party payer. Others providers may decide to submit a Claim Adjustment Form 130, which will allow them to void and/or replace a claim that resulted in under or overpayment. Examples of these forms can be found in the Forms section of this manual. For detailed information regarding both of these adjustment processes, please refer to Section 3 of this manual. A provider must not bill

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****Provider Responsibilities –
TPL (Cont'd.)**

Medicaid for the difference between the payment received from a third party and the actual charges if the provider's third-party payment was determined under a "preferred provider" arrangement.

The South Carolina Code §43-7-440(B) requires Medicaid providers to cooperate with SCDHHS in the identification of any third-party resource that may be responsible for payment of all or part of the cost of medical services provided to a Medicaid beneficiary. Upon receiving knowledge of third-party coverage that is not verified via a POS system or the IVRS, a provider is encouraged to notify SCDHHS's Division of Third-Party Liability of said coverage. The Health Insurance Information Referral Form may be used for this purpose. This form can be found in the Forms section of this manual.

The Division of Third-Party Liability must also be notified in writing if copies of claims submitted to Medicaid are released to anyone, including the beneficiary or the beneficiary's attorney. Before being released, the documents must clearly indicate that third-party benefits are assigned to SCDHHS pursuant to state law.

Providers should be aware that in no instance will SCDHHS pay any amount that is the responsibility of a third-party resource. If a provider releases copies of claims submitted to Medicaid and the release of those documents results in third-party payment being made to the beneficiary rather than to the provider, SCDHHS will not reimburse the provider for the amount of the third-party payment made to the beneficiary.

**TIME LIMIT FOR
SUBMITTING CLAIMS**

SCDHHS requires that only "clean" claims and related ECFs received and entered into the claims processing system within one year from the date of service (or date of discharge for hospital claims) be considered for payment. A "clean" claim is error-free and can be processed without obtaining additional information from the provider or from another third party. This time limit will not be extended on the basis of third-party liability requirements. However, the one-year time limit does not apply to Medicare cost sharing claims or to claims involving retroactive eligibility.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****Medicare Cost Sharing
Claims**

Claims for payment of Medicare cost sharing amounts must be received and entered into the claims processing system within two years from the date of service or date of discharge, or up to six months following the date of Medicare payment, whichever is later.

Retroactive Eligibility

Effective December 1, 2009, claims and related ECFs involving retroactive eligibility must meet both of the following criteria to be considered for payment:

- Be received and entered into the claims processing system within **six months** of the beneficiary's eligibility being added to the Medicaid eligibility system **AND**
- Be received within **three years** from the date of service or date of discharge (for hospital claims). Claims for dates of service that are more than three years old will not be considered for payment.

To document retroactive eligibility, the provider is responsible for submitting one of the following documents with each claim or ECF within the above time frames:

- DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or
- The computer-generated Medicaid eligibility approval letter notifying the beneficiary that Medicaid benefits have been approved. This can be furnished by the beneficiary or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)

SCDHHS will no longer consider claims that exceed the timely filing limits due to the provider being unaware of the beneficiary's coverage.

Payment Information

SCDHHS establishes reimbursement rates for each Medicaid-covered service. For specific service rates, refer to the appropriate section of this manual or contact your Medicaid program representative.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION
REIMBURSEMENT

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID PROGRAM INTEGRITY

The South Carolina Department of Health and Human Services ensures the integrity of the Medicaid Program and seeks to reduce waste, fraud, and abuse in the use of Medicaid funds through the activities carried out by the Division of Program Integrity and the Division of Audits. The purposes of program oversight are to safeguard against unnecessary or inappropriate use of Medicaid services, identify excessive or inaccurate payments to providers, and ensure compliance with the applicable Medicaid laws, regulations, and policies.

PROGRAM INTEGRITY

The Division of Program Integrity conducts post-payment reviews of health care providers including but not limited to outpatient hospitals, clinics, pharmacies, therapeutic group homes, physicians, dentists, other health care professionals, CLTC providers, durable medical equipment providers, transportation providers, and behavioral and mental health care providers. Program Integrity uses several methods to identify areas for review:

- The toll-free Fraud and Abuse Hotline for complaints of provider and beneficiary abuse. The number is 1-888-364-3224. Each complaint received from the fraud hotline is reviewed, and if the complaint is determined to involve either a Medicaid beneficiary or provider, a preliminary investigation is conducted to identify any indications of fraud and abuse.
- Referrals from other sources as well as ongoing provider monitoring that identify aberrant or excessive billing practices.
- The automated Surveillance and Utilization Review System (SURS) to create provider profiles and exception reports that identify excessive or aberrant billing practices.

A Program Integrity review can cover several years' worth of paid claims data. (See "Records/Documentation Requirements" in this section for the policy on Medicaid

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID PROGRAM INTEGRITY

PROGRAM INTEGRITY (CONT'D.)

record retention.) The Division conducts payment reviews, analysis of provider payments, and review of provider records, using statistical sampling and overpayment estimation when feasible, to determine the following:

- Medical reasonableness and necessity of the service provided
- Compliance with Medicaid program coverage and payment policies
- Compliance with state and federal Medicaid laws and regulations
- Compliance with accepted medical coding conventions, procedures, and standards
- Whether the amount, scope, and duration of the services billed to Medicaid are fully documented in the provider's records

Most Program Integrity on-site reviews are unannounced. The medical records and all other necessary documents obtained/received from the provider must contain documentation sufficient to disclose the extent of services delivered, medical necessity, appropriateness of treatment, and quality of care. Program Integrity staff thoroughly review all the documentation and notify the provider of the post-payment review results. If the Program Integrity review finds that excessive or improper payments have been made to a provider, the provider will be required to refund the overpayment or have it taken from subsequent Medicaid reimbursement. Even if a provider terminates his or her agreement with Medicaid, the provider is still liable for any penalties or refunds identified by a Program Integrity review or audit. Failure to repay an identified overpayment may result in exclusion from the Medicaid program and other sanctions, which will be reported to the Federal Office of Inspector General (OIG).

For claims selected for a Program Integrity review, the provider cannot void, replace, or tamper with any claim records and documentation until the review is finalized.

Providers who disagree with the review findings are instructed to follow the process outlined in the certified letter of notification. The process affords providers the opportunity to discuss and/or present evidence to support their Medicaid claims.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****BENEFICIARY
EXPLANATION OF MEDICAL
BENEFITS PROGRAM**

The Beneficiary Explanation of Medical Benefits Program allows Medicaid beneficiaries the opportunity to participate in the detection of fraud and abuse. Each month the Division of Program Integrity randomly selects four hundred beneficiaries for whom claims for services were paid. These beneficiaries are provided with an Explanation of Medical Benefits that lists all non-confidential services that were billed as having been delivered to them and which were paid during the previous 45-day period. Beneficiaries are requested to verify that they received the services listed. The Division of Program Integrity investigates services that beneficiaries deny having received.

BENEFICIARY OVERSIGHT

The Division of Program Integrity identifies beneficiaries who may be misusing or overusing Medicaid services. Claims of identified persons are analyzed for patterns of possible fraudulent or abusive use of services. Referral to the State Attorney General's Office or other law enforcement agencies for investigation will be made based on the severity of the misuse. When an investigation is not warranted, an educational letter may be sent to the beneficiary encouraging them to select a primary care physician and one pharmacy to ensure they receive quality care from a health care provider of their choice.

Complaints pertaining to beneficiaries' misuse of Medicaid services can be reported using the Fraud and Abuse Hotline (1-888-364-3224).

**MEDICAID BENEFICIARY
LOCK-IN PROGRAM**

SCDHHS implemented a Medicaid Beneficiary Lock-In Program in December 2008. The purpose of the Beneficiary Lock-In Program is to address issues such as coordination of care, patient safety, quality of care, improper or excessive utilization of benefits, and potential fraud and abuse associated with the use of multiple pharmacies and prescribers. The policy implements SC Code of Regulations R 126-425. The Division of Program Integrity reviews beneficiary profiles in order to identify patterns of inappropriate, excessive, or duplicative use of pharmacy services, such as using four or more pharmacies in a six-month period. If beneficiaries meet the lock-in criteria established by SCDHHS, they will be placed in the Medicaid Lock-In Program for one year to monitor their

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****MEDICAID BENEFICIARY
LOCK-IN PROGRAM
(CONT'D.)**

drug utilization and to require them to utilize one designated pharmacy. The beneficiary has the opportunity to select a pharmacy and has the right to appeal. The pharmacy provider selected is also notified of the lock-in, so that adequate time is allowed for selection of another provider should the first provider find he or she cannot provide the needed services.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-
FRAUD
PROVISIONS /
PROVIDER
EXCLUSIONS /
SUSPENSIONS****FRAUD**

The South Carolina Medicaid program operates under the anti-fraud provisions of 42 US Code §1320a-7b. This federal law relates to both fraud and abuse of the program and identifies illegal acts, penalties for violations, and the individuals and/or entities liable under this section.

The Division of Program Integrity carries out SCDHHS responsibilities concerning suspected Medicaid fraud as required by 42 CFR Part 455, Subpart A. Program Integrity must conduct a preliminary investigation and cooperate with the state and federal authorities in the referral, investigation, and prosecution of suspected fraud in the Medicaid program. SCDHHS refers suspected cases of Medicaid fraud by health care providers to the Medicaid Fraud Control Unit of the State Attorney General's Office for investigation and possible prosecution. Suspected Medicaid fraud on the part of a beneficiary is also referred to a Medicaid Recipient Fraud Unit in the State Attorney General's Office for investigation.

**PROVIDER EXCLUSIONS /
SUSPENSIONS**

Federal regulations that give States the authority to exclude providers for fraud and abuse in the Medicaid program are found at 42 CFR Part 1002, Subparts A and B. Exclusion means that a health care provider, either an individual practitioner or facility, organization, institution, business, or other type of entity, cannot receive Medicaid payment for any health care services rendered. Exclusions from Medicaid, as well as the State Children's Health Insurance Program (SCHIP), may be the result of:

- Conviction of a criminal offense related to delivery of services in a health care program
- Conviction of health care fraud under either Federal or State laws

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS/PROVIDER EXCLUSIONS/SUSPENSIONS****PROVIDER EXCLUSIONS /
SUSPENSIONS (CONT'D.)**

- Conviction of the patient neglect or abuse in connection with delivery of health care
- Excessive claims or furnishing of unnecessary or substandard items and services
- Failure to comply with financial responsibilities and obligations
- Adverse action by a licensing board

Exclusions can be initiated by either federal authorities such as the US Department of Health and Human Services, Office of Inspector General (OIG) or by the State Medicaid agency. An excluded individual may be a licensed medical professional, such as a physician, dentist, or nurse, but exclusion is not limited to these types of individuals. The ban on Medicaid funding can extend to any individual or entity providing services that are related to and reimbursed, directly or indirectly, by a Medicaid program.

In addition, the OIG and/or SCDHHS may exclude an entity, including managed care organizations, if someone who is an owner, an officer, an agent, a director, a partner, or a managing employee of the entity has been excluded.

Any medical provider, organization, or entity that accepts Medicaid funding, or that is involved in administering the Medicaid program, should screen all employees and contractors to determine whether any of them have been excluded. Any individual or entity which employs or contracts with an excluded provider cannot claim Medicaid reimbursement for any items or services furnished, authorized, or prescribed by the excluded provider.

Federal regulations further require that any party who is excluded, suspended, or terminated from participation in Medicare under 42 CFR Part 1001 must also be suspended from the Medicaid program. Medicaid payment is not available for services furnished directly by, or under the supervision of, an excluded or suspended party.

The OIG maintains the LEIE (List of Excluded Individuals and Entities), a database accessible to the general public that provides information about parties excluded from participation in Medicare, Medicaid, and all other Federal health care programs. The LEIE Web site is located at <http://www.oig.hhs.gov/fraud/exclusions.asp>

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS/PROVIDER EXCLUSIONS/SUSPENSIONS****PROVIDER EXCLUSIONS /
SUSPENSIONS (CONT'D.)**

SCDHHS also maintains its own list of excluded, South Carolina-only Medicaid providers (or those with a South Carolina connection) that is on our Web site at <http://www.scdhhs.gov/>.

**ADMINISTRATIVE
SANCTIONS**

State regulations concerning administrative sanctions in the Medicaid program are found in South Carolina Regulations at Chapter 126, Article 4, Subarticle 1. SCDHHS may impose one or more of the following sanctions against a provider who has been determined to have abused the program:

- Educational intervention
- Postpayment review
- Prepayment review
- Peer review
- Financial sanctions, including recoupment of overpayment or inappropriate payment
- Suspension
- Termination or exclusion
- Referral to licensing/certifying boards or agencies

**OTHER FINANCIAL
PENALTIES**

The State Attorney General's Office may also impose financial penalties and damages against a provider who has been determined to be guilty of fraud or convicted of a crime related to participation in the Medicaid or Medicare programs.

The United States Department of Health and Human Services (USDHHS), Office of Inspector General (OIG), may also impose civil money penalties and assessments under the provisions of 42 CFR Part 1003.

FAIR HEARINGS

Proposed South Carolina initiated exclusion, suspension, or termination from the Medicaid program, as well as recoupment of an overpayment identified by Program Integrity, may be appealed within 30 days of imposition of the sanction. (See "Appeals Procedures" elsewhere in this section.)

Any party who has been suspended, excluded, or terminated from the Medicaid program as a result of a similar action by Medicare may exercise appeal rights as

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS/PROVIDER EXCLUSIONS/SUSPENSIONS****FAIR HEARINGS (CONT'D.)**

set forth in the written notice from the USDHHS OIG. Appeals to the OIG shall be processed in accordance with 42 CFR 1001.2007. A party so excluded shall have no right to separate appeal before SCDHHS.

REINSTATEMENT

Re-enrollment in Medicaid by formerly excluded providers is not automatic. The CFR [42 CFR 1002.215(a)] gives states the right to review requests for reinstatement and to grant or deny the requests.

Before a request for re-enrollment in Medicaid will be considered, the provider must have an active, valid license to practice and must not be excluded from Medicaid by the federal government (USDHHS OIG). It is the provider's responsibility to satisfy these requirements.

All requests for re-enrollment in Medicaid will be considered by SCDHHS on an individual basis and on their own merit.

APPEALS

SCDHHS maintains procedures ensuring that all Medicaid providers will be granted an opportunity for a fair hearing. These procedures may be found in South Carolina Regulations at Chapter 126, Article 1, Subarticle 3. An appeal hearing may be requested by a provider when a request for payment for services is denied or when the amount of such payment is in controversy.

The South Carolina Medicaid appeals process is not a reconsideration or claims review process. It is a formal process that should be considered as an avenue of last resort to be used in attempting to resolve or settle a dispute(s). Providers should work with their program representative in an effort to resolve or settle a dispute(s) before requesting an administrative hearing.

In accordance with regulations of SCDHHS, a provider wishing to file an appeal must send a letter requesting a hearing along with a copy of the notice of adverse action or the remittance advice reflecting the denial in question. Letters requesting an appeal hearing should be sent to the following address:

Division of Appeals and Hearings
Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS/PROVIDER EXCLUSIONS/SUSPENSIONS****APPEALS (CONT'D.)**

The request for an appeal hearing must be made within 30 days of the date of receipt of the notice of adverse action or 30 days from receipt of the remittance advice reflecting the denial, whichever is later. Hearings will be held in Columbia unless otherwise arranged. The appellant or appellant's representative must be present at the appeal hearing.

DIVISION OF AUDITS

Medicaid providers who contract with SCDHHS for services, including state agencies, may be audited by the SCDHHS Division of Audits. The SCDHHS Division of Audits was formed to assist the agency in the management, assessment, and improvement of agency programs, services, and operations. The Division of Audits accomplishes these goals by continuously reviewing and evaluating programs administered by SCDHHS to determine the extent to which fiscal, administrative, and programmatic objectives are met in a cost-effective manner.

In performing its audits, the Division of Audits follows generally accepted auditing standards (GAGAS). The Division of Audits performs different types of audits of Medicaid providers and programs, including:

- Performance audits that provide an independent assessment of the program outcomes and the management of resources. These audits address the effectiveness, efficiency, and adequacy of program results.
- Audits of contracts with health care providers and other state agencies to ensure compliance with contract terms and conditions for Medicaid service delivery and administration
- Audits to confirm the accuracy and allowability of costs and other financial information reported to SCDHHS

**PAYMENT ERROR RATE
MEASUREMENT**

The South Carolina Medicaid program, along with the Medicaid programs in other states, will be required to comply with the CMS Payment Error Rate Measurement (PERM) program, beginning in federal fiscal year 2007. PERM requires states to submit a statistically valid sample of paid Medicaid claims to a federal contractor, which will

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS/PROVIDER EXCLUSIONS/SUSPENSIONS****PAYMENT ERROR RATE
MEASUREMENT (CONT'D.)**

review for compliance with payment rates and state Medicaid policies, and will determine whether medical necessity for the service is adequately documented in the medical record. Providers who are chosen for the sample will be required to submit all applicable medical records for review; however, for most providers only one claim will be chosen for the sample. Providers who fail to send in the requested documentation will face recoupment of the Medicaid payment for the claim in question. In addition, if the CMS PERM contractor determines that a Medicaid claim was paid in error, SCDHHS will be required to recoup the payment for that claim. PERM will combine the errors found in each state in order to establish a national Medicaid error rate.

SECTION 2

POLICIES AND PROCEDURES

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SECTION 2 POLICIES AND PROCEDURES

PROGRAM DESCRIPTION

PROGRAM OVERVIEW

“Sickle cell disease” as defined by the Sickle Cell Disease Association of America is an inherited blood disorder that affects red blood cells. There are several types of sickle cell diseases. The most common are:

- Sickle cell anemia (SS)
- Sickle-hemoglobin C disease (SC)
- Sickle beta-plus thalassemia
- Sickle beta-zero thalassemia

Private and public sickle cell foundations and agencies participate in the Sickle Cell program under Title XIX of the Social Security Act. The purpose of the program is to improve the beneficiary’s access to community-based services, reduce the need for costly hospitalization, prevent the deterioration of the sickle cell patient’s health, and provide the necessary medical information and training to the beneficiary and his or her family. The program should:

- Conduct interviews with the beneficiary and his or her family and/or guardian to determine needs, risk factors, required interventions, and obtain medical and social history
- Schedule beneficiary follow-up services to discuss testing and assessment results and recommended treatment
- Refer the beneficiary and his or her family to the necessary services in the community
- Develop an Individual Treatment Plan (ITP)/Care Plan (CP) and assist the beneficiary in obtaining needed services
- Coordinate services from multiple agencies that are required to meet the beneficiary’s needs
- Serve as the beneficiary’s advocate in ensuring access to all necessary services, and ensuring the beneficiary’s freedom of choice of providers

SECTION 2 POLICIES AND PROCEDURES

PROGRAM DESCRIPTION

PROGRAM OVERVIEW (CONT'D.)

- Assist the beneficiary in finding a medical home or a primary care physician
- Create an Emergency Care Plan for the beneficiary and his or her family that will assist the family in handling emergency situations
- Provide information about sickle cell disease to the beneficiary and his or her family

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

BENEFICIARY ELIGIBILITY REQUIREMENTS

Beneficiaries must meet specific requirements in order to be eligible for the Sickle Cell program. Eligibility requirements are the following:

- The beneficiary must be eligible for Medicaid.
- The beneficiary must be diagnosed by laboratory testing as having sickle cell disease or must have preliminary laboratory tests showing evidence of sickle cell disease. If further laboratory testing shows that the beneficiary does not have sickle cell disease, he or she will no longer be eligible for sickle cell services.
- The beneficiary must reside in a non-medical institution or home.

PROVIDER REQUIREMENTS

Providers qualify for enrollment by demonstrating the ability to provide Sickle Cell services in accordance with the requirements set forth by Medicaid and by signing an agreement with the South Carolina Department of Health and Human Services (SCDHHS). The agreement may specify additional policies and procedures not covered in this manual.

Quality Assurance

Providers will conduct program evaluations annually that include the following:

- Program's stated goals and objectives
- Beneficiary outcomes via identified needs on the ITP/CP
- Consumer satisfaction survey on 75% of beneficiaries served during the year
- Evidence of the program's compliance with the ITP/CP, training timelines and procedures
- Compliance with staff qualifications and program guidelines under Medicaid standards, policies, and procedures
- Corrective action plans for compliance deficiencies

The results of the evaluations will be used to review

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

Quality Assurance (Cont'd.)

policies and practices and to institute changes when indicated. A copy of each evaluation must be forwarded to SCDHHS no later than 60 days following the end of the fiscal year. Evaluations should be sent to the following address:

Program Manager
Department of Health and Human Services
Division of Family Services
Post Office Box 8206
Columbia, SC 29202-8206

Staff Training

Providers must ensure that newly employed staff members have comprehensive training and adequate supervision prior to managing cases. Training and/or supervision are gained by participating in preservice orientation provided or approved by SCDHHS, and ongoing meetings and training as required by the provider.

Health and Safety

Providers must recognize, report, or correct situations that put the beneficiary and his or her family at risk of health, safety, and/or abuse issues.

To ensure the beneficiary's health and safety, providers must perform the following:

- Report signs and symptoms of illness to family and medical professionals when appropriate
- Assist families in taking measures to ensure that the environment is free of fire and safety hazards
- Assist families in deriving the best benefits from all aspects of the ITP/CP, including assistive devices, technologies and waiver supports, nutrition services, and therapies
- Train and assist families in acquiring and maintaining medical support and resources in their community
- Assist families in maintaining up-to-date immunizations and well-beneficiary screenings

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

PROGRAM STAFF

Case Manager (CM)

The case manager shall be a registered nurse (RN) or a social worker (SW). Case managers must meet the following requirements:

Registered Nurse

The registered nurse must be licensed in South Carolina and meet one of the following requirements:

- At least one year of adult medical and/or surgical clinical experience and one of the following:
 - An additional six months of pediatric experience
 - Completion of a pediatric assessment course within the last six months
- At least one year of pediatric experience and one of the following:
 - An additional six months of adult medical and/or surgical experience
 - Completion of an adult assessment course within the last six months.

Registered nurses must attend an SCDHHS-approved in-service training related to sickle cell disease annually and documentation must be maintained in the staff records.

Social Worker (SW)

The social worker must be licensed by the South Carolina Board of Social Examiners as one of the following:

- Licensed Master Social Worker (LMSW)
- Licensed Independent Social Worker (LISW) Advanced Practice (AP) and/or Clinical Practice (CP)
- Licensed Baccalaureate Social Worker (LBSW)

The LBSW must be under the supervision of a master's level social worker (an LMSW or an LISW).

The social worker must have at least one year of experience working with individuals in a health and/or

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

**Case Manager (CM)
(Cont'd.)**

human service environment, and must attend an SCDHHS-approved in-service training related to sickle cell diseases annually and documentation must be maintained in the staff records.

Case Manager Assistant

A case manager assistant must have, at a minimum, a high school diploma or GED, and skills and/or competencies sufficient to perform assigned tasks or the capacity to acquire those skills and/or competencies. The case manager assistant must be under the supervision of a case manager.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM DOCUMENTATION

As a condition of participation in the Medicaid program, providers are required to maintain and allow appropriate access to clinical records that fully disclose the extent of services provided to the Medicaid-eligible beneficiary. The maintenance of adequate records is regarded as essential for the delivery of appropriate services and quality medical care. Providers must be aware that these records are key documents for post-payment review. In the absence of appropriately completed clinical records, previous payments may be recovered by SCDHHS.

It is essential that providers conduct an internal records review. The internal records review ensures that services are medically necessary and that the service delivery, documentation, and billing comply with Medicaid policies and procedures.

Providers are required to maintain a clinical record on each Medicaid-eligible beneficiary that includes the documentation of all Medicaid-reimbursable services. Clinical records must be current, meet documentation requirements, and provide a clear descriptive narrative of services and progress toward goals and objectives listed in the ITP/CP. Clinical records should be in chronological order so that the information may be easily reviewed, copied, and audited.

CLINICAL RECORDS REQUIREMENTS

Clinical records must include the following:

- A Release of Information form signed by the beneficiary and/or the beneficiary's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims and requesting payment of government benefits on behalf of the beneficiary. (This may be incorporated in a Consent for Treatment form.)
- Test results and evaluation reports
- A current and valid ITP or CP
- Emergency Care Plan
- Progress Summary Notes

SECTION 2 POLICIES AND PROCEDURES

PROGRAM DOCUMENTATION

CLINICAL RECORDS REQUIREMENTS (CONT'D.)

- Clinical service notes
- A signature sheet that identifies all staff by name, signature, and initials

INDIVIDUAL TREATMENT PLAN (ITP) / CARE PLAN (CP)

Each beneficiary receiving services must have an Individual Treatment Plan/Care Plan developed by a multi-disciplinary team that outlines the strengths and needs of the beneficiary and his or her family.

The ITP/CP validates the necessity and appropriateness of services. It outlines the service delivery needed to meet the identified needs of the beneficiary, reduce problems and costly behavior, and improve the overall functioning of the beneficiary. The ITP/CP serves as a guide for the staff to assist the beneficiary and his or her family or guardian in accessing the appropriate services, and to move them through the service delivery system.

The ITP/CP is developed through a coordinated team effort (physician, nurse, social worker, targeted case manager, etc.), and is based on the needs determined during the assessment process. The ITP/CP must be updated according to the beneficiary's level of functioning, with new goals added as needed, or at least annually.

In order for Medicaid reimbursement to be claimed, all beneficiaries must have an up-to-date and completed ITP/CP in the clinical record within one month of the first date of service. Payment may be recouped for each date of service a record was out of compliance.

The maximum duration of an ITP/CP is 12 months from the date of the case manager's signature on the ITP/CP. If the ITP/CP is reformulated prior to its expiration date, the maximum duration is 12 months from the reviewing case manager's signature.

ITPs/CPs must be in writing or print and include the following:

- Beneficiary's name and Medicaid ID number written on a cover sheet
- Current medical and developmental status on the beneficiary and/or his or her family
- Genetic counseling information for the beneficiary and/or his or her family members

SECTION 2 POLICIES AND PROCEDURES

PROGRAM DOCUMENTATION

INDIVIDUAL TREATMENT PLAN (ITP)/ CARE PLAN (CONT'D.)

- Current social history on the beneficiary and/or his or her family
- Emergency Care Plan
- Strategies to promote the family and/or caregiver as the primary treatment agent in the delivery of the service
- Annual evaluations and assessments on the beneficiary
- Objectives and goals with defined frequency limits
- Evaluations and assessments
- Appointments for genetic counseling for the beneficiary and his or her family member (if not already completed)
- Staff signature, title, and date
- Signature of beneficiary and/or his or her parent or guardian

Any changes in the beneficiary's program, services, medical status, needs, or progress must have a corresponding entry in the ITP/CP. Entries must be dated, initialed, and signed by the case manager. Entries must be arranged in chronological order so that the information may be easily reviewed, copied, and audited. Reassessment of needs should be ongoing throughout the period of service delivery.

EMERGENCY CARE PLAN

Each beneficiary must have an Emergency Care Plan to assist the family in dealing with emergency situations. A copy of the plan must be given to the beneficiary and/or his or her family to post near the telephone or entryway. An additional copy must be placed in the beneficiary's record. The Emergency Care Plan will be considered part of the ITP/CP. If the establishment of an Emergency Care Plan takes more than one encounter, the plan must be listed in the ITP/CP as a concern. (The Emergency Care Plan must be listed as a goal in the ITP/CP.)

The Emergency Care Plan must include all of the following:

- The name and telephone number of the beneficiary's primary care physician and a list of

SECTION 2 POLICIES AND PROCEDURES

PROGRAM DOCUMENTATION

EMERGENCY CARE PLAN (CONT'D.)

symptoms that need to be reported immediately to the physician

- The telephone number of the ambulance or emergency medical transportation and indications as to when to seek immediate intervention
- The name and telephone number of the case manager and a list of events that need to be reported to the case manager

If possible, the name and telephone number of a friend or family member who may be called to come to the aid of or serve as the caregiver should be included.

PROGRESS SUMMARIES

Progress summaries are periodic reviews to evaluate the beneficiary's progress toward treatment goals, the appropriateness of the services being furnished, and the need for the beneficiary's continued participation in the Sickle Cell Services program. A review of the beneficiary's participation in all services will be conducted at least every 90 calendar days from the date the beneficiary begin receiving services and must be summarized by the CM and documented in the ITP/CP Progress Summary Report. The CM will review the following areas:

- The beneficiary's progress toward treatment objectives and goals
- The appropriateness of the services provided and their frequency
- The need for continued treatment
- Recommendations for continued services

Upon termination or expiration of the treatment period, the CM must review the ITP/CP with the beneficiary and evaluate the beneficiary's progress in reference to each of the treatment goals. The signature of the CM responsible for the review is required. The CM should also assess the need for continued services and the specific services needed based on the progress of the beneficiary.

CLINICAL SERVICE NOTES

Clinical service notes are written summaries of each service or activity provided to or on behalf of the beneficiary. Interventions detailed in clinical service notes must be clearly linked to the goals and objectives listed in the ITP/CP.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM DOCUMENTATION

CLINICAL SERVICE NOTE (CONT'D.)

Clinical service notes must:

- Provide a pertinent clinical description of the activities that took place during the session, treatment as related to stated goals, and objectives listed in the ITP/CP
- Document that the services rendered correspond to billing in regard to the date of service, the type of service, and the length of time of the service(s)
- Be signed by the staff member delivering the service. The staff member must sign his or her name/initials, title, and date the entry.

Providers should ensure that the following general requirements are adhered to when recording clinical service notes:

- Each entry must be individualized and beneficiary-specific.
- Each entry must stand alone and may not include arrows, ditto marks, “same as above,” etc.
- All entries must be signed by the staff delivering the service and should be accurate. If initials are used, a signature sheet must be maintained in the provider’s office.
- All entries must be typed or legibly handwritten in black or blue ink. Copies are acceptable, but must be completely legible. The originals must be available if needed.
- All clinical service notes must be placed in the record within five calendar days. Providers may not bill Medicaid for services before the notes are placed in the chart.
- All entries must be filed in the beneficiary’s clinical record in chronological order.
- If an abbreviation or a symbol is used in a given record, one of the following conditions must be met:
 - The full title must be written out with the abbreviation beside it the first time it is used.
 - The provider must keep a key of accepted

SECTION 2 POLICIES AND PROCEDURES

PROGRAM DOCUMENTATION

CLINICAL SERVICE NOTE (CONT'D.)

abbreviations, and this list must be made available upon request.

- All entries made by the case manager assistant must be co-signed by the case manager before being placed in the record.

ERROR CORRECTION PROCEDURES

The beneficiary's clinical record is a legal document. Therefore, extreme caution should be used when altering any part of the record. The appropriate procedure for the correction of errors in legal documents must be followed when correcting an error in a clinical record. An error in the documentation should never be totally marked out and correction fluid should never be used. Draw one line through the error, enter the correction, initial, and date.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

PROCEDURAL AND DIAGNOSTIC CODING

South Carolina Medicaid requires that claims be submitted using codes from the current editions of the Healthcare Common Procedure Coding System (HCPCS) and/or the Current Procedural Terminology (CPT) as allowed by each provider agreement.

In 1996, the Centers for Medicare and Medicaid Services (CMS) implemented the National Correct Coding Initiative (CCI) to control improper coding that leads to inappropriate increased payment for health care services. The South Carolina Medicaid program utilizes Medicare reimbursement principles. Therefore, the agency will use CCI edits to evaluate billing of CPT codes and Healthcare Common Procedure Coding System codes by Medicaid providers in post-payment review of providers' records. For assistance with billing, providers may access the CCI Edit information online at the CMS Web site, <http://www.scdhhs.gov/>.

Medicaid reimburses the services listed below. To determine which codes a provider may use, please refer to the individual provider agreement. All services are contracted, but not all codes are used by each provider.

TARGETED CASE MANAGEMENT

Targeted Case Management providers are responsible for locating, coordinating, and monitoring necessary and appropriate services for beneficiaries. Additionally, TCM providers encourage the use of cost-effective medical care by referrals to the appropriate providers, by offering the following components:

The **assessment** component includes activities that focus on needs identification. Activities under this component include assessment of a Medicaid beneficiary to determine the need for any medical, educational, social, and/or other services. Specific assessment activities include taking the beneficiary's history, identifying the needs of the beneficiary, and completing related documentation. It also includes gathering information, if necessary, from other sources such as family members, medical providers, and educators to form a complete assessment of the beneficiary. This comprehensive assessment can minimize the need for an individual to be covered under multiple case management plans and have

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

TARGETED CASE MANAGEMENT (CONT'D.)

multiple case managers, and can reduce the likelihood of service duplication and inefficiencies.

- Assessments include a periodic reassessment to determine whether a beneficiary's needs and/or preferences have changed. SCDHHS recommends that a face-to-face reassessment be conducted at least annually or more frequently if changes occur in a beneficiary's condition.
- The **care planning** component builds on the information collected through the assessment phase. Activities under this component include ensuring the active participation of beneficiaries, working with beneficiaries and others to develop goals, and identifying a course of action to respond to the assessed needs of beneficiaries. The goals and actions in the ITP/CP should address medical, social, educational, and other services needed by the beneficiary. However, while the assessment and care plan must be comprehensive and address all of the beneficiary's needs, the beneficiary may decline to receive services outlined in the care plan. The beneficiary shall not be required to receive services from a particular provider or from any provider if the beneficiary chooses. If a beneficiary declines services listed in the care plan, this must be documented in the beneficiary's case record.
- The **referral and linkage** component includes activities that help link beneficiaries with medical, social, educational, and/or other providers, programs, and services that are capable of providing the assessed needed services. For example, making referrals to providers for needed services and scheduling appointments may be considered case management.
- The **monitoring or follow-up** component includes activities and contacts that are necessary to ensure the ITP/CP is implemented effectively and is adequately addressing the needs of the beneficiary. The activities and contacts may be with the beneficiary, family members, outside service providers, or other entities. These may be as frequent as necessary, but must be within a 90-day period, to help determine whether services are being furnished

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

TARGETED CASE MANAGEMENT (CONT'D.)

in accordance with the beneficiary's ITP/CP, the adequacy of the services in the ITP/CP, and changes in the needs or status of the beneficiary. This function includes making necessary adjustments in the ITP/CP and service arrangements with outside service providers. Quarterly monitoring or a follow-up activity must be documented in the CSNs or progress summaries for each beneficiary.

CASE MANAGEMENT

Some beneficiaries who have complex social and/or medical problems may require services from more than one case management provider or agency to be successfully managed and/or integrated into the community. Sickle Cell Services providers may render Case Management services to those beneficiaries receiving Targeted Case Management from another case management provider.

Concurrent care shall be rendered to a beneficiary for whom another provider has been designated the primary case manager. When concurrent care is provided, the service is documented as Case Management. The concurrent care provider renders different, distinctive types of services from the primary case manager.

The concurrent care provider shall notify the primary case manager in a timely manner regarding the following:

- Changes in the beneficiary's and/or his or her family situation
- Needs, problems, or progress
- Required referrals
- Program planning meetings

The needs and resources of each beneficiary may change over time, as well as the need for TCM services from another provider. To ensure that a beneficiary's needs are adequately met and that there is no duplication of services and Medicaid payments, TCM providers must work closely and cooperatively. A system must exist within each case management program to ensure that service providers are communicating, coordinating care and services, and adequately meeting the needs of the beneficiary.

When a primary case manager, as well as a secondary provider, for each overlapping situation has been determined, the primary case manager shall:

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

CASE MANAGEMENT (CONT'D.)

- Ensure access to services
- Arrange needed care and services
- Monitor the case on an ongoing basis
- Provide crisis assessment and referral services
- Provide needed follow-up
- Communicate telephonically or face-to-face with other involved agencies and/or providers on a regular basis

The primary case manager has the primary responsibility of integrating information and recommendations from other providers for beneficiaries so that beneficiaries can develop an integrated, person-centered plan for addressing their multiple needs. Providers must ensure that a conflict of interest does not exist resulting in the case manager making self-referrals.

In addition, providers cannot condition receipt of case management services on the receipt of other services since this also serves as a restriction on the beneficiary's access to case management services.

Staff Responsibilities

Providers are responsible for providing the following TCM services:

- Assisting a beneficiary in obtaining the required educational, treatment, residential, medical, social, or other support services by accessing available services or advocating for service provision
- Contacting social, health, and rehabilitative service providers, by telephone or face-to-face, to promote access to and appropriate the use of services by beneficiaries. Additionally, services by multiple providers may be coordinated.
- Monitoring the beneficiary's progress through the services and performing periodic reviews and reassessments of treatment when the following occurs:
 - When assessing a beneficiary's need for services includes a physical, a psychological, or a mental status examination or evaluation; billing for the examination or evaluation must be under the appropriate medical service category. Referrals for

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Staff Responsibilities (Cont'd.)

such services may be considered a component of TCM services, but the actual provision of the service does not constitute TCM.

- When an assessment indicates the need for medical treatment, referral, or arrangements, these activities may be included, but actual treatment may not.
- Arranging and monitoring the beneficiary's access to primary health care providers including a written correspondence sent to a primary health care provider that gives a synopsis of the treatment the beneficiary is receiving, as needed
- Coordinating and monitoring other health care needs of a beneficiary by arranging appointments for other needed services with follow-up and documentation
- Staffing meetings related to receiving consultation and supervision on a specific case to facilitate optimal case management. This includes recommending and facilitating the beneficiary's movement from one provider to another.
- Contacting the beneficiary to deal with specific and identifiable problems of service access that require the case manager to guide or advise the beneficiary in the solution of the problem. (Interventions to monitor the beneficiary's general condition must be face-to-face.)
- Contacting the beneficiary's family members, representatives of the beneficiary's human service agencies, and other service providers to form a multidisciplinary team to develop a comprehensive and individualized service plan which describes a beneficiary's problems and corresponding needs, and details services to be accessed or procured to meet those needs
- Preparing a written report that details the beneficiary's health status, history, treatment, or progress (other than for legal or consultative purposes) for physicians or other service providers or agencies

Telephone contacts are Medicaid reimbursable when:

- The contact is necessary to assist beneficiaries in accessing care from health care providers or community agencies, and/or informing beneficiaries of actions they must take to successfully access these

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Staff Responsibilities (Cont'd.)

services. In these situations, the case manager must document the specific service-access actions beneficiaries were instructed to take, as well as any actions taken by the case manager to ensure this service access. This contact includes brief communication directing beneficiaries to other medical care.

- The contact is necessary to follow up on specific service-access needs of beneficiaries. The access arrangements must have been previously planned for beneficiaries, and the contact must be designed to monitor the completion of the service by the disabled or otherwise non-compliant beneficiary.

Medicaid reimbursement for telephone contacts with beneficiaries is restricted to a maximum of two units per day.

Medicaid does not reimburse brief conversations to apprise the beneficiary of appointment times, or contacts for the purpose of monitoring his or her general condition.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Case Management Hierarchy

If overlap occurs, the guidelines in the following table should be used:

Providers	Primary Case Manager	Concurrent Care
CCEDC and Sickle Cell	CCEDC	Sickle Cell
DDSN and Sickle Cell	DDSN	Sickle Cell
DDSN Early Intervention and Sickle Cell	DDSN	Sickle Cell
DMH and Sickle Cell	Sickle Cell	DMH
DAODAS and Sickle Cell	Sickle Cell	DAODAS
Sickle Cell and SCSDB – Commission for the Blind	SCSDB – Commission for the Blind	Sickle Cell
Sickle Cell and CLTC	CLTC	Sickle Cell
Sickle Cell and DJJ	DJJ	Sickle Cell

KEY:

CCEDC = Continuum of Care for Emotionally Disturbed Children

CLTC = Community Long-Term Care

DAODAS = Department of Alcohol and Other Drug Abuse Services

DDSN = Department of Disabilities and Special Needs

DJJ = Department of Juvenile Justice

DMH = Department of Mental Health

SCSDB = South Carolina School for the Deaf and Blind

Billing/Frequency Limits

TCM is billed in unit increments of 15 minutes for a maximum of eight units per day. Concurrent care shall be rendered to a beneficiary for whom another provider has been designated the primary case manager. Concurrent care is billed in unit increments of 15 minutes for a maximum of eight units per day.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Special Restrictions

No beneficiaries participating in any waiver program that includes case management services will be case-managed under this program.

Case managers will have caseloads that will facilitate assessment of and quick response to situations that need immediate attention. Targeted Case Management/Case Management activities may be rendered to a beneficiary on the date of the beneficiary's discharge from a hospital, Skilled Nursed Facility (SNF), Intermediate Care Facility (ICF), or ICF/Mentally Retarded (MR) facility.

A case management benefit includes only those services to beneficiaries who reside in a community setting or who are transitioning into a community setting following an institutional stay.

Targeted Case Management/Case Management services may be used to transition beneficiaries from an institutional stay into the community. For a covered, long-term institutional stay (greater than 180 consecutive day); beneficiaries are considered to be in transition into the community during the last 60 consecutive days of the stay. Beneficiaries between the ages of 22 and 64 who reside in an Institution for Mental Diseases (IMD) or beneficiaries who are incarcerated are not covered for Targeted Case Management/Case Management services.

For a covered, short-term, institutional stay (less than 180 consecutive days) a beneficiary is considered to be in transition into the community during the last 14 days before discharge.

These time requirements are used to distinguish Targeted Case Management/Case Management services that are not within the scope of discharge planning activities from Targeted Case Management/Case Management services required to transition beneficiaries with complex, chronic medical needs into the community.

Medicaid reimbursement for Targeted Case Management/Case Management services rendered to children, from birth to age 21, residing in a Residential Treatment Facility (RTF) or Institution for Mental Disease, also known as a "psychiatric hospital," is limited to the following:

- Assuring that placement continues to be necessary

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Special Restrictions (Cont'd.)

and appropriate to meet a beneficiary's needs

- Planning for future placement(s)

PATIENT EDUCATION

Patient Education is intended to inform sickle cell patients and their families of the essential facts about sickle cell disease, its treatment, the unique medical, physical and emotional needs of persons with sickle cell, and how to best manage the disease. The service may include instruction on how to recognize signs and symptoms of specific beneficiary complications and should stress the importance of health care maintenance. Patient Education will improve the understanding and access to necessary community treatment resources that are intended to reduce or prevent the deterioration of the sickle cell patient's health.

Staff Responsibilities

Patient Education includes instruction designed to assist in decision making by providing objective information about the natural history of the type of sickle cell disease that may affect offspring. Instruction should employ strategies and techniques designed to help the beneficiary fully understand all the factors that are personally meaningful regarding sickle cell-related family planning decisions.

Patient Education addresses the psychosocial and socioeconomic factors that can affect the beneficiary's ability to function within the home, community, and educational environment. Patient Education services are designed to:

- Advise the beneficiary and his or her family or guardian of the sickle cell disease risk factors, required interventions, and other medical and social issues
- Schedule patient follow-up services to discuss testing and assessment results and the recommended treatment
- Provide information to the beneficiary and his or her family or guardian of genetic risk factors of sickle cell disease
- Discuss the Emergency Care Plan

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Billing/Frequency Limits

Patient Education is billed in unit increments of 15 minutes for a maximum of eight units per day.

NON-COVERED SERVICES

Sickle cell services are not reimbursed under the following conditions:

- When beneficiaries are receiving Community Long-Term Care (CLTC) services
- When beneficiaries are receiving CLTC AIDS waiver services
- When TCM services are provided on the day of a community transitional/discharge planning for an inpatient general hospital stay

If a beneficiary has a primary case manager with another South Carolina Medicaid program and the beneficiary is eligible for Sickle Cell Case Management services, then the sickle cell case manager may choose to co-case manage that program within the Case Management program for concurrent care.

SECTION 3

BILLING PROCEDURES

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BILLING PROCEDURES

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SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

The South Carolina Department of Health and Human Services (SCDHHS) strives to make billing as simple for providers as possible. This section is a “how-to” manual on billing procedures with information on how to file a claim, what to do with a rejected claim, etc. Also included is information concerning administrative procedures such as adjustments and refunds. This section will help with these issues, but may not answer all of your questions. You should direct any questions to your program manager. See Section 5 for more detailed information on correspondence and inquiries.

USUAL AND CUSTOMARY RATES

Providers are required to bill their usual and customary rate when filing Medicaid claims. Charges to Medicaid cannot exceed charges to private patients, whether they are self-pay or covered by another carrier. Billing of covered procedures prior to the date of service is prohibited.

CLAIM FILING TIMELINESS

Medicaid policy requires that only “clean” claims and related Edit Correction Forms (ECFs) received and entered into the claims processing system within one year from the date of service be considered for payment. A “clean” claim is free of errors and can be processed without obtaining additional information from the provider or another third party. Claims with an edit code of 509 or 510 on remittances, or CARC 29 on an electronic Remittance Advice, have not met these criteria. It is the provider’s responsibility to follow up on claims in a timely manner to ensure that all claims and ECFs are filed and corrected within Medicaid policy limits.

DUAL ELIGIBILITY

When a beneficiary has both Medicare and Medicaid, Medicare is considered to be the primary payer. Services rendered to persons who are certified dually eligible for Medicare/Medicaid must be billed to Medicare first.

MEDICARE CROSSOVER CLAIMS FOR COINSURANCE AND DEDUCTIBLE

All claims not paid in full by Medicare must be filed directly to Medicaid as claims no longer cross over for automatic payment review.

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

Billing Instructions for Service Provided as the Result of an Emergency

If the service was provided as the result of an emergency, providers should utilize the following billing instructions to exempt co-payment:

CMS-1500

The indicator “Y” must be present in field 24C (unshaded), Emergency Indicator, or the corresponding field on the electronic claim record.

Claims Filed via the Web Tool: Use of Emergency Indicator

If services have been rendered on an emergency basis, that information must be included on your South Carolina Medicaid Web-based Claims Submission Tool (Web Tool) claim.

CMS-1500

- *Claims Entry > Claim Type > Add > Add/Edit Details > Emergency Indicator*
 - The Emergency IND field is located at the line detail level.
 - The Drop-down box defaults to N-NO; if the service has been rendered on an emergency basis, change the field to Y-YES.

Note: Refer to the ANSI X-12 Implementation Guide and South Carolina Medicaid Companion Guides at <http://www.scdhhs.gov/> for additional information on all electronic transactions.

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

MEDICARE PRIMARY CLAIM

Claims for payment when Medicare is primary must be received and entered into the claims processing system within two years from the date of service or discharge, or within six months following the date of Medicare payment, whichever is later.

RETROACTIVE ELIGIBILITY

Effective December 1, 2009, claims and related ECFs involving retroactive eligibility must meet both of the following criteria to be considered for payment:

- Be received and entered into the claims processing system within **six months** of the beneficiary's eligibility being added to the Medicaid eligibility system **AND**
- Be received within **three years** from the date of service or date of discharge (for hospital claims). Claims for dates of service that are more than three years old will not be considered for payment.

To document retroactive eligibility, the provider is responsible for submitting one of the following documents with each claim or ECF within the above time frames:

- DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or
- The computer-generated Medicaid eligibility approval letter notifying the beneficiary that Medicaid benefits have been approved. This can be furnished by the beneficiary or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)

Claims and related ECFs involving retroactive eligibility that are received more than three years from the date of service will be rejected with edit code 533 (date of service more than three years old) and CARC 29 (the time limit for filing has expired).

SCDHHS will no longer consider claims that exceed the timely filing limits due to the provider being unaware of the beneficiary's coverage.

BENEFICIARY COPAYMENTS

Section 1902(a)(14) of the Social Security Act permits states to require certain beneficiaries to share some of the costs of Medicaid by imposing copayments upon them.

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

BENEFICIARY COPAYMENTS (CONT'D.)

A copayment is the amount of money the beneficiary is expected to pay to the provider at the time services are received.

Effective for dates of service on and after March 31, 2004, South Carolina Medicaid requires a copayment from beneficiaries toward the cost of their care. See the Schedule of Copayments in Appendix 3 of this manual.

Medicaid beneficiaries may not be denied services if they are unable to pay the copayment at the time the service is rendered; however, this does not relieve the beneficiary of the responsibility for the copayment.

It is the provider's responsibility to collect the copayment from the beneficiary to receive full reimbursement for a service. The amount of the copayment will be deducted from the Medicaid payment for all claims involving copayments.

When a beneficiary has Medicare or private insurance, the Medicaid copayment still applies per the policies outlined in this section. However, if the sum of the copayment and the Medicare/third party payment would exceed the Medicaid-allowed amount, the copayment should be adjusted or eliminated. In other words, though a provider may receive a primary insurance payment higher than what Medicaid would pay, the beneficiary's copayment should not contribute to the excess revenue.

Claim Filing Information

The collection of copayment should not be entered in the Amount from Other Sources field on the CMS-1500 claim form; this would result in an additional reduction in payment.

Copayment Exclusions

Pursuant to federal regulations, the following are excluded from copayments: children under the age of 19; institutionalized individuals; home-based and community-based waiver individuals; and individuals receiving hospice care, family planning services, pregnancy-related services, and emergency services.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Providers may choose one or more of the following options for filing claims:

- Paper Claims
- Electronic Claims
 - o South Carolina Medicaid Web-based Claims Submission Tool
 - o Tapes, Diskettes, CDs, and Zip Files
 - o File Transfer Protocol (FTP)

PAPER CLAIMS SUBMISSIONS

Paper claims are mailed to Medicaid Claims Receipt at the following address:

Medicaid Claims Receipt
Post Office Box 1412
Columbia, SC 29202-1412

CMS-1500 Claim Form

Professional Medicaid claims must be filed on the CMS-1500 claim form (08/05 version). Alternate forms are not acceptable. "Super Bills" and Continuous Claims are not acceptable and will be returned to the provider for correction. Use only black or blue ink on the CMS-1500.

Each CMS-1500 submitted to South Carolina Medicaid must show charges totaled. ONLY six lines can be processed on a hard copy CMS-1500 claim form. If more than six lines are submitted, only the first six lines will be processed for payment or the claim may be returned for corrective action.

SCDHHS does not supply the CMS-1500 (08/05 version) to providers. Providers should purchase the form in its approved format from the private vendor of their choice. Examples of the CMS-1500 claim form and a list of vendors who supply the form can be found in Section 5 of this manual.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Claim Form (Cont'd.)

Providers using computer-generated forms are not exempt from Medicaid claims filing requirements. The SCDHHS data processing personnel should review your proposed format before it is finalized to ensure that it can be processed.

Procedural Coding

South Carolina Medicaid requires that claims be submitted using codes from the current editions of the Healthcare Common Procedure Coding System (HCPCS) and the Current Procedural Terminology (CPT). Providers may also use supplemental codes as outlined in the various sections of this manual, the HIPAA medical codes crosswalk, and Medicaid bulletins.

The Centers for Medicare and Medicaid Services revises the nomenclature within the HCPCS/CPT each quarter. When a HCPCS/CPT code is deleted, the South Carolina Medicaid program discontinues coverage of the deleted code. When new codes are added, SCDHHS reviews the new codes to determine if the South Carolina Medicaid program will cover them. Until the results of the review are published, SCDHHS does not guarantee coverage of the new codes.

The 90-day grace period for billing discontinued HCPCS/CPT codes was eliminated January 1, 2005. Providers must adopt the new codes in their billing processes effective January 1 of each year and begin using them for services rendered on or after that time to assure prompt and accurate payment of claims.

The current editions of HCPCS/CPT may be ordered from:

Order Department
American Medical Association
PO Box 930876
Atlanta, GA 31193-0876

You may order online at
<http://www.amabookstore.com/> or call toll free 1-800-621-8335.

Code Limitations

Certain procedures within the HCPCS/CPT may not be covered or may require additional documentation to establish their medical necessity or meet federal guidelines.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Diagnostic Codes

South Carolina Medicaid requires that claims be submitted using the current edition of the *International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM)*. Only Volumes I and II are necessary to determine diagnosis codes.

Effective for dates of service on or after October 1, 2004, no further 90-day grace periods apply for the annual ICD-9-CM updates. Physicians, practitioners, and suppliers must bill using the diagnosis code that is valid for that date of service. Medicaid no longer accepts discontinued codes for dates of service after the date on which the code is discontinued. The new codes must be adopted for billing effective October 1 of each year and used for services rendered on or after that time to assure prompt and accurate payment of claims.

Medicaid requires the addition of a fourth or fifth digit, if applicable, to an ICD-9 code. Valid diagnosis coding can only be obtained from the most current edition of ICD-9-CM, Volume I. "E" codes are sub-classification codes of external causes of injury and poisoning and are not valid as diagnosis codes.

A current edition of the ICD-9-CM may be ordered from:

Practice Management Information Corporation
4727 Wilshire Boulevard, Suite 300
Los Angeles, CA 90010

You may order online at <http://www.pmiconline.com/>
or call toll free 1-800-MED-SHOP.

Modifiers

Certain circumstances must be identified by the use of a two-digit modifier that follows the procedure code. Failure to use these modifiers according to policy will slow turnaround time and may result in a rejected claim.

Only the first modifier entered is used to process the claim. Failure to use modifiers in the correct combination with the procedure code, or invalid use of modifiers, will result in a rejected claim.

The following modifiers may be used:

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Modifiers (Cont'd)

<u>Modifier</u>	<u>Description</u>
FP	Family Planning — Services are provided as part of the South Carolina Medicaid Family Planning Program.

Place of Service Key

<u>Code</u>	<u>Description</u>
71	State or Local Public Health
21	Inpatient Hospital
12	Home
22	Outpatient Hospital
62	Comprehensive Outpatient Rehabilitation Facility
99	Other Unlisted Facility

National Provider Identifier and Medicaid Provider Number

Providers who are covered entities under HIPAA are required to obtain a National Provider Identifier (NPI). These “typical” providers must apply for an NPI and share it with South Carolina Medicaid. For information on how to obtain an NPI and taxonomy code, please see the SCDHHS NPI information page at http://www.scdhhs.gov/dhhsnew/serviceproviders/npi_info.asp.

Effective May 24, 2008, typical providers must use only the NPI for each rendering, pay-to, and billing provider on claims submitted to SC Medicaid. Typical providers may no longer use their six-character legacy Medicaid provider number on claims.

Atypical providers (non-covered entities under HIPAA) will continue to use their six-character legacy Medicaid provider number to identify themselves on claims.

CMS-1500 Form Completion Instructions

All claims, regardless of the date of service, must be submitted on the 08/05 version of the CMS-1500 (see sample claims in the Forms section of this manual). Use only black or blue ink on this claim form.

1 Health Insurance Coverage

Show all types of coverage applicable to this claim by checking the appropriate box(es).

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

If Group Health Plan is checked and the patient has only one primary health insurance policy, complete either block 9 (fields 9a, 9c, and 9d) **or** block 11 (fields 11, 11b, and 11c). If the beneficiary has two policies, complete both blocks, one for each policy.

IMPORTANT: Check the “**MEDICAID**” field at the top of the form.

Field **Description**

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

1a* **Insured’s ID Number**

Enter the patient’s Medicaid ID number, exactly as it appears on the Medicaid card (10 digits, no letters).

2 **Patient’s Name**

Enter the patient’s first name, middle initial, and last name.

3 **Patient’s Birth Date**

Enter the date of birth of the patient written as month, day, and year.

Sex

Check “M” for male or “F” for female.

4 **Insured’s Name**

Not applicable

5 **Patient’s Address**

Enter the full address and telephone number of the patient.

6 **Patient Relationship to Insured**

Not applicable

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

7 Insured's Address

Not applicable

8 Patient Status

Check the appropriate box for patient's marital status and whether employed or a student.

9 Other Insured's Name

When applicable, enter the name of the insured.

9a Other Insured's Policy or Group Number**

When applicable, enter the policy number.

9b Other Insured's Date of Birth

When applicable, enter the date of birth of the insured.

9c Employer's Name or School Name**

If the insurance has paid, indicate the amount paid in this field. If the insurance has denied payment, enter "0.00" in this field.

9d Insurance Plan Name or Program Name**

When applicable, enter the three-digit carrier code. A list of the carrier codes alphabetized by name of insurance company can be found in Appendix 2.

10a Is Patient's Condition Related to Employment?

Check "YES" or "NO."

10b Is Patient's Condition Related to an Auto Accident?

Check "YES" or "NO." If "YES," enter the two-character state postal code in the State/Place field (*e.g.*, "SC").

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

10c Is Patient's Condition Related to an Other Accident?

Check "YES" or "NO."

10d Reserved for Local Use**

When applicable, enter the appropriate TPL indicator for this claim. Valid indicators are as follows:

Code Description

1 Insurance denied

6 Crime victim

8 Uncooperative beneficiary

11 Insured's Policy Group or FECA Number**

If the beneficiary is covered by health insurance, enter the insured's policy number.

11a Insured's Date of Birth

When applicable, enter the insured's date of birth.

11b Employer's Name or School Name**

If payment has been made by the patient's health insurance, indicate the payment in this field. If the health insurance has denied payment, enter "0.00" in this field.

11c Insurance Plan Name or Program Name**

When applicable, enter the three-digit carrier code. An alphabetical list of the carrier codes for insurance companies can be found in Appendix 2.

11d Is There Another Health Plan?

Check "YES" or "NO" to indicate whether or not

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

<u>Field</u>	<u>Description</u>
--------------	--------------------

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

there is another health insurance policy. If “YES,” items 9a, 9c, and 9d **or** 11, 11b, and 11c must be completed (If there are two policies, complete both).

12 Patient’s or Authorized Person’s Signature

“Signature on File” or patient’s signature is required.

13 Insured’s or Authorized Person’s Signature

Not applicable

14 Date of Current Illness, Injury, or Pregnancy

Not applicable

15 If Patient Has Had Same or Similar Illness

Not applicable

16 Dates Patient Unable to Work in Current Occupation

Not applicable

17 Name of Referring Provider or Other Source

Not applicable

17a ID Number of Referring Physician

Not applicable

17b Not applicable

18 Hospitalization Dates Related to Current Services

Complete this field when a medical service is furnished as a result of, or subsequent to, a related

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

<u>Field</u>	<u>Description</u>
--------------	--------------------

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

hospitalization.

19 Reserved for Local Use**

Not applicable

20 Outside Lab

Not applicable

21* Diagnosis or Nature of Illness or Injury

Enter the diagnosis code of the patient indicated in the current edition of the ICD-9-CM, Volume I. South Carolina Medicaid requires the fourth or fifth digit, if applicable, of the ICD-9 diagnosis code. Enter up to two diagnosis codes in priority order (primary, then secondary condition). Only one diagnosis is necessary to process the claim.

22 Medicaid Resubmission Code

Not applicable

23 Prior Authorization Number**

Not applicable

Fields 24A through 24J pertain to line item information. There are six billable lines on this claim. Each of the six lines contains a shaded and unshaded portion. The shaded portion of the line is used to report supplemental information.

24A Shaded**

NDC Qualifier/NDC Number

If applicable, enter the NDC qualifier of N4, followed by an 11-digit NDC. Do not enter a space between the qualifier and the NDC.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

24A Unshaded*

Date(s) of Service

Enter the month, day, and year for each procedure, service, or supply.

24B Unshaded*

Place of Service

Enter the appropriate two-character place of service code. See “Place of Service Key” earlier in this section for a listing of place of service codes.

24C Unshaded**

EMG

If applicable, enter an “E” in this field to indicate that the service rendered was on an emergency basis.

24D Unshaded*

Procedures, Services, or Supplies

Enter the procedure code and, if applicable, the two-digit modifier in the appropriate field. If two modifiers are entered, the first modifier entered will be used to process the claim. For unusual circumstances and for unlisted procedures, an attachment with a description of each procedure must be included with the claim.

24E **Diagnosis Code**

Not applicable

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Field Description

- * Required for claim to process
- ** Required if applicable (based upon the specific program area requirements)

24F Unshaded*

Charges

Enter the charge for each listed service. Do not use dollar signs or commas when reporting dollar amounts. Enter “00” in the cents area if the amount is a whole number.

24G Unshaded**

Days or Units

If applicable, enter the days or units provided for each procedure listed.

24H Unshaded**

EPSDT/Family Planning

If applicable, if this claim is for EPSDT services or a referral from an EPSDT Screening, enter a “Y.”

This field should be coded as follows:

N = No problems found during visit

1 = Well child care with treatment of an identified problem treated by the physician

2 = Well child care with a referral made for an identified problem to another provider

24I Shaded*

ID Qualifier

Typical Providers:

Enter ZZ for the taxonomy qualifier.

Atypical Providers:

Enter 1D for the Medicaid qualifier.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Field **Description**

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

24J Shaded**

Rendering Provider ID #

Enter the six-character legacy Medicaid provider number or taxonomy code of the rendering provider/individual who performed the service(s)

Typical Providers:

Enter the provider's taxonomy code.

Atypical Providers:

Enter the six-character legacy Medicaid provider number.

24J Unshaded**

Rendering Provider ID #

Typical Providers:

Enter the NPI of the rendering individual provider. If the provider is billing as a member of a group, the rendering individual provider's 10-character NPI may be entered.

Atypical Providers:

Not applicable

25 Federal Tax ID Number

Enter the provider's federal tax ID number (Employer Identification Number) or Social Security Number.

26 Patient's Account Number

Enter the patient's account number as assigned by the provider. Only the first nine characters will be keyed. The account number is helpful in tracking the claim in case the beneficiary's Medicaid ID number is invalid. The patient's account number

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Field **Description**

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

will be listed as the “Own Reference Number” on the Remittance Advice.

27 Accept Assignment

Complete this field to indicate that the provider accepts assignment of Medicaid benefits. Submitting a claim to South Carolina Medicaid automatically indicates the provider accepts assignment.

28* Total Charge

Enter the total charge for the services.

29 Amount Paid**

If applicable, enter the total amount paid from all insurance sources on the submitted charges in item 28. This amount is the sum of 9c and 11b.

30* Balance Due

Enter the balance due.

31 Signature of Physician or Supplier

Not applicable

32 Service Facility Location Information**

Note: Use field 32 only if the address is different from the address in field 33.

If applicable, enter the name, address and ZIP+4 code of the facility if the services were rendered in a facility other than the patient’s home or provider’s office.

32a Service Facility Location Information**

Typical Providers:

Enter the NPI of the service facility.

Atypical Providers:

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

Not applicable

32b ** Service Facility Location Information

Typical Providers:

Enter the two-byte qualifier ZZ followed by the taxonomy code (no spaces).

Atypical Providers:

Enter the two-byte qualifier 1D followed by the six-character legacy Medicaid provider number (no spaces).

33* Billing Provider Info & PH #

Enter the provider of service/supplier's billing name, address, ZIP+4 code, and telephone number.

Note: Do not use commas, periods, or other punctuation in the address. When entering a nine-digit zip code (ZIP+4), include the hyphen. Do not use a hyphen or space as a separator within the telephone number. Claims will be paid to the provider number submitted in field 33 of the CMS 1500 form. This pay-to-provider number is indicated on the Remittance Advice and check.

33a* Billing Provider Info

Typical Providers:

Enter the NPI of the billing provider or group. If the provider rendering the services is a member of a group, the 10-character NPI group/organization number must be entered. If not billing as a member of a group, enter the 10-character individual NPI in the field.

Atypical Providers:

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

Not applicable

33b* Billing Provider Info

Typical Providers:

Enter the two-byte qualifier ZZ followed by the taxonomy code (no spaces).

Atypical Providers:

Enter the two-byte qualifier 1D followed by the six-character legacy Medicaid provider number (no spaces).

ELECTRONIC CLAIMS SUBMISSIONS

Trading Partner Agreement

The South Carolina Department of Health and Human Services (SCDHHS) encourages electronic claims submissions. All Medicaid providers who elect to submit or receive electronic transactions are required to complete a SC Medicaid Trading Partner Agreement (TPA) with SCDHHS. The TPA outlines the basic requirements for receiving and sending electronic transactions with SCDHHS. For specifications and instructions on electronic claims submission or to obtain a TPA, visit <http://www.scdhhs.gov/hipaa/Trading%20Partner%20Enrollment.asp> or call the South Carolina Medicaid EDI Support Center at 1-888-289-0709.

Providers should return the completed and signed SC Medicaid TPA Enrollment Form by mail or fax to:

SC Medicaid TPA
Post Office Box 17
Columbia, SC 29202
Fax: (803) 870-9021

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

If a provider utilizes a billing agent and elects to have the billing agent access their electronic remittance package, both the provider and the billing agent must have a TPA on file.

Note: Effective **February 15, 2010**, SCDHHS will only distribute remittance advices and associated ECFs electronically through the Web Tool. **All providers must complete a TPA in order to receive these transactions electronically.** Providers that currently use the Web Tool do not need to complete another TPA. Providers who have previously completed a TPA, but are not current users of the Web Tool, must register for a Web Tool User ID by calling the SC Medicaid EDI Support Center at 1-888-289-0709. All other users that have not completed a TPA must do so by February 15, 2010.

Trading Partner Agreement (Cont'd.)

Companion Guides

Providers submitting electronic transactions must comply with all federal guidelines as contained in the HIPAA-required ANSI X-12 Implementation Guide, and with SCDHHS guidelines as contained in the South Carolina Medicaid Companion Guides. The Companion Guides explain the situational and optional data required by South Carolina Medicaid and are available for download at <http://www.scdhhs.gov/>. Information regarding placement of NPIs, taxonomy codes, and six-character legacy Medicaid provider numbers on electronic claims can also be found here.

Companion Guides are available for the following transactions:

- 837P Professional Health Care Claim
- 837I Institutional Health Care Claim
- 837D Dental Health Care Claim
- 835 Claim Payment/Advice
- 276/277 Claim Status Inquiry/Response
- 270/271 Eligibility Verification Request/Response
- 278 Prior Authorization

Transmission Methods

An Electronic Data Interchange (EDI) transaction is the movement of data between two entities.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Transmission Methods (Cont'd)

EDI software enables providers to submit claims directly to South Carolina Medicaid.

The following options may be used also to submit claims electronically:

Tapes, Diskettes, CDs, and Zip Files

A biller using this option records transactions on the specified media and mails them to:

South Carolina Medicaid Claims Control System
Post Office Box 2765
Columbia, SC 29202-2765

File Transfer Protocol

A biller using this option exchanges electronic transactions with South Carolina Medicaid over the Internet.

South Carolina Medicaid Web-based Claims Submission Tool

The South Carolina Medicaid Web-based Claims Submission Tool is a free, online Web-based application for submitting HIPAA-compliant professional, institutional, and dental claims and associated adjustments to South Carolina Medicaid. The Web Tool offers the following features:

- Providers can submit online CMS-1500, UB, and Dental claims.
- List Management allows users to develop their own list of frequently used information (*e.g.*, beneficiaries, procedure codes, diagnosis codes, etc.). During claims entry the user has the ability to select information from lists rather than repetitively keying, thus saving valuable time and increasing accuracy.
- Providers can check claims status using either of two options. Claims Status displays status for claims regardless of the submission method. Web Submitted Claims displays status for claims submitted via the Web Tool.
- No additional software is required to use this application.
- Data is automatically archived.
- Providers can verify beneficiary eligibility online by entering Medicaid ID, Social Security Number, or a combination of name and date of birth.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

- Providers can view, save and print their own remittance advices and associated ECFs.
- Providers can change their own passwords.

*South Carolina Medicaid
Web-based Claims
Submission Tool (Cont'd.)*

The minimum requirements necessary for using the Web Tool are:

- Signed SC Medicaid Trading Partner Agreement (TPA) Enrollment Form
- Microsoft Internet Explorer (version 6.0 or greater)
- Internet Service Provider (ISP)
- Pentium series processor (recommended)
- Minimum of 32 megabytes of memory
- Minimum of 20 megabytes of hard drive storage

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

REMITTANCE PACKAGE

Each week, SCDHHS sends remittance packages to all providers who have had claims processed during the previous week. This package contains any or all of the following:

- A Remittance Advice will be included listing all claims processed during that week and the status of each claim.
- For every claim with status R (rejected), an edit correction form (ECF) will be included in the remittance package. **Note:** Claims with line item rejects resulting in partially paid claims will not generate an ECF. To be considered for payment, the rejected lines must be filed back to Medicaid.
- Unless an adjustment has been made, a reimbursement equaling the sum total of all claims on the Remittance Advice with status P (paid) will be enclosed.

Note: Providers with electronic fund transfers receive only the Remittance Advice and accompanying ECFs.

As of November 15, 2009, providers now have the ability to access their remittance packages electronically through the South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool). Providers can view, save, and print their remittance advice(s), but not a Remittance Advice belonging to another provider. Electronic remittance packages are available on Friday for claims processed during the previous week. Remittance advices and associated ECFs for the most recent 25 weeks will be accessible.

Effective February 15, 2010, SCDHHS will only distribute remittance advices and associated ECFs electronically through the Web Tool. Providers are urged to use this new feature now so that any potential issues can be resolved prior to February 15, 2010.

Remittance Advice

The Remittance Advice is an explanation of payments and action taken on all processed claim forms and adjustments.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Paper Remittance Advice

The information on the Remittance Advice is drawn from the original claim submitted by the provider. (See the Forms section of this manual for a sample Remittance Advice.) If a claim is rejected or suspended, the Remittance Advice will display the claim without payment. For a claim that is rejected, edit codes will be listed on the Remittance Advice (under “Recipient Name”) and an Edit Correction Form (ECF) will be attached. If some lines on the claim have paid and others are rejected, an ECF will not be generated for the rejected lines. ***Evaluate the reason for the rejection and refile the rejected lines only, if appropriate. Corrections cannot be processed from the Remittance Advice.***

Processed claims and/or lines are assigned one of four statuses in field 10 on the Remittance Advice:

- **Status “P”** – Paid claims or lines
- **Status “S”** – Claims in process that require medical or technical review and are suspended to program areas. Status “S” will be resolved by SCDHHS. Provider response is not required for resolution unless it is requested by SCDHHS. If the claim is not resolved within 30 days, check it for errors and refile.
- **Status “R”** – Rejected claims or lines
- **Status “E”** – Encounter data (line contains service provided by the PCP). No action required.

Effective February 15, 2010, SCDHHS will only distribute remittance advices and associated ECFs electronically through the Web Tool. Providers can elect to have their paper remittance advice discontinued prior to February 15, 2010 by calling 1-888-289-0709. Refer to “Remittance Package” earlier in this section for more information.

Electronic Remittance Advice

Providers who file electronically using EDI Software can elect to receive an electronic Remittance Advice (835). Electronic Remittance Advices contain Claim Adjustment Reason Codes (CARCs), broad definitions of why claims did not pay as billed, and Remittance Advice Remark Codes (RARCs), more detailed reasons for why claims did not pay as billed. (See Appendix 1 for a listing of CARCs

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Electronic Remittance Advice (Cont'd)

and RARCs.) The electronic Remittance Advice will only report items that are returned with P or R statuses.

Providers interested in utilizing this electronic transaction should contact the EDI Support Center at 1-888-289-0709.

Reimbursement Check

The remittance package will include the provider's reimbursement check unless the provider has an Electronic Funds Transfer (direct deposit) agreement for reimbursement to be directly deposited into a banking account. (See **Electronic Funds Transfer** for more information.)

The reimbursement check represents an amount equaling the sum total of all claims on the Remittance Advice with status P. If an adjustment request has been completed, it will appear on the Remittance Advice. (See **Claim Adjustments** later in this section.)

Uncashed Medicaid Checks

In instances where Medicaid checks to providers remain outstanding 180 days or longer from the date of check issue, SCDHHS is required by federal regulations to refund to the federal government the federal share of those Medicaid checks. Therefore, SCDHHS will have the bank return (or not honor) Medicaid checks presented for payment that are 180 days old or older.

Electronic Funds Transfer (EFT)

Electronic Funds Transfer (EFT) is a more cost effective and secure manner for providers to receive payments. As of December 2008, SCDHHS required providers to register for EFT in order to receive reimbursement from South Carolina Medicaid. Providers can register for EFT Medicaid payments one of three ways:

- Go to:
<http://www.scdhhs.gov/dhhsnew/hipaa/index.asp>
and select "Electronic Funds Transfer (EFT) Agreement" for instructions.
- Contact SC Medicaid Provider Enrollment at (803) 264-1650.
- Complete and return an Authorization Agreement for Electronic Funds Transfer. A sample of the form is included in the Forms section of this manual.

The EFT process takes approximately three weeks to successfully complete. During this time, the provider will

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Electronic Funds Transfer (EFT) (Cont'd.)

continue to receive hard copy checks. On the fourth week, the reimbursement amount will be deposited directly into the provider's account.

Providers receiving EFT payments currently receive a paper or electronic Remittance Advice. **Effective February 15, 2010, SCDHHS will only distribute remittance advices and associated ECFs electronically through the Web Tool.** Refer to “Remittance Package” earlier in this section for more information.

Edit Correction Form (ECF)

When an entire claim rejects (status “R”) the Remittance Advice will be accompanied by an Edit Correction Form (ECF). (See the Forms section of this manual for a sample ECF.)

The ECF is generated for the purpose of making corrections to the original claim. Except for possible data entry error, information on the ECF reflects the information submitted on the claim form.

Rejected claims may be resolved in either of two ways. An entirely new corrected CMS-1500 claim form may be submitted, or the appropriate corrections may be made to the ECF using **RED** ink and resubmitted for payment. **Do not circle any item.**

It is possible for some lines on a claim to be paid while other lines on the same claim are rejected. Due to the fact that some payment was made on the claim, an ECF will not be provided in these cases. When part of a claim is paid and part is rejected, the unpaid line items must be corrected and resubmitted on a new claim form.

As stated earlier, **effective February 15, 2010**, SCDHHS will only distribute ECFs electronically through the Web Tool.

Note: Medicaid will pay claims that are up to one year old. If the date of service is greater than one year old, Medicaid will not make payment. The one-year time limit does not apply to **retroactive eligibility** for beneficiaries. Timeliness standards for the submission and resubmission of claims may be found in Section 1 of this manual.

Edit Identification

The upper right section of the ECF contains a field entitled EDITS; this is the edit identification section. Underneath

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Edit Identification (Cont'd)

that title, one or more three-digit edit codes will be listed to indicate all edits detected by the MMIS claims processing system. Except for possible data entry errors, all information on the ECF is taken from the claim form. A list of edit codes, along with CARCs, RARCs, and resolutions, can be found in Appendix 1.

Edit Types

Insurance Edits

These edit codes apply to third-party carrier coverage. They can stand alone or be prefaced by a number (00, 01, etc.). Always review these insurance edit codes first.

Claim Edits

These edit codes apply to the body of the claim (not the line items) and have rejected the entire claim from payment. Such edits either stand alone or are prefaced by "00."

Line Edits

These edit codes are line specific and are always prefaced by a number ("01," "02," etc.). They apply to only the line indicated by the number.

Description of Fields

Claim Control

A 16-digit number followed by an alpha suffix is assigned to each original invoice (upper right corner of ECF). This is the Claim Control Number (CCN).

Doc Ind

The Document Indicator field will indicate "Y" when documentation was attached to the hard copy claim and "N" when documentation was not attached. Documentation is anything attached to the claim when originally received for processing (*i.e.*, medical records, insurance explanation of benefits, copy of a Medicaid card, letter, etc.).

EMC

The Electronic Media Content field will indicate "Y" when the claim was electronically transmitted and "N" when the claim was filed hard copy.

Rejections for Duplicate Billing

The original claim payment information is provided when a claim is rejected for duplicate billing. This eliminates the

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

*Description of Fields
(Cont'd.)*

need for contacting SCDHHS program staff for the original reimbursement date.

When a claim is rejected for duplicate billing, the payment date of the original claim appears beside the duplicate edit code within a block named Claims/Line Payment Information. This block is located on the ECF on the upper right side above all other edit information.

Section 1: Provider/ Beneficiary Information

The following numbered items represent field numbers on the ECF:

Field Description

- | | | | | | | | |
|----------|---|----------|------------------|----------|--------------|----------|---------------------------|
| 1 | Prov/Xwalk ID

Six-character legacy Medicaid provider (pay-to Medicaid) number and/or ten-character National Provider Identifier (NPI) | | | | | | |
| 2 | Recipient ID

Beneficiary's ten-digit Medicaid identification number | | | | | | |
| 3 | P Auth Number (Prior Authorization Number)

Prior authorization number | | | | | | |
| 4 | TPL (Third-Party Liability Indicator)

TPL indicator entered by the provider on the claim. Valid indicators for this field are:

<table border="0" style="margin-left: 20px;"> <tr> <td style="padding-right: 10px;">1</td> <td>Insurance denied</td> </tr> <tr> <td style="padding-right: 10px;">6</td> <td>Crime victim</td> </tr> <tr> <td style="padding-right: 10px;">8</td> <td>Uncooperative beneficiary</td> </tr> </table> | 1 | Insurance denied | 6 | Crime victim | 8 | Uncooperative beneficiary |
| 1 | Insurance denied | | | | | | |
| 6 | Crime victim | | | | | | |
| 8 | Uncooperative beneficiary | | | | | | |
| 5 | Injury Code (Injury [Accident] Code Indicator)

An indicator in this field prompts follow-up by the Division of Third-Party Liability for possible casualty coverage. Valid indicators are:

<table border="0" style="margin-left: 20px;"> <tr> <td style="padding-right: 10px;">2</td> <td>Work</td> </tr> <tr> <td style="padding-right: 10px;">4</td> <td>Auto</td> </tr> <tr> <td style="padding-right: 10px;">6</td> <td>Other</td> </tr> </table> | 2 | Work | 4 | Auto | 6 | Other |
| 2 | Work | | | | | | |
| 4 | Auto | | | | | | |
| 6 | Other | | | | | | |

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

*Description of Fields
(Cont'd.)*

<u>Field</u>	<u>Description</u>
6	<p>Emerg (Emergency Indicator)</p> <p>Not applicable</p>
7	<p>PC Coord (Primary Care Coordinator)</p> <p>If applicable, enter the referral number received from the primary care provider.</p>
8	<p>Primary Diagnosis</p> <p>The foremost reason for medical attention should be indicated with an ICD-9 code. To find the correct diagnosis code, always use Volume I of the current year's edition for final coding. A fourth and fifth digit are required when applicable.</p>
9	<p>Secondary Diagnosis</p> <p>The secondary diagnosis is a secondary reason medical attention is needed, but is of a lesser importance than the primary diagnosis. It is indicated by an ICD-9 code. A fourth and fifth digit are required when applicable. Use the current year's edition of ICD-9-CM.</p>
10	<p>Recipient Name</p> <p>First name, middle initial, and last name based on the Recipient ID Number in field 2. This field is not keyed.</p>
11	<p>Date of Birth</p> <p>Beneficiary's date of birth based on the Recipient ID Number in field 2. This field is not keyed and is the information on the beneficiary record at the time of processing.</p>
12	<p>Sex</p> <p>Beneficiary's sex based on the Recipient ID Number in field 2. This field is not keyed and is the information on the beneficiary record at the time of processing.</p>

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

*Description of Fields
(Cont'd.)*

Field Description

Section II: Line Item Information

- | | |
|-----------|--|
| 13 | Res |
| | Agency use only. Do not write in this field. For further information, contact your program representative |
| 14 | Allowed |
| | Agency use only. Do not write in this field. For further information, contact your program representative |
| 15 | Date of Service |
| | The date on which each service was rendered. This is entered from field 24A (unshaded), the “To” field, on the CMS-1500 claim form. |
| 16 | Place |
| | This is the code for where the service was rendered – the place of service. |
| 17 | Proc Code (Procedure Code) |
| | This is the procedure code which reflects the service that was rendered. |
| 18 | Mod (Modifier) |
| | Two-digit code used to modify the procedure. |
| 19 | Individual Provider |
| | This is the provider’s six-character legacy Medicaid provider number or ten-character NPI, or rendering physician’s six-character legacy Medicaid provider number and/or NPI if practicing within a group. |
| 20 | Charges |
| | The amount billed per procedure code |

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

*Description of Fields
(Cont'd.)*

<u>Field</u>	<u>Description</u>
21	Pay Ind This indicator is only printed on the Remittance Advice. Refer to Medicaid Remittance Package.
22	Units Number of days/units/minutes, as applicable
23	NDC 11-digit National Drug Code (NDC)
Section III: Third Party	
24	Ins Carr Number (Insurance Carrier Number) Three-digit insurance carrier code(s)
25	Policy Number Policy number with third-party payer(s)
26	Ins Carr Paid (Insurance Carrier Paid) Amount paid by third-party payer(s)
27	Total Charge Sum of all line item gross charges billed. (Indicate actual charges for your program.)
28	Amt Rec'd Ins (Amount Received Insurance) Total amount paid on this claim by insurance company(s)
29	Balance Due Total billed to Medicaid minus payments from insurance company(s) Note: The sum of the amounts in fields 28 and 29 must equal the amount in field 27.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

*Description of Fields
(Cont'd.)*

Field Description

30 Own Ref # (Own Reference Number)

Number assigned to a given claim by providers as their patient account number. (It will appear on the Remittance Advice. No edits are performed on this number.)

Additional Fields on the ECF

Return To

Return ECFs to the address shown.

Provider

Your computer-printed name and address

Insurance Policy Information

Carrier code, policy number, and name of insurance policyholder on file with South Carolina Medicaid at the time the claim was processed.

Resolution Instructions

Each edit code has associated instructions to assist the providers in resolving their claims. **See Appendix 1 for a list of edit codes and their resolutions.**

Follow these instructions for resolving each edit on an ECF:

1. Match and compare the ECF with a copy of the original claim.
2. Review the Edit Code section to determine the error(s).
3. Review the edit code description and resolution.
4. Make the appropriate corrections for each edit using RED ink by striking a line through the incorrect data and entering the correct data directly above or as close as possible to the data being corrected. If the field is blank, enter the missing data using RED ink.
5. Place a RED check mark over each corrected edit in the edit identification section. **DO NOT MAKE ANY OTHER MARKS OR NOTES ON THE ECF.**

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Resolution Instructions (Cont'd.)

6. If necessary, staple applicable attachments to the ECF.
7. Resubmit the ECF to the return address shown on the lower portion of the ECF.

Note: All corrections and additions to the ECF must be made in RED. Do not circle any item. In addition, ECFs must be resolved before resubmitting. Writing a note and/or signing an ECF and submitting to Medicaid Claims Receipt will not resolve the ECF. Any Edit Correction Forms returned to SCDHHS with no corrective action taken may be discarded. If you are unable to resolve an ECF, contact your Medicaid program representative for assistance before resubmitting your claim. Except for possible data entry error, information on the ECF reflects the information submitted on the claim form.

THIRD-PARTY LIABILITY (TPL)

The SCDHHS Health Insurance Information Referral Form is used to document third-party insurance coverage, policy changes, beneficiary coverage changes, carrier changes, and policy lapse information. A copy of this form is included in the Forms section of this manual. Completed forms should be mailed or faxed directly to Medicaid Insurance Verification Services at the following address:

Medicaid Insurance Verification Services
Post Office Box 101110
Columbia, SC 29211-9804
Fax: (803) 252-0870

Cost Avoidance

Under the cost avoidance program, claims billed primary to Medicaid for many providers will automatically be rejected for those beneficiaries who have other resources available for payment that are responsible as the primary payer.

Providers should not submit claims to Medicaid until payment or notice of denial has been received from any liable third party. However, the time limit for filing claims cannot be extended on the basis of third-party liability requirements.

If a claim is rejected for primary payer(s), the Edit Correction Form will supply all information necessary for the provider to file with the third-party payer. This information is listed to the right of the Medicaid claims

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Cost Avoidance (Cont'd.)

receipt address on the ECF under the heading “INSURANCE POLICY INFORMATION” and includes the insurance carrier code, the policy number, and the name of the policyholder. Information about the carrier address and telephone number may be found in Appendix 2 of this manual or at the SCDHHS Web site (<http://www.scdhhs.gov/>). More specific policy information such as the group number can be provided by your program representative.

Reporting Third-Party Insurance On a CMS-1500 Claim Form

After the claim has been submitted to the third-party payer, and the third-party payer denies payment or the third-party payment is less than the Medicaid allowed amount, the provider may submit the claim to Medicaid. To indicate that a claim has been submitted to a third-party insurance carrier, include the carrier code, the policy number, and the amount paid. Instructions are provided earlier in this section on coding the CMS-1500 claim for third-party insurance information.

If the third party denies payment, the TPL indicator for “insurance denied” should be entered in the appropriate field on the CMS-1500 claim form. For the CMS-1500 (version 08/05) the appropriate field for TPL coding is field 10d. The TPL indicators accepted are:

Code Description

- | | |
|---|---------------------------|
| 1 | Insurance denied |
| 6 | Crime victim |
| 8 | Uncooperative beneficiary |

If the third-party payment is equal to or greater than the South Carolina Medicaid established rate, Medicaid will not reimburse the balance. The Medicaid beneficiary **is not liable** for the balance.

Third-Party Liability Exceptions

Providers may occasionally encounter difficulties in obtaining documentation and payment from third parties and beneficiaries. For example, the third-party insurer may refuse to send a written denial or explanation of benefits, or a beneficiary may be missing or uncooperative. In such cases it is the provider’s responsibility to seek a solution to the problem.

Providers have many resources available to them for

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Third-Party Liability Exceptions (Cont'd.)

pursuing third party payments. Program areas will work with providers to explore these options.

As a final measure, providers may submit a reasonable effort document along with a claim filed as a denial. This form can be found in the Forms section of this manual. The reasonable effort document must demonstrate sustained efforts of claim submission and/or adequate follow-up to obtain the needed action from the insurance company or beneficiary. This document should be used only as a last resort, when all other attempts at contact and payment collection have failed.

The reasonable effort documentation process does not exempt providers from timely filing requirements for claims. Please refer to **Time Limit for Submitting Claims** in Section 1.

If the provider received an ECF or is filing a hard copy claim, the reasonable effort document should be attached to the claim form or ECF and returned to Medicaid Claims Processing.

Dually Eligible Beneficiaries

When a dually eligible beneficiary also has a commercial payer, the provider should file to all payers before filing to Medicaid. If the provider chooses to submit a CMS-1500 claim form for consideration of payment, he or she must declare all payments and denials. If the combined payments of Medicare and the other payer add up to less than Medicaid's allowable, Medicaid will make an additional payment up to that allowable. If the sum of Medicare and other payers is greater than Medicaid's allowable, the claim will reject with the 690 edit (payment from other sources is more than Medicaid allowable).

TPL Refunds

When reimbursed by both Medicaid and third-party insurance, the provider must refund the lesser of either the amount paid by Medicaid or the full amount paid by the insurance company. See **Claim Adjustments** and **Refunds** later in this section.

Medicaid Recovery Initiatives

Retro-Health Insurance

Where SCDHHS discovers a primary payer for a claim Medicaid has already paid, SCDHHS will pursue recovery.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Retro-Health Insurance (Cont'd.)

Once an insurance policy is added to the TPL policy file, claims that have services in the current and prior calendar years are invoiced directly to the third party.

Retro-Medicare

Every quarter, providers are notified by letter of claims Medicaid paid primary for beneficiaries with Medicare coverage. The letter provides the beneficiary's Medicare number to file the claim with Medicare. The Medicaid payments will be recouped within 30 days of the date of the letter. Please retain the letter for accurate accounting of the recoupment. Questions about this letter may be referred to Medicaid Insurance Verification Services (MIVS) at (803) 252-7070.

Where claims have been pulled into retro Medicare and retro health for institutional providers, the provider should not attempt to refund the claim with a void or void/replacement claim. Should they do so, they will incur edits 561,562 and 563.

Carrier Codes

All third-party payers are assigned a three-digit code referred to as a carrier code. The appropriate carrier code must be entered on the CMS-1500 form when reporting third-party liability.

The list of carrier codes (Appendix 2) contained in this manual is categorized both alphabetically by the names of the insurance companies and numerically by the carrier code assigned to each company. These codes are current at the time of publication of this manual; however, they are subject to change.

If a particular carrier or carrier code cannot be found in this manual, providers should consult the carrier codes updated each quarter on the SCDHHS Web site (<http://www.scdhhs.gov/>).

If a particular carrier code is neither listed in the manual nor on the SCDHHS Web site, providers may use the generic carrier code 199 for billing purposes. Contact the program area for assistance should an ECF list a numerical code that cannot be located in the carrier codes either in this manual or online.

CLAIM ADJUSTMENTS

Adjustments can be made to paid claims only. A request may be initiated by the provider or SCDHHS. SCDHHS-

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

CLAIM ADJUSTMENTS (CONT'D.)

initiated adjustments are used when the agency determines that an overpayment or underpayment has been made to a provider; SCDHHS will notify the provider when this occurs. Questions regarding an adjustment should be directed to your Medicaid program manager. It is important to note that discontinuation of participation in Medicaid will **NOT** eliminate an existing overpayment debt.

A **claim-level adjustment** is a **detail-level** Void (debit) or Void/Replacement that is used to correct both the payment history **and** the actual claim record. It is limited to one claim per adjustment request. A Void claim will always result in an account debit for the total amount of the original claim. A Void/Replacement claim will generate an account debit for the original claim and re-file the claim with the corrected information.

A **gross-level adjustment** is defined as a **provider-level** adjustment that is a debit or credit that will affect the financial account history for the provider; however, the patient claim history in the Medicaid Management Information System (MMIS) will not be altered, and the Remittance Advice will not be able to provide claim-specific information.

Claim-Level Adjustments

Effective November 22, 2004, all Medicaid providers are able to initiate claim-level adjustments. Please note: gross-level adjustments may still be used as discussed in **Gross-Level Adjustments**. The process for claim-level adjustments gives providers the option of initiating their own corrections to individual claim records. This process allows providers to submit adjustments directly to South Carolina Medicaid. Claim-level adjustments should only be submitted for claims that have been paid (status "P").

Claim-level adjustments should be initiated when:

- The provider has identified the need for a **Void/Replacement** of an original claim. This process should be used when the information reported on the original claim needs to be amended. **The original claim must have a date of service that is less than 12 months old.** (See **Claim Filing Timeliness** in this section for more information.)
- The provider has identified the need for a **Void Only** of a claim that was paid within the last 18 months. This process should be used when the provider

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Claim-Level Adjustments (Cont'd.)

wishes to withdraw the original claim entirely.

Claim-level adjustments can be submitted in several ways:

- Providers who submit claims using a HIPAA-compliant electronic claims submission format must use the void or replacement option provided by their system. (See **Void and Replacement Claims for HIPAA-Compliant Electronic Submissions** below.)
- Providers who submit claims on paper using CMS-1500, Dental, or Transportation forms can use the South Carolina Department of Health and Human Services Claim Adjustment Form 130 (DHHS Form 130, revised 03-13-2007). They can also use the Web Tool to initiate claim-level adjustments in a HIPAA-compliant electronic format, even if they continue using paper forms for regular billing. See **Electronic Claims Submissions** in this section for more information about the Web Tool.

Providers who use an electronic format that is not compliant with HIPAA standards to submit CMS-1500, Dental, or Transportation claims can use DHHS Form 130; they may also use the Web Tool to submit adjustments.

Void and Replacement Claims (HIPAA-Compliant Electronic Submissions)

Providers may use a HIPAA-compliant electronic format to void a claim that has been filed in error, processed, and for which payment has been received. Submitting a **Void claim** with the original Claim Control Number will alert SCDHHS that claim payment has been made in error. The amount paid for the original claim will be deducted from the next Remittance Advice.

Alternatively, these providers may submit a **Replacement claim** to change information on a claim that has been filed, processed, and for which payment has been received. Submitting a Replacement claim automatically voids the original claim and processes the Replacement claim. The Void and Replacement claims must have the same beneficiary and provider numbers.

Void Only and Void/Replacement Claims

Providers who file claims on paper or who submit electronic claims that are not in a HIPAA-compliant electronic format may use DHHS Form 130 to submit

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Void Only and Void/Replacement Claims (Cont'd.)

claim-level adjustments. (A sample DHHS Form 130 can be found in the Forms section of this manual.) Once a provider has determined that a claim-level adjustment is warranted, there are two options:

- Submitting a **Void Only** claim will generate an account debit for the amount that was reimbursed. A Void Only claim should be used to retract a claim that was paid in error. To initiate a Void Only claim, complete DHHS Form 130 and attach a copy of the original Remittance Advice.
- Submitting a **Void/Replacement** claim will generate an account debit for the original claim and re-file the claim with the corrected information. A Void/Replacement claim should be used to:
 - Correct a keying or billing error on a paid claim
 - Add new or additional information to a claim
 - Add information about a third party insurer or payment

To initiate a Void/Replacement claim, complete DHHS Form 130 and attach a copy of the original Remittance Advice, as well as the new Replacement claim. Also attach any documentation relevant to the claim.

Form 130 Instructions

The completed DHHS Form 130 and any other documents specified above should be sent directly to South Carolina Medicaid at the same address used for regular claims submission. All fields are required with the exception of field 13, "Comments."

1 Provider Name

Enter the provider's name.

2 Provider Address

Enter the provider's address.

3 Provider City, State, Zip

Enter the provider's city, state, and zip code.

4 Total amount paid on the original claim

Enter the total amount that was paid on the original claim that is to be voided or replaced.

SECTION 3 BILLING PROCEDURES**CLAIM PROCESSING**

*Form 130 Instructions
(Cont'd.)*

- 5 Original CCN**

Enter the Claim Control Number of the original claim you wish to Void or Void/Replace. The CCN is 17 characters long; the first 16 characters are numeric, and the 17th is alpha, indicating the claim type.
- 6 Provider ID/NPI**

Enter the six-character Medicaid legacy provider number and/or NPI of the provider reimbursed on the original claim.
- 7 Recipient ID**

Enter the beneficiary's Medicaid ID as submitted on the original claim.
- 8 Adjustment Type**

Fill in the appropriate bubble to indicate Void or Void/Replace.
- 9 Originator**

Fill in the "Provider" bubble.
- 10 Reason for Adjustment**

Select only **one** reason for the adjustment and fill in the appropriate bubble.
- 11 Analyst ID**

This field is for agency use only.
- 12 For Agency Use Only**

These adjustment reasons are for agency use only.
- 13 Comments**

Include any relevant comments in this field. Comments are not required.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Form 130 Instructions (Cont'd.)

14 Signature

The person completing the form must sign on this line.

15 Date

Enter the date the form was completed.

16 Phone

Enter the contact phone number of the person completing the form.

Visit Counts

Because visit counts are stored on the claim record for beneficiaries, the claim-level adjustment process can affect the visit count for services that have a limitation on the number of visits allowed within a specific timeframe (typically the state fiscal year). Those services include Ambulatory, Home Health, and Chiropractic visits.

In the case of a **Void Only** adjustment, the visit count for a beneficiary will be restored by the same number and type of visits on the original claim. Once the Void Only adjustment has been processed, those allowed visits are returned to the beneficiary's record and are available for use.

In the case of a **Void/Replacement** adjustment, a new visit count will be applied to the beneficiary record after the replacement claim has completed processing.

There are two factors to note here:

- If the recalculated visit count exceeds that beneficiary's limits, reimbursement for the excess visits on the Replacement claim will be denied.
- There may be cases when a Void/Replacement adjustment is submitted, the Void of the old claim is processed, and the Replacement claim is suspended. In such cases, the allowable visits on the original claim are "held" until the suspension is resolved. If the resolution results in "Paid" status for the Replacement claim, the allowable visits are applied to it. However, if the Replacement claim is denied ("R" status), then those allowable visits again become active in the beneficiary's record and can be applied to other visits.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Gross-Level Adjustments

Gross-level adjustments will be initiated when:

- A claim is no longer in Medicaid's active history file (the claim payment date is more than 18 months old.)
- The adjustment request is not "claim-specific" (cost settlements, disproportionate share, etc.). SCDHHS will initiate this type of gross adjustment.
- A claim in TPL Recovery will not be taken back in full.

Provider requests for credit adjustments (where the provider can substantiate that additional reimbursement is appropriate) or debit adjustments (where the provider wishes to make a voluntary refund of an overpayment) should be directed to the Medicaid program manager within 90 days of receipt of payment. Requests for gross-level **credit** adjustments for dates of service that are more than one year old typically cannot be processed by SCDHHS without documentation justifying an exception. Providers may send TPL-related adjustments directly to Medicaid Insurance Verification Services (MIVS) at the following address:

Medicaid Insurance Verification Services
Post Office Box 101110
Columbia, SC 29211-9804

Fax: (803) 252-0870
Phone: (803) 252-7070

In the event of a debit adjustment, the provider should not send a check. Appropriate deductions will be made from the provider's account, if necessary. Providers may inquire directly to Medicaid Insurance Verification Services about debit or credit adjustments resulting from private health insurance or retroactive Medicare coverage.

To request a gross-level adjustment, the provider should submit a letter on letterhead stationery to the Medicaid program manager providing a brief description of the problem, the action that the provider wishes SCDHHS to take on the claim, and the amount of the adjustment, if known. If the problem involves an individual claim, the letter should also provide the beneficiary's name and Medicaid number, the date of service involved, and the

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Gross-Level Adjustments (Cont'd.)

procedure code for the service to be adjusted. The provider's authorized representative must sign the letter. For problems involving individual claims, copies of the pertinent Medicaid Remittance Advices with the beneficiary's name and Medicaid number, date of service, procedure code, and payment amount **highlighted** should also be included.

The provider will be notified of the adjustment via a letter or a copy of an Adjustment/ Alternate Claim Form (DHHS Form 115), which replaced Forms 110 and 120. After it is processed by SCDHHS, the gross-level adjustment will appear on the last page of the provider's next Remittance Advice. Each adjustment will be assigned a unique identification number ("Own Reference Number" on the adjustment form), which will appear in the first column of the Remittance Advice. The identification number will be up to nine alphanumeric characters in length. A sample Remittance Advice can be found in the Forms section of this manual. Gross-level adjustments are shown on page 3 of the sample.

Adjustments on the Remittance Advice

If a Void claim and its Replacement process in the same payment cycle, they are reported together on the Remittance Advice along with other paid claims. The original Claim Control Number (CCN) and other claim details will appear on both the Void and the Replacement lines.

Void Only claim adjustments are reported on a separate page of the Remittance Advice; they will also show the original CCN and other claim details. If the Replacement claim for a Void/Replacement processes in a subsequent payment cycle, it will appear with other paid claims.

Gross-level adjustments are reported on the last page of the Remittance Advice, and show only a reference number and debit/credit information.

A sample Remittance Advice that shows Void Only, Void/Replacement, and gross-level adjustments can be found in the Forms section of this manual.

Refund Checks

Providers who are instructed to send a refund check should complete the Form for Medicaid Refunds (DHHS Form 205) and send it along with the check to the following

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Refund Checks (Cont'd.)

address:

SC Department of Health and Human Services
Cash Receipts
Post Office Box 8355
Columbia, SC 29202-8355

All refund checks should be made payable to the SC Department of Health and Human Services. A sample of the Form for Medicaid Refunds, along with instructions for its completion, can be found in the Forms section of this manual. SCDHHS must be able to identify the reason for the refund, the beneficiary's name and Medicaid number, the provider's number, and the date of service in order to post the refund correctly.

SECTION 4
PROCEDURE CODES

TABLE OF CONTENTS

PROCEDURE CODES, FREQUENCIES, AND UNITS

1

SECTION 4 PROCEDURE CODES**PROCEDURE CODES,
FREQUENCIES, AND
UNITS**

All Sickle Cell Program services are contracted and not all codes are used by each provider. Providers should refer to their individual contracts to determine which codes to use for the appropriate service.

The following codes are commonly used for Sickle Cell Program services. Providers should contact their program representative for detailed fee schedule information.

Code	Description	Units of Service	Frequency
S9445	Patient Education, Not Otherwise Classified, Non Physician Provider, individual per session	15 minutes	8 units per day
T1016	Case Management	15 minutes	8 units per day
T1017	Targeted Case Management	15 minutes	8 units per day

SECTION 4 PROCEDURE CODES

PROCEDURE CODES, FREQUENCIES, AND UNITS

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SECTION 5
ADMINISTRATIVE SERVICES

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SECTION 5 ADMINISTRATIVE SERVICES

GENERAL INFORMATION

ADMINISTRATION

The Department of Health and Human Services (DHHS) administers the South Carolina Medicaid Program. This section outlines the available resources for Medicaid providers, with telephone numbers and addresses for county DHHS offices.

CORRESPONDENCE AND INQUIRIES

Correspondence concerning specific policy and procedural problems must be directed to a DHHS program representative. Inquiries concerning specific claims should also be directed to a program representative, but only after corrections have been made on rejected claims and all claims filing requirements have been met. Medicaid Provider Inquiry (DHHS Form 140) may be used to check the status on outstanding claims. (See the blank form in the Forms section of this manual.) Always include the provider's Medicaid number, the recipient's Medicaid number, and the date of service when requesting the status of outstanding claims. **Allow 45 days from the submission date before requesting the status of the claim.**

All correspondence to the Medicaid administrative staff should be directed to:

Department of Health and Human Services
Attn: Division of Family Services
Post Office Box 8206
Columbia, SC 29202-8206
(803) 898-2565

Correspondence can also be sent by fax to (803) 258-8351 or by email.

Questions concerning beneficiary eligibility or identification numbers should be directed to the DHHS county office in the beneficiary's county of residence. Beneficiaries who have questions regarding specific coverage issues should be referred to the appropriate staff of their county DHHS office for assistance. To verify eligibility status, please call the Medicaid Interactive Voice Response System (IVRS) at (888) 809-3040 or use the South Carolina Medicaid Web-based Claims Submission Tool.

SECTION 5 ADMINISTRATIVE SERVICES

GENERAL INFORMATION

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SECTION 5 ADMINISTRATIVE SERVICES**PROCUREMENT
OF FORMS**

The Department of Health and Human Services will not supply the CMS-1500 claim form (08/05 version) to providers. Providers should purchase the form in its approved format from the private vendor of their choice. Examples of vendors who supply the form are listed below. This list should not be viewed as an endorsement of these vendors by SCDHHS.

**REPRODUCIBLE
NEGATIVES**

Government Printing Office
Room C-836
Building Three
Washington, DC 20401
(202) 275-1189

SOFTWARE

Attn: Orders Department
American Medical Association
Post Office Box 10946
Chicago, IL 60610

HARD COPY CLAIM FORMS

Government Printing Office
Superintendent of Documents
Post Office Box 371954
Pittsburgh, PA 15250-7954
(202) 512-1800
Fax: (202) 512-2250
Web site orders:<http://bookstore.gpo.gov>

PRIVATE VENDORS

Moore Wallace
1210 Key Road
Columbia, SC 29201
(803) 576-1302

Physicians' Record Company
3000 S. Ridgeland Ave.
Berwyn, IL 60402-0724
(800) 323-9268 (toll free)
Fax: (708) 749-0171

SECTION 5 ADMINISTRATIVE SERVICES**PROCUREMENT OF FORMS****PRIVATE VENDORS
(CONT'D.)**

Standard Register Company
140 Stoneridge Drive, Suite 380
Columbia, SC 29210
(803) 256-0004
Fax: (803) 256-1602

FAX REQUESTS

A provider may request the following forms via fax number (803) 898-4528:

1. Confidential Medicaid Complaint (Form 126)
2. Medicaid Provider Inquiry (Form 140)
3. Request for Medicaid Forms (142)
4. Medicaid Refund Check Remittance (Form 205)

Copies of these and other forms are also available in the Forms section of this manual.

WEB ADDRESS

The most current version of this manual is available on the DHHS Web site at <http://www.scdhhs.gov/>.

To order a paper or CD version of this manual, please contact South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing.

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
1. Abbeville County	(864) 366-5638	Medicaid Eligibility Abbeville County DHHS Human Services Building 903 W. Greenwood St. Abbeville, SC 29620 Post Office Box 130 Abbeville, SC 29620
2. Aiken County	(803) 643-1938	Medicaid Eligibility Aiken County DHHS County Commissioner's Building 1410 Park Ave. S.E. Aiken, SC 29801 Post Office Box 2748 Aiken, SC 29802
3. Allendale County	(803) 584-8137	Medicaid Eligibility Allendale County DHHS 521 Barnwell Road Allendale, SC 29810 Post Office Box 326 Allendale, SC 29810
4. Anderson County	(864) 260-4541	Medicaid Eligibility Anderson County DHHS 224 McGee Rd. Anderson, SC 29625 Post Office Box 160 Anderson, SC 29622-0160

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
5. Bamberg County	(803) 245-3932	Medicaid Eligibility Bamberg County DHHS 374 Log Branch Rd. Bamberg, SC 29003 Post Office Box 544 Bamberg, SC 29003
6. Barnwell County	(803) 541-3825	Medicaid Eligibility Barnwell County DHHS 29 Allen St. Barnwell, SC 29812 Post Office Box 648 Barnwell, SC 29812
7. Beaufort County	(843) 470-4625	Medicaid Eligibility Beaufort County DHHS 1905 Duke St. Beaufort, SC 29902-4403 Post Office Box 1255 Beaufort, SC 29901-1255
8. Berkeley County	(843) 719-1170	Medicaid Eligibility Berkeley County DSS 2 Belt Dr. Moncks Corner, SC 29461 Toll Free: 1-800-249-8751 Post Office Box 13748 Charleston, SC 29422-3748
9. Calhoun County	(803) 874-3384	Medicaid Eligibility Calhoun County DHHS 2831 Old Belleville Rd. St. Matthews, SC 29135 Post Office Box 378 St. Matthews, SC 29135

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
10. Charleston County	(843) 740-5900	Medicaid Eligibility Charleston County DHHS 326 Calhoun St. Charleston, SC 29401-1124
	Toll Free: 1-800-249-8751	Post Office Box 13748 Charleston, SC 29422-3748
11. Cherokee County	(864) 487-2521	Medicaid Eligibility Cherokee County DHHS 1434 N. Limestone St. Gaffney, SC 29340-4734
		Post Office Box 89 Gaffney, SC 29342
12. Chester County	(803) 377-8135	Medicaid Eligibility Chester County DHHS 115 Reedy St. Chester, SC 29706
13. Chesterfield County	(843) 623-5226	Medicaid Eligibility Chesterfield County DHHS 201 N. Page St. Chesterfield, SC 29709
		Post Office Box 855 Chesterfield, SC 29709
14. Clarendon County	(803) 435-4305	Medicaid Eligibility Clarendon County DSS 3 S. Church St. Manning, SC 29102
		Post Office Box 788 Manning, SC 29102

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
15. Colleton County	(843) 549-1894	Medicaid Eligibility Colleton County DHHS Bernard Warshaw Building 215 S. Lemacks St. Walterboro, SC 29488
		Post Office Box 110 Walterboro, SC 29488
16. Darlington County	(843) 398-4427	Medicaid Eligibility Darlington County DHHS 300 Russell St., Room 145 Darlington, SC 29540
		Post Office Box 2077 Darlington, SC 29532
		(843) 332-2289 404 S. Fourth St., Suite 300 Hartsville, SC 29550
17. Dillon County	(843) 774-2713	Medicaid Eligibility Dillon County DHHS 1213 Highway 34 W. Dillon, SC 29536
		Post Office Box 351 Dillon, SC 29536
18. Dorchester County	(843) 563-9524 Toll Free: 1-800-249-8751	Medicaid Eligibility Dorchester County DSS 201 Johnston St., Bldg. 17 St. George, SC 29477
		(843) 821-0444 Toll Free: 1-800-249-8751
	216 Orangeburg Rd Summerville, SC 29483	
	Post Office Box 13748 Charleston, SC 29422-3748	

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
19. Edgefield County	(803) 637-4040	Medicaid Eligibility Edgefield County DHHS 120 W. A. Reel Dr. Edgefield, SC 29824
		Post Office Box 386 Edgefield, SC 29824
20. Fairfield County	(803) 635-5502	Medicaid Eligibility Fairfield County DHHS 1136 Kincaid Bridge Rd. Winnsboro, SC 29180-7116
		Post Office Box 1139 Winnsboro, SC 29180-5139
21. Florence County	(843) 673-1761	Medicaid Eligibility Florence County DHHS 2685 S. Irby St., Box I Florence, SC 29505
		(843) 394-8575 345 S. Ron McNair Blvd Lake City, SC 29560
22. Georgetown County	(843) 546-5134	Medicaid Eligibility Georgetown County DSS 330 Dozier St. Georgetown, SC 29440-3219
		Post Office Box 371 Georgetown, SC 29442
23. Greenville County	(864) 467-7926	Medicaid Eligibility Greenville County DSS 301 University Ridge, Suite 6700 Greenville, SC 29601
		Post Office Box 9399 Greenville, SC 29604-9399

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
24. Greenwood County	(864) 229-5258	<p>Medicaid Eligibility Greenwood County DHHS 1118 Phoenix St. Greenwood, SC 29646-3918</p> <p>Post Office Box 1016 Greenwood, SC 29648</p>
25. Hampton County	(803) 914-0053	<p>Medicaid Eligibility Hampton County DHHS 102 Ginn Altman Ave., Suite B Hampton, SC 29924</p> <p>Post Office Box 693 Hampton, SC 29924</p>
26. Horry County	(843) 381-8260	<p>Medicaid Eligibility Horry County DHHS 1601 11th Ave., 1st Floor Conway, SC 29526</p> <p>Post Office Box 290 Conway, SC 29528</p>
27. Jasper County	(843) 726-7747	<p>Medicaid Eligibility Jasper County DHHS 10908 N. Jacob Smart Blvd. Ridgeland, SC 29936</p> <p>Post Office Box 1150 Ridgeland, SC 29936</p>
28. Kershaw County	(803) 432-3164	<p>Medicaid Eligibility Kershaw County DHHS 110 E. DeKalb St. Camden, SC 29020-4432</p> <p>Post Office Box 220 Camden, SC 29021-0220</p>

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
29. Lancaster County	(803) 286-8208	Medicaid Eligibility Lancaster County DHHS 1599 Pageland Highway Lancaster, SC 29720-2409
30. Laurens County	(864) 833-6109	Medicaid Eligibility Laurens County DHHS 93 Human Services Rd. Clinton, SC 29325-7546 Post Office Box 388 Laurens, SC 29360-0388
31. Lee County	(803) 484-5376	Medicaid Eligibility Lee County DHHS 820 Brown St. Bishopville, SC 29010 Post Office Box 406 Bishopville, SC 29010
32. Lexington County	(803) 785-2991 (803) 785-5050	Medicaid Eligibility Lexington County DHHS 605 West Main St. Lexington, SC 29072-2550
33. McCormick County	(864) 465-2627	Medicaid Eligibility McCormick County DHHS 215 N. Mine St. Highway 28 N. McCormick, SC 29835
34. Marion County	(843) 423-5417	Medicaid Eligibility Marion County DHHS 1311 N. Main St. Marion, SC 29571-6012 Post Office Box 1837 Marion, SC 29571

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DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
35. Marlboro County	(843) 479-4389	Medicaid Eligibility Marlboro County DHHS County Complex 1 Ag St. Bennettsville, SC 29512 Post Office Box 1074 Bennettsville, SC 29512-1074
36. Newberry County	(803) 321-2155	Medicaid Eligibility Newberry County DHHS County Human Services Center 2107 Wilson Rd. Newberry, SC 29108 PO Box 1225 Newberry, SC 29108
37. Oconee County	(864) 638-4420	Medicaid Eligibility Oconee DHHS 223 B Kenneth St. Walhalla, SC 29691
38. Orangeburg County	(803) 515-1793	Medicaid Eligibility Orangeburg County DHHS 2570 Old St. Matthews Rd., N.E. Orangeburg, SC 29118 Post Office Box 1407 Orangeburg, SC 29116-1407
39. Pickens County	(864) 898-5815	Medicaid Eligibility Pickens County DHHS 212 McDaniel Ave. Pickens, SC 29671 Post Office Box 160 Pickens, SC 29671-0160
40. Richland County	(803) 714-7562 (803) 714-7549	Medicaid Eligibility Richland County DHHS 3220 Two Notch Rd. Columbia, SC 29204-2826

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
41. Saluda County	(864) 445-2139	Medicaid Eligibility Saluda County DHHS 613 Newberry Highway Saluda, SC 29138 Post Office Box 245 Saluda, SC 29138
42. Spartanburg County	(864) 596-2714	Medicaid Eligibility Spartanburg County DHHS Pinewood Shopping Center 1000 N. Pine St., Suite 23 Spartanburg, SC 29305 Post Office Box 4847 Spartanburg, SC 29305
43. Sumter County	(803) 774-3447	Medicaid Eligibility Sumter County DHHS 105 N. Magnolia St., 3rd Floor Sumter, SC 29150-4941 Post Office Box 2547 Sumter, SC 29151
44. Union County	(864) 424-0227	Medicaid Eligibility Union County DHHS 200 S. Mountain St. Union, SC 29379 Post Office Box 1068 Union, SC 29379
45. Williamsburg County	(843) 355-5411	Medicaid Eligibility Williamsburg County DSS 831 Eastland Ave. Kingstree, SC 29556 Post Office Box 767 Kingstree, SC 29556

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

County	Telephone No.	Address
46. York County	(803) 366-1900	Medicaid Eligibility York County DHHS 1890 Neelys Creek Road Rock Hill, SC 29730 Post Office Box 710 Rock Hill, SC 29731-6710

FORMS

Number	Name	Revision Date
DHHS 126	Confidential Complaint	06/2007
DHHS 130	Claim Adjustment Form 130	03/2007
DHHS 140	Medicaid Provider Inquiry	06/2007
DHHS 142	Request for Medicaid Forms and Publications	06/2007
DHHS 205	Medicaid Refunds	01/2008
DHHS 931	Health Insurance Information Referral Form	01/2008
	Reasonable Effort Documentation	06/2007
	Authorization Agreement for Electronic Funds Transfer	01/2009
CMS-1500	Sample Claim	08/2005
	Sample Edit Correction Form	10/2008
	Remittance Advice	06/2007
	Referral Form for Broken Appointments	
	Standing Order (Sample)	



STATE OF SOUTH
CAROLINA
DEPARTMENT OF HEALTH
AND HUMAN SERVICES

CONFIDENTIAL COMPLAINT

SEND TO: DIRECTOR, DIVISION OF PROGRAM INTEGRITY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. BOX 100210, 1801 MAIN STREET, COLUMBIA, SOUTH CAROLINA 29202-3210

PROGRAM INTEGRITY

THIS REPORT IS DESIGNED FOR THE REPORTING OF POSSIBLE ABUSE BY MEDICAID PROVIDERS AND/OR RECIPIENTS. USE THE SPACE BELOW TO EXPLAIN IN DETAIL YOUR COMPLAINT. PLEASE IDENTIFY YOURSELF AND WHERE YOU CAN BE REACHED FOR FUTURE REFERENCES. UNLESS OTHERWISE INDICATED, ALL INFORMATION SHOULD BE PRINTED OR TYPED.

YOUR COMPLAINT WILL REMAIN CONFIDENTIAL.

SUSPECTED INDIVIDUAL OR INDIVIDUALS:

NPI or MEDICAID PROVIDER ID: (if applicable)

MEDICAID RECIPIENT ID NUMBER: (if applicable)

ADDRESS OF SUSPECT:

LOCATION OF INCIDENT:

DATE OF INCIDENT:

COMPLAINT:

NAME OF PERSON REPORTING: (Please print)

SIGNATURE OF PERSON REPORTING:

DATE OF REPORT

ADDRESS OF PERSON REPORTING:

TELEPHONE NUMBER OF PERSON REPORTING:

SIGNATURE: (SCDHHS Representative Receiving Report)

South Carolina Department of Health and Human Services - Claim Adjustment Form 130

Provider Name: (Please use black or blue ink when completing form)

Provider Address :

Provider City , State, Zip:

Total paid amount on the original claim:

Original CCN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Provider ID:

--	--	--	--	--	--	--	--

NPI:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Recipient ID:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adjustment Type:

- Void Void/Replace

Originator:

- DHHS MCCS Provider MIVS

Reason For Adjustment: (Fill One Only)

- | | |
|---|---|
| <input type="radio"/> Insurance payment different than original claim | <input type="radio"/> Medicaid paid twice - void only |
| <input type="radio"/> Keying errors | <input type="radio"/> Incorrect provider paid |
| <input type="radio"/> Incorrect recipient billed | <input type="radio"/> Incorrect dates of service paid |
| <input type="radio"/> Voluntary provider refund due to health insurance | <input type="radio"/> Provider filing error |
| <input type="radio"/> Voluntary provider refund due to casualty | <input type="radio"/> Medicare adjusted the claim |
| <input type="radio"/> Voluntary provider refund due to Medicare | <input type="radio"/> Other |

For Agency Use Only

Analyst ID:

--	--	--	--	--	--	--	--

- | | |
|--|---|
| <input type="radio"/> Hospital/Office Visit included in Surgical Package | <input type="radio"/> Web Tool error |
| <input type="radio"/> Independent lab should be paid for service | <input type="radio"/> Reference File error |
| <input type="radio"/> Assistant surgeon paid as primary surgeon | <input type="radio"/> MCCS processing error |
| <input type="radio"/> Multiple surgery claims submitted for the same DOS | <input type="radio"/> Claim review by Appeals |
| <input type="radio"/> MMIS claims processing error | |
| <input type="radio"/> Rate change | |

Comments:

Signature: _____

Date: _____

Phone: _____



**STATE OF SOUTH
CAROLINA
DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

MEDICAID PROVIDER INQUIRY

MAIL TO: ATTENTION _____ UNIT S.C. DEPT. OF HEALTH AND HUMAN SERVICES POST OFFICE BOX 8206 COLUMBIA, SOUTH CAROLINA 29202-8206	TODAY'S DATE:
	NPI or MEDICAID PROVIDER ID:
	TELEPHONE:
PROVIDER NAME AND ADDRESS:	TYPE OF PROVIDER (i.e., Dentist, Group, etc.)
	DATE CLAIM FILED:

-----FOLD HERE-----

PATIENT'S NAME (First, Initial, Last)		MEDICAID NUMBER (10 Digits)	DATE OF SERVICE
HAS THE CLAIM APPEARED ON THE PROVIDER'S REMITTANCE ADVICE? (CHECK ONE)		IS MEDICARE COVERAGE INVOLVED?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
CLAIMS STATUS ON REMITTANCE ADVICE	PAYMENT DATE	17-DIGIT CLAIM REFERENCE NUMBER	
STATEMENT OF PROBLEM OR QUESTION			
SIGNATURE OF PROVIDER			
RESPONSE			
AGENCY REPRESENTATIVE			DATE



**STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

**REQUEST FOR MEDICAID
FORMS AND PUBLICATIONS**

WHEN COMPLETED PLEASE FORWARD TO:

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUPPLY
POST OFFICE BOX 8206
COLUMBIA, SOUTH CAROLINA 29202-8206

-OR- FAX TO: (803) 898-4528

NPI or MEDICAID PROVIDER ID:

TYPE OF PROVIDER:

TELEPHONE: - -

CONTACT NAME:

NAME OF PROVIDER

STREET ADDRESS FOR UPS DELIVERY (PLEASE PRINT OR TYPE)

ITEMS REQUESTED

FORM/PUBLICATION NO.	TITLE OF FORM OR PUBLICATION	QUANTITY

**South Carolina Department of Health and Human Services
Form for Medicaid Refunds**

Purpose: This form is to be used for all refund checks made to Medicaid. This form gives the information needed to properly account for the refund. If the form is incomplete, the provider will be contacted for the additional information.

Items 1, 2 or 3, 4, 5, 6, & 7 must be completed.

Attach appropriate document(s) as listed in item 8.

1. Provider Name: _____

2. Medicaid Legacy Provider #
(Six Characters)

OR

3. NPI#
& Taxonomy

4. Person to Contact: _____

5. Telephone Number: _____

6. Reason for Refund: [check appropriate box]

- Other Insurance Paid (please complete **a – f** below and attach insurance EOMB)
 - a** Type of Insurance: () Accident/Auto Liability () Health/Hospitalization
 - b** Insurance Company Name _____
 - c** Policy #: _____
 - d** Policyholder: _____
 - e** Group Name/Group: _____
 - f** Amount Insurance Paid: _____
- Medicare
 - () Full payment made by Medicare
 - () Deductible not due
 - () Adjustment made by Medicare
- Requested by DHHS (please attach a copy of the request)
- Other, describe in detail reason for refund:

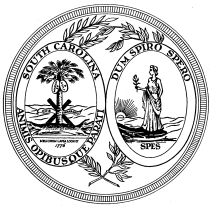
7. Patient/Service Identification:

Patient Name	Medicaid I.D.# (10 digits)	Date(s) of Service	Amount of Medicaid Payment	Amount of Refund

8. Attachment(s): [Check appropriate box]

- Medicaid Remittance Advice (required)
- Explanation of Benefits (EOMB) from Insurance Company (if applicable)
- Explanation of Benefits (EOMB) from Medicare (if applicable)
- Refund check

Make all checks payable to: South Carolina Department of Health and Human Services
Mail to: SC Department of Health and Human Services
Cash Receipts
Post Office Box 8355
Columbia, SC 29202-8355



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM**

Provider or Department Name: _____ Provider ID or NPI: _____

Contact Person: _____ Phone #: _____ Date: _____

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 25 DAYS

Beneficiary Name: _____ Date Referral Completed: _____

Medicaid ID#: _____ Policy Number: _____

Insurance Company Name: _____ Group Number: _____

Insured's Name: _____ Insured SSN: _____

Employer's Name/Address: _____

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIVS SHALL WORK WITHIN 5 DAYS

- _____ a. beneficiary has never been covered by the policy – close insurance.
- _____ b. beneficiary coverage ended - terminate coverage (date) _____
- _____ c. subscriber coverage lapsed - terminate coverage (date) _____
- _____ d. subscriber changed plans under employer - new carrier is _____
- new policy number is _____
- _____ e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
(name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.

Submit this information to Medicaid Insurance Verification Services (MIVS).

Fax: 803-252-0870 **or** **Mail:** Post Office Box 101110
Columbia, SC 29211-9804

III NEW POLICY NUMBERS FOR INSURANCE IN THE MMIS WITH THE SUBSCRIBER SSN (SCDHHS is collecting new unique policy numbers and plans to replace existing insurance records through MMIS online modification as computer resources are available.)

Medicaid Beneficiary ID: _____ SSN: _____

Carrier Name/Code: _____ New Unique Policy Number: _____

Submit this information to South Carolina Department of Health and Human Services (SCDHHS).

Fax: 803-255-8225 **or** **Mail:** Post Office Box 8206, Attention TPL
Columbia, SC 29202-8206



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REASONABLE EFFORT DOCUMENTATION**

PROVIDER _____ **DOS** _____

NPI or MEDICAID PROVIDER ID _____

MEDICAID BENEFICIARY NAME _____

MEDICAID BENEFICIARY ID# _____

INSURANCE COMPANY NAME _____

POLICYHOLDER _____

POLICY NUMBER _____

ORIGINAL DATE FILED TO INSURANCE COMPANY

DATE OF FOLLOW UP ACTIVITY _____

RESULT:

FURTHER ACTION TAKEN:

DATE OF SECOND FOLLOW UP _____

RESULT:

**I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE
FROM THE PRIMARY INSURER.**

(SIGNATURE AND DATE)

**ATTACH A COPY OF FORM TO THE APPROPRIATE CLAIM OR ECF AND FORWARD TO YOUR
MEDICAID CLAIMS PROCESSING POST OFFICE BOX.**

**South Carolina
Department of Health and Human Services
Electronic Funds Transfer (EFT) Authorization Agreement**

PROVIDER INFORMATION

Provider Name _____
Medicaid Provider Number _____
Provider NPI Number _____
Provider Address _____
City _____ State _____ Zip _____

BANKING INFORMATION (Please include a copy of the electronic deposit information on bank letterhead. This is required and the information will be used to verify your bank account information).

Financial Institution Name _____
Financial Institution Address _____
City _____ State _____ Zip _____
Routing Number (nine digit) _____
Account Number _____

Type of Account (check one) Checking Savings

I (we) hereby authorize the Department of Health and Human Services to initiate credit entries and to initiate, if necessary, debit entries for any credit entries in error to my account indicated below and the financial institution named below, to credit and/or debit the same to such account. These credit entries will pertain only to the Department of Health and Human Services payment obligations resulting from Medicaid services rendered by the provider.

I (we) understand that credit entries to the account of the above named payee are done with the understanding that payment will be from federal and/or state funds and that any false claims, statements or documents or concealments of a material fact, may be prosecuted under applicable federal or state laws.

I (we) certify that the information shown is correct. I (we) agree to provide thirty (30) days written notice to the address shown below prior to revoking or revising this authorization.

Contact Name: _____ Phone Number: _____

Signed _____ (Signature)
_____ (Print)

Title _____ Date _____

All EFT requests are subject to a 15-day pre-certification period in which all accounts are verified by the qualifying financial institution before any Medicaid direct deposits are made.

RETURN COMPLETED FORM TO:

**Department of Health and Human Services
Medicaid Provider Enrollment
P.O. BOX 8809, COLUMBIA, S.C. 29202-8809
FAX (803) 699-8637**

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BKLUNG OTHER
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE SEX
4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)
6. PATIENT RELATIONSHIP TO INSURED
7. INSURED'S ADDRESS (No., Street)
8. PATIENT STATUS
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
13. INSURED'S DATE OF BIRTH SEX
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY PREVIOUSLY, GIVE DATE
16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
18. RESERVED FOR LOCAL USE
19. RESERVED FOR LOCAL USE
20. OUTSIDE LAB? \$ CHARGES
21. DIAGNOSIS OR NATURAL CAUSE OF ILLNESS (Use ICD-9-CM code, 4th ed., in 24e by line)
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER
24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts payment below.
13. I, REFERRING OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

Table with 10 columns: A. DATE(S) OF SERVICE, B. PLACE OF SERVICE, C. PROCEDURES, SERVICES, OR SUPPLIES, D. DIAGNOSIS POINTER, F. \$ CHARGES, G. DAYS OR UNITS, H. EPSDT Family Plan, I. ID. QUAL., J. RENDERING PROVIDER ID. #

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT?
28. TOTAL CHARGE
29. AMOUNT PAID
30. BALANCE DUE
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
32. SERVICE FACILITY LOCATION INFORMATION
33. BILLING PROVIDER INFO & PH #

RUN DATE 05/01/2007 000001204
REPORT NUMBER CLM3500

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES
EDIT CORRECTION FORM

CLAIM CONTROL #999999999999999999A
PAGE 1136 ECF 1136 PAGE 1 OF 1

ANALYST ID
SIGNON ID
TAXONOMY:
1 2
PROV/XWALK RECIPIENT
ID ID
ABC123 1111111111
NPI: 1234567890

HIC - 10 PRAC SPEC - 28
DOC IND N
PRV ZIP:
3 4 5 6 7 8 9
P AUTH TPL INJURY EMERG PC COORD
NUMBER CODE
---- DIAGNOSIS ----
PRIMARY SECONDARY
298.9 .

ORIGINAL CCN:
ADJ CCN:
EDITS
INSURANCE EDITS
CLAIM EDITS

10 RECIPIENT NAME - DOE, JANE

11 DATE OF BIRTH 01/25/1992

12 SEX F

13 RES 14 ALLOWED 15 LN NO 16 DATE OF SERVICE 17 PLACE 18 PROC CODE 19 INDIVIDUAL PROVIDER 20 CHARGE IND 21 PAY 22 UNITS

LINE EDITS
01) 510
02)
03)

** AGENCY USE ONLY **
** APPROVED EDITS **
** REJECTED LINE EDITS **
**

.00 1 12/22/04 53 90801 000 123456 40.00 1.000
NPI: 1234567890 TAXONOMY:
2 / /
NPI: 1234567890 TAXONOMY:53 90862 000 123456 32.00 1.000

!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
! CLAIMS/LINE PAYMENT INFO !

!
! EDIT PAYMENT DATE !
!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

3 / /
NPI: TAXONOMY:
4 / /
NPI: TAXONOMY:
5 / /
NPI: TAXONOMY:
6 / /
NPI: TAXONOMY:
7 / /
NPI: TAXONOMY:
8 / /
NPI: TAXONOMY:

24 INS CARR NUMBER 25 POLICY NUMBER 26 INS CARR PAID 27 TOTAL CHARGE 72.00
01 28 AMT REC'D INS .00
02 29 BALANCE DUE 72.00
03 30 OWN REF # 012345

RESOLUTION DECISION _R_
ADDITIONAL DIAG CODES:

RETURN TO: INSURANCE POLICY INFORMATION
MEDICAID CLAIMS RECEIPT
P. O. BOX 1412
COLUMBIA, S.C. 29202-1412
PROVIDER:
ABC PROVIDER
PO BOX 00000
ANYTOWN, SC 00000-0000

"PLEASE NOTE: EDIT CORRECTION FORMS RETURNED TO DHHS WITH NO CORRECTIVE ACTION WILL BE DISREGARDED"
* INDICATES A SPLIT CLAIM

Sample Remittance Advice (page 1)

This page of the sample Remittance Advice shows a paid claim, as well as a Void/Replacement claim for which both the Void and the Replacement processed during the same payment cycle.

PROVIDER ID.	PROFESSIONAL SERVICES	PAYMENT DATE	PAGE
+-----+	+-----+	+-----+	+-----+
AB11110000	DEPT OF HEALTH AND HUMAN SERVICES	03/26/2007	1
+-----+	REMITTANCE ADVICE	+-----+	+-----+
	SOUTH CAROLINA MEDICAID PROGRAM		

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE RENDERED DATE (S) MMDDYY	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	S T S	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
ABB222222	0406001089000400A				1192.00	243.71	P	1112233333	M CLARK			0.00	
	01		021507	H0032	800.00	117.71	P			000			0.00
	02		021507	H2015	392.00	126.00	P			000			0.00
VOID OF ORIGINAL CCN 0404711253670430A PAID 02/28/04													
ABB222222	0406001089000400U				1412.00-	273.71-		1112233333	M CLARK				
	01		012107	H0032	1112.00-	143.71-				000			
	02		012107	H2015	300.00-	130.00-				000			
REPLACEMENT OF ORIGINAL CCN 0404711253670430A PAID 02/28/04													
ABB222222	0407701389002500A				1001.50	42.75	P	1112233333	M CLARK			0.00	
	01		012107	H0032	142.50	42.75	P			000			0.00
	02		012107	H2015	859.00	0.00	R			000			0.00
TOTALS				2	2193.50	286.46						0.00	0.00

-----	-----
\$286.46	

FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".

IF YOU STILL HAVE QUESTIONS PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.

FEDERAL RELIEF

CERT. PG TOT	MEDICAID PG TOT
\$0.00	\$286.46
CERTIFIED AMT	MEDICAID TOTAL
\$0.00	0.00
MAXIMUS AMT	CHECK TOTAL

STATUS CODES:

P = PAYMENT MADE
R = REJECTED
S = IN PROCESS
E = ENCOUNTER

PROVIDER NAME AND ADDRESS

ABC PROVIDER
PO BOX 000000
ANYTOWN SC 00000-0000

CHECK NUMBER

Sample Remittance Advice (page 2)

This page of the sample Remittance Advice shows a claim-level Void without a corresponding Replacement claim.

PROVIDER ID. +-----+ AB11110000 +-----+	DEPT OF HEALTH AND HUMAN SERVICES SOUTH CAROLINA MEDICAID PROGRAM	+-----+ CLAIM ADJUSTMENTS +-----+	PAYMENT DATE +-----+ 03/26/2007 +-----+	PAGE +-----+ 2 +-----+
--	--	--	--	-------------------------------------

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE RENDERED DATE(S) MMDDYY	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	RECIPIENT ID. NUMBER	RECIPIENT NAME LAST NAME I I	M F M O I I D	ORG CHECK DATE	ORIGINAL CCN
ABB222222	0406001089000400U				513.00-	197.71-	1112233333	CLARK	M		0404711253670430A
	01		012107	H0032	453.00	160.71-	P			000	
	02		012107	H2015	60.00	33.00-	P			000	
	TOTALS		1		513.00-	193.71-					

SAMPLE ONLY

DEBIT BALANCE PRIOR TO THIS REMITTANCE	+-----+ \$243.71 +-----+	+-----+ 0.00 +-----+	+-----+ 0.00 +-----+	TO BE REFUNDED IN THE FUTURE
	+-----+ 0.00 +-----+	+-----+ 0.00 +-----+	+-----+ 0.00 +-----+	+-----+ 0.00 +-----+
YOUR CURRENT DEBIT BALANCE	+-----+ 0.00 +-----+	+-----+ 0.00 +-----+	+-----+ 0.00 +-----+	
	+-----+ 0.00 +-----+	+-----+ 0.00 +-----+	+-----+ 0.00 +-----+	

ADJUSTMENTS	+-----+ \$193.71- +-----+	+-----+ +-----+	PROVIDER NAME AND ADDRESS
CHECK TOTAL	+-----+ \$50.00 +-----+	+-----+ 4197304 +-----+	+-----+ ABC PROVIDER PO BOX 000000 ANYTOWN SC 00000-0000 +-----+

Sample Remittance Advice (page 3)

This page of the sample Remittance Advice shows four gross-level adjustments.
Gross-level adjustments always appear on the final page of the Remittance Advice.

PROVIDER ID.	DEPT OF HEALTH AND HUMAN SERVICES	ADJUSTMENTS	PAYMENT DATE	PAGE
AB11110000	SOUTH CAROLINA MEDICAID PROGRAM		03/26/2007	3

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S) MMDDYY	PROC / DRUG CODE	RECIPIENT ID. NUMBER	RECIPIENT NAME F M LAST NAME I I	ORIG. CHECK DATE	ORIGINAL PAYMENT	ACTION	DEBIT / CREDIT AMOUNT	EXCESS REFUND
TPL 2	0408600003700000U	-						DEBIT	-2389.05	
TPL 4	0408600004700000U	-						DEBIT	-1949.90	
TPL 5	0408600005700000U	-						DEBIT	-477.25	
TPL 6	0408600006700000U	-						DEBIT	-477.25	
PAGE TOTAL:									5293.45	0.00

SAMPLE ONLY

DEBIT BALANCE PRIOR TO THIS REMITTANCE	MEDICAID TOTAL	CERTIFIED AMT	FEDERAL RELIEF	TO BE REFUNDED IN THE FUTURE
0.00	0.00	0.00	0.00	0.00
0.00	ADJUSTMENTS	MAXIMUS AMT	PROVIDER NAME AND ADDRESS	
YOUR CURRENT DEBIT BALANCE	CHECK TOTAL	CHECK NUMBER	ABC PROVIDER PO BOX 000000 ANYTOWN SC 00000-0000	
5293.45	0.00			

**S.C. Medicaid Dental Program
Referral Form for Broken Appointments**

This form is used to refer Medicaid beneficiaries who are non-compliant. The referral will be followed up by appropriate Department of Health and Environmental Control (DHEC) staff and efforts will be made to encourage beneficiary compliance. Please provide as much information as you can to assist in contacting the beneficiary or the beneficiary's parent/guardian.

Dentist _____

Phone Number _____

Dental Office Contact Person _____

Beneficiary's Name	Medicaid ID Number	Date of Birth
Beneficiary's Phone Number	Beneficiary's Address	
Parent/Caregiver's Name		
<i>CHECK ONE BLOCK BELOW</i>		
Missed Sedation/Complex/Emergency Appointment (URGENT)		
Missed Restorative Appointment (Moderate)		
Missed Preventive Appointment (Minor)		
Reason Given for Missed Appointment:		
Other Concerns/Comments:		

Beneficiary's Name	Medicaid ID Number	Date of Birth
Beneficiary's Phone Number	Beneficiary's Address	
Parent/Caregiver's Name		
<i>CHECK ONE BLOCK BELOW</i>		
Missed Sedation/Complex/Emergency Appointment (URGENT)		
Missed Restorative Appointment (Moderate)		
Missed Preventive Appointment (Minor)		
Reason Given for Missed Appointment:		
Other Concerns/Comments:		

STANDING ORDER (SAMPLE)

In order for individuals to maintain an optimal state of health, it is imperative that they be linked with a Primary Care Physician (PCP) who provides medical preventive and acute care, that they use care appropriately, and that they practice healthy behaviors. (*Insert Name of Facility*) staff may perform the following PSPCE and RSPCE:

- Assessment provided by Licensed Practitioner of the Healing Arts (LPHA) to determine client strengths, resources, perceptions of need relative to appropriate use of primary medical care, and practice of healthy behaviors;
- Evaluation of information and developing a plan of care in conjunction with the patient and PCP (must be verbal or written) which addresses health-related, medical, and developmental risks/needs appropriate for P/RSPCE;
- Determination of the patient's risks and his or her readiness for intervention;
- Determination of interventions indicated, and whether interventions should be PSPCE or RSPCE;
- Implementation, coordination, and monitoring of the plan of care to determine patient progress toward goal achievement;
- Ongoing reassessment to determine necessary changes in the plan of care and/or interventions;
- Communication (must be verbal or written) will be maintained and documented in the clinical record during all phases of the patient's care; and
- Identification of PCP (medical home):
 1. It is the responsibility of the PSPCE or RSCPE provider to assist the patient in locating a PCP within six months; to obtain permission to share PSPCE or RSPCE information with the PCP; and to communicate (must be verbal or written) the activities to the PCP during all phases of the patient's care.
 2. This Standing Order may be used to authorize provision of PSPCE or RSPCE as long as efforts are being made to locate a PCP for the patient, but no longer than six months.

PSPCE may be provided by a LPHA as determined in the assessment in order to:

- prevent disease, disability, and other health conditions or their progression;
- prolong life; and
- promote physical and mental health efficiency.

PSPCE promotes full and appropriate use of medical care, promote positive health outcomes, prevents deterioration of chronic conditions, and enhances the practice of healthy behaviors.

RSPCE may be recommended by LPHA as determined in the assessment in order to reduce physical or mental disability and restore an individual to his or her best possible functioning level. This service also promotes changes in behavior, improves health status, and develops healthier practices to restore and maintain the patient at the highest possible functioning level.

P/RSPCE Dental Services

Signed by

Date

Documentation Note: If this Standing Order is being used to authorize PSPCE or RSPCE, a copy must be placed in the patient's chart

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
007	PAT DAILY INCOME RATE MORE THAN HOME RATE	45- Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		Patient's daily recurring income is greater than the nursing facility's daily rate. Verify that you have provided the correct information. Contact your program representative regarding any discrepancies.
050	DATE OF BIRTH/ DATE OF SERV. INCONSISTENT	14 - The date of birth follows the date of service.	M52 - Incomplete/invalid "from" date(s) of service.	<p>CMS-1500 CLAIM: Verify that the Medicaid ID# in field 2, date of birth in field 11, and date of service in field 15 were billed correctly. If incorrect, make the appropriate correction. If the date of birth in field 11 is correct according to your records, contact the local county Medicaid office.</p> <p>UB CLAIM: Verify that the Medicaid ID# in field 60, date of birth in field 10, and date of service in field 6 were billed correctly. If incorrect, make the appropriate correction. If the date of birth in field 10 is correct according to your records, contact the local county Medicaid office.</p> <p>ADA CLAIM: Verify that the Medicaid ID# in field 4, date of birth in field 10, and date of service in field 14 were billed correctly. If incorrect, make the appropriate correction. If the date of birth in field 10 is correct according to your records, contact the local county Medicaid office.</p> <p>All other provider/claim types: Contact your program representative.</p>
051	DATE OF DEATH/ DATE OF SERV INCONSISTENT	13 - The date of death precedes the date of service.	M59 - Incomplete/ invalid "to" date(s) of service.	<p>CMS-1500 CLAIM: Verify that the correct Medicaid ID# in field 2 and date of service in field 15 were billed. If incorrect, make the appropriate correction. If correct, contact the local county Medicaid office to see if there is an error with the patient's date of death.</p> <p>UB CLAIM: Verify that the correct Medicaid ID# in field 60 and date of service in field 6 were billed. If incorrect, make the appropriate correction. If correct, contact the local county Medicaid office to see if there is an error with the patient's date of death.</p> <p>ADA CLAIM: Verify that the Medicaid ID# in field 4 and date of service in field 14 were billed correctly. If incorrect, make the appropriate correction. If correct, contact the local county Medicaid office to see if there is an error with the patient's date of death.</p> <p>All other provider/claim types: Contact your program representative.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
052	DMR WAIVER CLM FOR NON DMR WAIVER RECIPIENT	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	The claim was submitted with a MR/RD waiver-specific procedure code, but the recipient was not a participant in the MR/RD waiver. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it. Check for correct recipient Medicaid number. If the recipient's Medicaid number is incorrect, strike through the incorrect number and enter the correct Medicaid number above it. Submit the edit correction form with the MR/RD waiver referral form attached. If the recipient Medicaid number is correct, the procedure code is correct, and a MR/RD waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form.
053	NON DMR WAIVER CLM FOR DMR WAIVER RECIPIENT	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N34 - Incorrect claim for this service.	Please check to make sure you have billed the correct Medicaid number, procedure code, and that this client is in the MR/RD waiver. If you have not billed either the correct Medicaid number or procedure code, or the client is not in the MR/RD waiver, re-bill the claim with the correct information. If the correct information has been billed and you continue to receive this edit please contact your program representative.
055	MEDICARE B ONLY SUFFIX WITH A COVERAGE	16 - Claim/service lacks information which is needed for adjudication.	MA04 - Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	Submit a claim to Medicare Part A.
056	MEDICARE B ONLY SUFFIX/NO A COV/NO 620	16 - Claim/service lacks information which is needed for adjudication.	M56 - Incomplete/invalid provider payer identification.	Enter Medicare carrier code 620, Part A - Mutual of Omaha carrier code 635, or Part B - Mutual of Omaha carrier code 636 in field 50 A through C line. Enter the Medicare Part B payment in field 54 A through C. Enter the Medicare ID number in field 60 A through C. The carrier code, payment, and ID number should be entered on the same lettered line, A, B, or C.
057	MEDICARE B ONLY SUFFIX/NO A COV/NO \$	107 - Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim		Enter Medicare carrier code 620, Part A - Mutual of Omaha carrier code 635, or Part B - Mutual of Omaha carrier code 636 in field 54 A through C line which corresponds with the line on which you entered the Medicare carrier code field 50 A through C.
058	RECIPIENT NOT ELIGIBLE FOR MED. FRAGILE CARE SVCS	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Contact your program representative.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
059	MED. FRAGILE CARE RECIPIENT SVCS REQUIRE PA	15- The authorization number is missing, invalid, or does not apply to the billed services or provider.	M62 - Incomplete/invalid treatment authorization code.	Contact recipient's PCP to obtain authorization for this service.
060	MED. FRAGILE CARE, CLAIM TYPE NOT ALLOWED	16 - Claim/service lacks information which is needed for adjudication.	N34 - Incorrect claim for this service.	Contact your program representative.
061	INMATE RECIPIENT ELIG FOR EMER INST SVC ONLY	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Check DOS on ECF. If DOS is prior to 07/01/04 and service was not directly related to emergency institutional services, service is non-covered. UB CLAIM: Only inpatient claims will be reimbursed.
062	HEALTHY CONNECTIONS KIDS (HCK) - RECIPIENT in HMO Plan/ Service Covered by HMO	24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.		This recipient is in the Healthy Connections Kids (HCK) Program and enrolled with an HMO. These services are covered by the HMO. Bill the HMO and discard the edit correction form. Contact the Managed Care Department at 898-4614 if additional assistance is needed.
065	PHYSICIAN ASST SRVC/RECIPIENT NOT QMB/CLAIM NOT CROSSOVER	185 - Rendering provider is not eligible to perform the service billed.	N30 - Recipient ineligible for this service	Contact your program area representative.
101	INTERIM BILL	135 - Claim denied. Interim bills cannot be processed.		Verify the bill type in field 4 and the discharge status in field 17. Medicaid does not process interim bills. Please do not file a claim until the recipient is discharged from acute care.
102	INVALID DIAGNOSIS/ PROCEDURE CODE	16 - Claim/service lacks information which is needed for adjudication.	M67 - Incomplete/invalid other procedure code(s) and/or date(s). M76 - Incomplete/invalid patient's diagnosis(es) and condition(s).	Check the most current edition of the ICD for the correct code. This could be either a diagnosis or a surgical procedure code. If the code on your ECF is incorrect, mark through the code, write in the correct code, and resubmit.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARCS	Resolution
103	SEX/DIAGNOSIS/ PROCEDURE INCONSISTENT	7 - The procedure/revenue code is inconsistent with the patient's gender. 10 - The diagnosis is inconsistent with the patient's gender.		Verify the recipient's Medicaid ID number. Make the appropriate correction if applicable. Compare the sex on your records with the sex listed on the first line of the body of your ECF. If there is a discrepancy, contact the county Medicaid office and ask them to correct sex on file for this recipient. After the county Medicaid office has made the correction, send the ECF to your program representative. If the sex is the same on your file and the ECF, check the current ICD for codes which are sex-specific. Verify that this is the correct code. If all of the information is correct, contact your program representative.
104	AGE/DIAGNOSIS/ PROCEDURE INCONSISTENT	6 - The procedure/revenue code is inconsistent with patient's age. 9 - The diagnosis is inconsistent with the patient's age.		Verify the recipient's Medicaid ID number. Make the appropriate correction, if applicable. Compare the date of birth on your records with the date of birth listed on the first line of the body of your ECF. If there is a discrepancy, contact the county Medicaid office and ask them to correct the date of birth on file for this recipient. After the county Medicaid office has made the correction, send the ECF to your program representative. If the date of birth is the same on your file and the ECF, check the current ICD for codes that are age-specific. Verify that this is the correct code. If so, attach documentation that confirms the code on the ECF and send to your program representative.
105	PRINCIPAL DIAG NOT JUSTIFICATION FOR ADM	A8 - Claim denied; ungroupable DRG.		Check diagnosis codes in the most current edition of the ICD for codes marked with a Q (Questionable Admission). Verify that the diagnosis codes are listed in the correct order, and that all codes have been used. If the code listed is one marked with a Q, Medicaid does not allow this code as a principal diagnosis. Mark through the code and write the correct code
106	MANIFESTATION CODE UNACCEPT AS PRIN DIAG	A8 - Claim denied; ungroupable DRG.		Manifestation codes describe the manifestation of an underlying disease, not the disease itself, and should not be used as a principal diagnosis. If a manifestation code is listed as the principal diagnosis, mark through the code and write the correct code.
107	CROSSWALK TO DETECT MULTIPLE DRG'S	A1 - Claim/service denied.	N208 - Missing/incomplete/ invalid DRG code	Contact your program representative.
108	E-CODE NOT ACCEPTABLE AS PRINCIPAL DIAG	A8 - Claim denied; ungroupable DRG.		E-codes describe the circumstance that caused an injury, not the nature of the injury, and should not be used as a principal diagnosis. If an E-code is listed as the principal diagnosis, mark through the code and write the correct code. E-codes should be used in the designated E-code field (field 72)

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Edit Code	Description	CARC	RARC	Resolution
109	DIAG/PROC HAS INVALID 4TH OR 5TH DIGIT	146 - Payment denied because the diagnosis was invalid for the date(s) of service reported.	MA66 - Incomplete/invalid principal procedure code and/or date. M64 - Incomplete/invalid other diagnosis code. M67 - Incomplete/invalid other procedure code(s) and/or date.	Medicaid requires a complete diagnosis or procedure code as specified in the current edition of ICD 9. Mark through the existing diagnosis or procedure code and write in the entire correct code. ICD updates are edited effective with the date of discharge.
112	MEDICAID NON-COVER PROC-37.5, 50.51, 50.59	96 - Non-covered charge(s).	N431 - Service is not covered with this procedure.	Provider is not authorized to bill for these procedures, as Medicaid does not cover them.
113	SELECTED V-CODE NOT ACCEPT AS PRIN DIAG	96 - Non-covered charge(s).	MA63 - Incomplete/invalid principal diagnosis code.	Not all V-Codes can be used as the principal diagnosis in field 67. Check the most current edition of the ICD for an acceptable code. Mark through the existing diagnosis code and write in the correct code.
114	INVALID AGE - NOT BETWEEN 0 AND 124	6 - The procedure/revenue code is inconsistent with the patient's age.		Contact your county Medicaid Eligibility office to correct the date of birth on the recipient's file. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.
115	INVALID SEX - MUST BE MALE OR FEMALE	16 - Claim/service lacks information which is needed for adjudication.	MA39 - Incomplete/invalid patient's sex.	Contact your county Medicaid Eligibility office to correct the sex on the recipient's file. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.
116	INVALID PAT STATUS-MUST BE 01-07, 20, 30	16 - Claim/service lacks information which is needed for adjudication.	MA43 - Incomplete/invalid patient status.	Check the most current edition of the NUBC manual for a list and descriptions of valid discharge status codes for field 17. If the discharge status code on your ECF is not valid for Medicaid billing, mark through the code and write in the correct code.
117	DRG 469 - PRIN DIAG NOT EXACT ENOUGH	16 - Claim/service lacks information which is needed for adjudication.	M81 - Patient's diagnosis in a narrative form is not provided on an attachment or diagnosis code(s) is truncated, incorrect or missing; you are required to code to the highest level of specificity.	Verify the diagnoses and procedure codes on your claim are correct. If not, mark through the incorrect codes and write in the correct code. If information on the claim is correct, consult with your medical records department, as this is a non-covered DRG.
118	DRG 470 - PRINCIPAL DIAGNOSIS INVALID	16 - Claim/service lacks information which is needed for adjudication.	MA63 - Incomplete/invalid principal diagnosis code.	Resolution is the same as for edit code 117.
119	INVALID PRINCIPAL DIAGNOSIS	16 - Claim/service lacks information which is needed for adjudication.	MA63 - Incomplete/invalid principal diagnosis code.	Verify the diagnosis in the current ICD-9 manual. Make corrections and resubmit.

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Edit Code	Description	CARC	RARC	Resolution
120	CLM DATA INADEQUATE CRITERIA FOR ANY DRG	A8 - Claim Denied ungroupable DRG.		Verify data with the medical records department. Make corrections and resubmit.
121	INVALID AGE	6 - Procedure/revenue code inconsistent with age. 9 - Diagnosis inconsistent with age.		Contact your county Medicaid Eligibility office to correct the date of birth on the recipient's file. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.
122	INVALID SEX	16 - Claim/service lacks information which is needed for adjudication.	MA39 - Incomplete/invalid patient's sex.	Contact your county Medicaid Eligibility office to correct the sex on the recipient's file. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.
123	INVALID DISCHARGE STATUS	16 - Claim/service lacks information which is needed for adjudication.	N50 - Discharge information missing/incomplete/incorrect/invalid.	Check the most current edition of the NUBC manual for a list and descriptions of valid discharge status codes for field 17. If the discharge status code on your ECF is not valid for Medicaid billing, mark through the code and write in the correct code.
125	PPS PROVIDER RECORD NOT ON FILE	38 - Services not provided or authorized by designated (network) providers. B7 - This provider was not certified/eligible for this procedure/service on this date.		Contact your program representative.
127	PPS STATEWIDE RECORD NOT ON FILE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Contact your program representative.
128	DRG PRICING RECORD NOT ON FILE	A8 - Claim Denied ungroupable DRG.		Verify the diagnoses and procedure codes on your claim are correct. If not, mark through the incorrect codes and write in the correct code. If information on claims is correct, consult with your medical records department, as this DRG is not currently priced by Medicaid. Contact your program representative.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
150	TPL COVER VERIFIED/FILING NOT IND ON CLM	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	<p>Please see INSURANCE POLICY INFORMATION on the ECF (to the right of the Medicaid Claims Receipt Address) for the three-digit carrier code that identifies the insurance company, as well as the policy number and the policyholder’s name. Identify the insurance company by referencing the numeric carrier code list in this manual. File the claim(s) with the primary insurance before re-filing to Medicaid.</p> <p>If the insurance company that has been billed is the one that appears on the ECF, enter the carrier code in field 24 (must exactly match the carrier code(s) under INSURANCE POLICY INFORMATION). Enter the policy number in field 25 (must exactly match the policy number(s) under INSURANCE POLICY INFORMATION). If payment is made, enter the total amount(s) paid in fields 26 and 28. Adjust the balance due in field 29. If payment is denied (<i>i.e.</i>, applied to the deductible, policy lapsed, etc.) by the other insurance company, put a “1” (denial indicator) in field 4. Attach a copy of the EOB from each insurance company to the ECF and resubmit to the address on the form. If the carrier that has been billed is not the insurance for which the claim received edit 150, the provider must file with the insurance carrier that is indicated in MMIS.</p> <p>UB CLAIM: Enter the carrier code in field 50. Enter the policy number in field 60. If payment is made, enter the amount paid in field 54. If payment is denied, enter 0.00 in field 54 and also enter code 24 and the date of denial in the Occurrence Code fields 31-34 A and B.</p>
151	MULTIPLE INS POL/NOT ALL FILED-CALL TPL	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA64 - Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.	Eliminate any duplicate primary insurance policy entries on the CMS-1500, ensuring that blocks 9 and 11 contain unique information, one carrier per block. Medicaid coverage should not be entered in either primary block. If there is no duplicate information, refer to the INSURANCE POLICY INFORMATION section on the ECF, and file the claim(s) with each insurance company listed before re-filing to Medicaid. Enter all insurance results on the ECF. Documentation must show that each policy has been billed, and that proper coordination of benefits has been followed, <i>e.g.</i> , bill primary carrier first, then bill second carrier for the difference. If there are three or more separate third-party payers, the claim must be processed by the Third-Party Liability division of DHHS. Submit all EOBs (three or more) to Third-Party Liability.
155	POSS NOT POSITIVE INS MATCH/OTHER ERRORS	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	Bill the primary insurer(s) according to the resolution instructions for edit code 150.

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Edit Code	Description	CARC	RARC	Resolution
156	TPL VERIFIED/FILING NOT INDICATED ON CLM	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA08 - You should also submit this claim to the patient's other insurer for potential payment of supplemental benefits. We did not forward the claim information as the supplemental coverage is not with a Medigap plan or you do not participate in Medicare.	File a claim with the insurance company listed under INSURANCE POLICY INFORMATION on the ECF. (Refer to the carrier code list in the provider manual.) If the insurance company denies payment or makes a partial payment, attach a copy of the explanation of benefits and resubmit. If the insurance carrier pays the claim in full, discard the ECF.
170	LAB PROC BILLED/NO CLIA # ON FILE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Submit a copy of your CLIA certification to program representative.
171	NON-WAIVER PROC/PROV HAS CERT OF WAIVER	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Our records indicate that your CLIA certificate or waiver allows Medicaid reimbursement for waived procedures only. Lab services billed are not waived procedures. If your CLIA certification has changed, attach a copy of your updated CLIA letter from CMS to your ECF. If your certificate has not been updated, Medicaid will not reimburse for the service.
172	D.O.S. NONCOVERED ON CLIA CERT DATE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Medicaid will not reimburse for services outside CLIA certification dates. If your CLIA certification has been renewed, attach a copy of your updated CLIA letter from CMS to your ECF. Contact your lab director or CMS for current CLIA certificate information.
174	NON-PPMP PROC/PROV HAS PPMP CERT	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Submit a copy of your updated CLIA Certification to your program representative.
201	MISSING RECIPIENT ID NO	31 - Claim denied, as patient cannot be identified as our insured.		<p>CMS-1500 CLAIM: Enter the patient's 10-digit Medicaid ID# in field 2 on the ECF.</p> <p>UB CLAIM: Enter the patient's 10-digit Medicaid ID# in field 60 on the ECF.</p> <p>ADA CLAIM: Enter the patient's 10-digit Medicaid ID# in field 4 on the ECF.</p> <p>All other provider/claim types: Contact your program representative.</p>
202	MISSING NATIONAL DRUG CODE (NDC)	16 – Claim/service lacks information which is needed for adjudication.	M119- Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).	Contact your program representative for further assistance.

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Edit Code	Description	CARC	RARC	Resolution
205	MISSING NET CLAIM CHARGE	16 – Claim/service lacks information which is needed for adjudication.	M54 - Did not complete or enter the correct total charges for services rendered.	CMS-1500 CLAIM: Enter the balance due in field 29 of the ECF. Balance due (field 29) is equal to total charges (field 27) minus the amount received from insurance (field 28).
206	MISSING DATE OF SERVICE	16 – Claim/service lacks information which is needed for adjudication.	M59 - Incomplete/invalid "to" date(s) of service.	CMS-1500 CLAIM: Enter missing date of service in field 15 on the ECF. ADA CLAIM: Enter missing date of service in field 14 on the ECF. UB CLAIM: Enter missing date of service in field 45 on the ECF.
207	MISSING SERVICE CODE	16 – Claim/service lacks information which is needed for adjudication.	M51 – Missing/incomplete/invalid procedure codes (s)	CMS-1500 CLAIM: Enter missing procedure code in field 17 on the ECF. ADA CLAIM: Enter missing procedure code in field 18 on the ECF.
208	NO LINES ON CLAIM	16 – Claim/service lacks information which is needed for adjudication.		Resubmit claim with billable services.
209	MISSING LINE ITEM SUBMITTED CHARGE	16 – Claim/service lacks information which is needed for adjudication.	M79 - Did not complete or enter the appropriate charge for each listed service.	CMS-1500 CLAIM: Enter missing charges in field 20 on the ECF. UB CLAIM: Enter missing charges in field 47 on the ECF. ADA CLAIM: Enter missing charges in field 21 on the ECF.
210	MISSING TAXONOMY CODE	16 - Claim/service lacks information which is needed for adjudication.	N94 - Claim/Service denied because a more specific taxonomy code is required for adjudication.	Enter taxonomy code on the ECF. Taxonomy codes are required when an NPI is shared by multiple legacy provider numbers. Contact your program representative if you have additional questions.
213	LINE ITEM MILES OF SERVICE MISSING	16 – Claim/service lacks information which is needed for adjudication.	M22 - Claim lacks the number of miles traveled.	Enter the number of miles in field 22 on the ECF and resubmit.
219	PRESENT ON ADMISSION (POA) INDICATOR IS MISSING, DIAGNOSIS IS NOT EXEMPT	A1-Claim/Service denied.	N434 - Missing/Incomplete/Invalid Present on Admission indicator.	Contact your program representative.
227	MISSING LEVEL OF CARE	16 – Claim/service lacks information which is needed for adjudication.		Contact your program representative.
233	PRIMARY DIAGNOSIS CODE IS MISSING	16 – Claim/service lacks information which is needed for adjudication.	MA63 - Incomplete/invalid principal diagnosis code.	Enter the primary diagnosis code in field 8 on the ECF from the current edition of the ICD-9, Volume I.

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Edit Code	Description	CARC	RARC	Resolution
234	PLACE OF SERVICE MISSING	16 – Claim/service lacks information which is needed for adjudication.	M77-Missing/incomplete/invalid place of service	CMS-1500 CLAIM: Enter the place of service in field 16 on the ECF. ADA CLAIM: Enter the place of service in field 17 on the ECF.
239	MISSING LINE NET CHARGE	16 – Claim/service lacks information which is needed for adjudication.	M79-Missing/incomplete/invalid charge	Contact your program representative.
243	ADMISSION DATE/START OF CARE MISSING	16 – Claim/service lacks information which is needed for adjudication.	MA40 - Incomplete/invalid admission date.	Enter the admission/start of care date in field 12.
244	PRINCIPAL DIAGNOSIS CODE MISSING	16 – Claim/service lacks information which is needed for adjudication.	MA63 - Incomplete/invalid principal diagnosis code.	Enter the principal diagnosis code in field 67.
245	TYPE OF BILL MISSING	16 – Claim/service lacks information which is needed for adjudication.	MA30 - Incomplete/invalid type of bill.	Refer to the most current edition of the NUBC manual for valid type of bill. Enter a valid Medicaid bill type code in field 4.
246	FIRST DATE OF SERVICE MISSING	16 – Claim/service lacks information which is needed for adjudication.	M52 - Incomplete/invalid "from" date(s) of service.	UB CLAIM: Enter the first date of service in field 6. All other provider/claim types: Contact your program representative.
247	MISSING LAST DATE OF SERVICE	16 – Claim/service lacks information which is needed for adjudication.	M59 - Incomplete/invalid "to" date(s) of service.	Enter the last date of service in field 6.
248	TYPE OF ADMISSION MISSING	16 – Claim/service lacks information which is needed for adjudication.	MA41 - Incomplete/invalid type of admission.	Refer to the most current edition of the NUBC manual for valid types of admissions. Enter a valid Medicaid type of admission code in field 14.
249	TOTAL CLAIM CHARGE MISSING	16 – Claim/service lacks information which is needed for adjudication.	M54 - Did not complete or enter the correct total charges for services rendered.	Enter revenue code 001 on the total charges line in field 42. This revenue code must be listed as the last field.
252	PATIENT STATUS MISSING	16 – Claim/service lacks information which is needed for adjudication.	MA43 - Incomplete/invalid patient status.	Refer to the most current edition of the NUBC manual for patient status. Enter the valid Medicaid patient status code in field 17.
253	SOURCE OF ADMISSION MISSING	16 – Claim/service lacks information which is needed for adjudication.	MA42 - Incomplete/invalid source of admission.	Refer to the most current edition of the NUBC Manual for source of admission. Enter a valid Medicaid source of admission code in field 15.
263	MISSING TOTAL DAYS	16 – Claim/service lacks information which is needed for adjudication.	M53 – Missing/incomplete/invalid days or units of service	Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
281	PROCEDURE CODE MODIFIER MISSING	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		Enter modifier in field 18 of the line that received the edit code.
300	UB82 FORM NO LONGER ACCEPTED	16 - Claim/service lacks information which is needed for adjudication.	N34 - Incorrect claim for this service.	Resubmit claim on a UB-92 claim form.
301	INVALID NATIONAL DRUG CODE (NDC)	16 - Claim/service lacks information which is needed for adjudication.	M119 - Missing / incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	Contact your program representative for further assistance.
304	TOTAL CLAIM CHARGE NOT NUMERIC	16 - Claim/service lacks information which is needed for adjudication.	M54 - Did not complete or enter the correct total charges for services rendered.	CMS-1500 CLAIM: Enter the correct numeric amount in field 27. ADA CLAIM: Enter the correct numeric amount in field 25.
305	INVALID TAXONOMY CODE	16 - Claim/service lacks information that is needed for adjudication.	N94 - Claim/Service denied because a more specific taxonomy code is required for adjudication.	Taxonomy code must be valid. Valid codes are found at http://www.wpc-edi.com/codes/taxonomy Contact your program representative if you have additional questions.
308	INVALID PROCEDURE CODE MODIFIER	4 - The procedure code is inconsistent with the modifier used or a required modifier is missing.	N13 - Payment based on professional/technical component modifier(s).	Enter correct modifier in field 18 on the ECF and resubmit.
309	INVALID LINE ITEM MILES OF SERVICE	16 - Claim/service lacks information which is needed for adjudication.	M22 - Claim lacks the number of miles traveled.	Enter the correct number of miles in field 22 on the ECF and resubmit.
310	INVALID PLACE OF SERVICE	16 - Claim/service lacks information which is needed for adjudication.	M77 - Incomplete/invalid place of service(s).	CMS-1500 CLAIM: Medicaid requires the numeric coding for place of service. Enter the appropriate place of service code in field 16. ADA CLAIM: Medicaid requires the numeric coding for place of service. Enter the appropriate place of service code in field 17.
311	INVALID LINE ITEM SUBMITTED CHARGE	16 - Claim/service lacks information which is needed for adjudication.	M79 - Did not complete or enter the appropriate charge for each listed service.	CMS-1500 CLAIM: Enter the correct charge in field 20. UB CLAIM: Enter the correct charge in field 47. ADA CLAIM: Enter the correct charge in field 21.
312	MODIFIER NON-COVERED BY MEDICAID	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		A modifier not accepted by Medicaid has been filed and entered in field 18 on the ECF. Enter the correct modifier in field 18.

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Edit Code	Description	CARC	RARC	Resolution
316	THIRD PARTY CODE INVALID	16 – Claim/service lacks information which is needed for adjudication.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	CMS-1500 CLAIM: Incorrect third party code was used in field 4 on the ECF. Correct coding would be "1" for denial or "6" for crime victim. Enter the correct code in field 4. If a third party payer is not involved with this claim, mark through the character in field 4. ADA CLAIM: Incorrect third party code was used in field 5 on the ECF. Correct coding would be "1" for denial or "6" for crime victim. Enter the correct code in field 5. If a third party payer is not involved with this claim, mark through the character in field 5.
317	INVALID INJURY CODE	16 – Claim/service lacks information which is needed for adjudication.		Incorrect injury code was used. Correct coding would be "2" for work related accident, "4" for automobile accident, or "6" for other accident. Please enter the correct injury code on ECF and resubmit.
318	INVALID EMERGENCY INDICATOR / EPSDT REFERRAL CODE	16 – Claim/service lacks information that is needed for adjudication.		Verify that the emergency indicator / EPSDT referral code on the ECF was billed correctly. If incorrect, make the appropriate correction. Contact your program representative if you need additional assistance.
321	NET CLAIM CHARGE NOT NUMERIC	16 – Claim/service lacks information which is needed for adjudication.	M49 - Incomplete/invalid value code(s) and/or amount(s).	CMS-1500 CLAIM: Enter the numeric claim charge in field 27 of the ECF and resubmit. ADA CLAIM: Enter the numeric claim charge in field 25 of the ECF and resubmit.
322	INVALID AMT RECEIVED FROM OTHER RESOURCE	16 – Claim/service lacks information which is needed for adjudication.	M49 - Incomplete/invalid value code(s) and/or amount(s).	Enter a valid number amount in "amount other sources".
323	INVALID LINE ITEM UNITS OF SERVICE	16 – Claim/service lacks information which is needed for adjudication.	M53 - Did not complete or enter the appropriate number (one or more) of days or unit(s) of service.	CMS-1500 CLAIM: Enter the correct numeric units in field 22. UB CLAIM: Enter the correct numeric units in field 46.
330	INVALID LINE ITEM DATE OF SERVICE	16 – Claim/service lacks information which is needed for adjudication.	M52 - Incomplete/invalid "from" date(s) of service.	CMS-1500 CLAIM: Enter the correct date of service in field 15. Make sure that the correct number of days is being billed for the billing month. ADA CLAIM: Enter the correct date of service in field 14.
339	PRESENT ON ADMISSION (POA) INDICATOR IS INVALID	A1- Claim/Service denied.	N434 - Missing/Incomplete/Invalid Present on Admission indicator.	Contact your program representative.
354	TOOTH NUMBER NOT VALID LETTER OR NUMBER	16 – Claim/service lacks information which is needed for adjudication.	N39 - Procedure code is not compatible with tooth number/letter.	Enter the valid tooth number or letter in field 15 on the ECF. Verify tooth number or letter with procedure code.

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Edit Code	Description	CARC	RARC	Resolution
355	TOOTH SURFACE CODE INVALID	16 – Claim/service lacks information which is needed for adjudication.	N75 - Missing or invalid tooth surface information.	Enter the correct tooth surface code in field 16 on the ECF.
356	IMMUNIZATION AND ADMINISTRATION CODES MUST BE INCLUDED ON CLAIM	B5 – Coverage/program guidelines were not met or were exceeded.	N349 – The administration method and drug must be reported to adjudicate this service.	Contact your program area representative for further assistance.
357	MAXIMUM OF THREE ADMINISTRATION UNITS CAN BE BILLED PER DATE OF SERVICE	B5 – Coverage/program guidelines were not met or were exceeded.	N362 – The number of days or units of service exceeds our acceptable maximum.	Contact your program area representative for further assistance.
358	SECONDARY ADMINISTRATION CPT CODE NOT ALLOWED PRIOR TO PRIMARY CODE	B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated.	N349 – The administration method and drug must be reported to adjudicate this service.	Contact your program area representative for further assistance.
367	ADMISSION DATE/START OF CARE INVALID	16 – Claim/service lacks information which is needed for adjudication.	MA40 - Incomplete/invalid admission date.	Draw a line through the admission/start of care date in field 12, and write the correct date. Date must be six digits and numeric.
368	TYPE OF ADMISSION NOT VALID	16 – Claim/service lacks information which is needed for adjudication.	MA41 - Incomplete/invalid type of admission.	Refer to the most current edition of the NUBC manual for valid type of admission. Enter a valid Medicaid type of admission code in field 14.
369	MONTHLY INCURRED EXPENSES MUST BE VALID	16 – Claim/service lacks information which is needed for adjudication.		Contact your program representative.
370	SOURCE OF ADMISSION INVALID	16 – Claim/service lacks information which is needed for adjudication.	MA42 - Incomplete/invalid source of admission.	Refer to the most current edition of the NUBC manual for valid source of admission. Enter a valid Medicaid source of admission code in field 15.
373	PRINCIPAL SURG PROCEDURE DATE INVALID	16 – Claim/service lacks information which is needed for adjudication.	MA66 - Incomplete/invalid principal procedure code and/ or date.	Draw a line through the invalid date in field 74 and enter correct date. Date must be six digits and numeric.

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Edit Code	Description	CARC	RARC	Resolution
375	OTHER SURGICAL PROCEDURE DATE INVALID	16 – Claim/service lacks information which is needed for adjudication.	M67 - Incomplete/invalid other procedure code(s) and/ or date(s).	Draw a line through the invalid date in field 74, A - E, and enter correct date. Date must be six digits and numeric.
376	TYPE OF BILL NOT VALID FOR MEDICAID	16 – Claim/service lacks information which is needed for adjudication.	MA30 - Incomplete/invalid type of bill.	Refer to the most current edition of the NUBC manual for valid type of bill. Enter a valid Medicaid type of bill in field 4.
377	FIRST DATE OF SERVICE INVALID	16 – Claim/service lacks information which is needed for adjudication.	M52 – Missing/incomplete/invalid "from" date(s) of service	UB CLAIM: Enter the correct date of service in field 6. All other provider/claim types: Contact your program representative.
378	LAST DATE OF SERVICE INVALID	16 – Claim/service lacks information which is needed for adjudication.	M59 - Incomplete/invalid "to" date(s) of service.	Draw a line through the invalid date in field 6, and enter the correct "to" date. Date must be six digits and numeric.
379	VALUE CODE INVALID	16 – Claim/service lacks information which is needed for adjudication.	M49 - Incomplete/invalid value code(s) and/or amount(s).	Refer to the most current edition of the NUBC manual for valid value codes. Draw a line through the invalid code in fields 39 - 41 A - D, and enter the correct code.
380	VALUE AMOUNT INVALID	16 – Claim/service lacks information which is needed for adjudication.	M49 - Incomplete/invalid value code(s) and/or amount(s).	Draw a line through the amount in fields 39 - 41 A - D, and enter the correct numeric amount.
381	OCCURRENCE DATE INVALID	16 – Claim/service lacks information which is needed for adjudication.	M45 - Incomplete/invalid occurrence codes and dates.	Draw a line through the incorrect date in fields 31 - 34 A - B, and enter the correct date. Dates must be six digits and numeric.
382	PATIENT STATUS NOT VALID FOR MEDICAID	16 – Claim/service lacks information which is needed for adjudication.	MA43 - Incomplete/invalid patient status.	Refer to the most current edition of the NUBC manual for valid status codes. Enter a valid Medicaid patient status code in field 17.
383	OCCURR.CODE, INCL. SPAN CODES, INVALID	16 – Claim/service lacks information which is needed for adjudication.	M45 - Incomplete/invalid occurrence codes and dates. M46 - Incomplete/invalid occurrence span code and dates.	Refer to the most current edition of the NUBC manual for valid occurrence codes. Enter a valid Medicaid occurrence code in fields 31 – 34, A – B and in fields 35-36, A - B.
384	CONDITION CODE INVALID	16 – Claim/service lacks information which is needed for adjudication.	M44 - Incomplete/invalid condition code.	Refer to the most current edition of the NUBC manual for valid condition codes. Enter a valid Medicaid condition code in fields 18 – 28.
385	TOTAL CHARGE INVALID	16 – Claim/service lacks information which is needed for adjudication.	M54 - Did not complete or enter the correct total charges for services rendered.	Total charge must be numeric. Draw a line through the invalid total, and enter the correct numeric total charge.

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Edit Code	Description	CARC	RARC	Resolution
386	QIO APPROVAL INDICATOR INVALID	15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.	N229 - Incomplete/invalid contract indicator.	
387	NON COVERED CHARGE INVALID	96 - Non-covered charge(s).		Charges must be numeric. Draw a line through the invalid charge in field 48, and enter the correct numeric charge.
390	TPL PAYMENT AMT NOT NUMERIC	16 - Claim/service lacks information which is needed for adjudication.	M49 - Incomplete/invalid value code(s) and/or amount(s).	Enter numeric payment from all primary insurance companies in field 26 or enter 0.00 if no payment was received. If the claim was denied by the other insurance company, put a "1" (denial indicator) in field 4. If no third party insurance was involved, delete information entered in field 26 by drawing a red line through it.
391	PATIENT PRIOR PAYMENT AMT NOT NUMERIC	16 - Claim/service lacks information which is needed for adjudication.	M49 - Incomplete/invalid value code(s) and/or amount(s).	
394	OCCURRENCE SPAN CODES"FROM"DATE INVALID	16 - Claim/service lacks information which is needed for adjudication.	M46 - Incomplete/invalid occurrence span codes and dates.	Dates must be six digits and numeric. Draw a line through the invalid date in field 35 - 36 A - B, and enter the correct date.
395	OCCURRENCE SPAN CODES"THRU"DATE INVALID	16 - Claim/service lacks information which is needed for adjudication.	M46 - Incomplete/invalid occurrence span codes and dates.	Date must be six digits and numeric. Draw a line through the invalid date in field 35 - 36 A - B and enter the correct date.
400	TPL CARR and POLICY # MUST BOTH BE PRESENT	22 - Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	Make sure a valid carrier code is entered in field 24 and a valid policy number is entered in field 25. Follow the 150 resolution and indicate whether the primary insurance denied or paid the claim. UB CLAIM: Enter a valid carrier code in field 50 and a valid policy number in field 60.
401	AMT IN OTHER SOURCES/NO TPL CARRIER CODE	22 - Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	CMS-1500 CLAIM: Complete fields 24, 25, and 26 (carrier code, policy number, amount paid). If the insurance company denied payment, put the denial indicator "1" in field 4. ADA CLAIM: Complete fields 22, 23, and 24 (carrier code, policy number, amount paid). If the insurance company denied payment, put the denial indicator "1" in field 5. Notes: If there is no third party involved, be sure all third party fields (4, 24, 25, 26, 28) are deleted of information by marking through in red. If there are more than two other insurance companies that have paid, enter the total combined amounts paid by all insurance companies in

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Edit Code	Description	CARC	RARC	Resolution
				field 28. The total combined amounts should be equal to field 26.
402	DEDUCTIBLE EXCEEDS CALENDAR YEAR LIMIT			Refer to the EOMB for the deductible amount (including blood deductible). If the amount entered is incorrect, change the amount. If it agrees, attach the EOMB/Medicare electronic printout to the ECF and return to your program representative. Do not add professional fees in the deductible amount. Professional fees should be filed separately on a CMS-1500 form under the hospital-based physician provider number.
403	INCURRED EXPENSES NOT ALLOWED	45- Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.		Contact your program representative.
411	ANESTHESIA PROC REQUIRES ANES. MODIFIER	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		Refer to the current list of anesthesia modifiers found in section 2 and enter the correct modifier in field 18 on the ECF.
412	SURG PROC NOT VALID W/ANES. MODIFIER	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		Enter the appropriate anesthesia procedure when a anesthesiologist administers anesthesia during a surgical procedure.

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Edit Code	Description	CARC	RARCS	Resolution
421	PEP RECIP/PROV NOT PCP-PROC REQ REFERRAL	16 – Claim/service lacks information which is needed for adjudication.	N54-Claim information is inconsistent with pre-certified/authorized services	<p>CMS-1500 CLAIM: If the service was authorized by the PCP, enter the authorization number provided by the PCP in field 7 (Primary Care Coordinator) and resubmit the ECF. If not authorized by the PCP, the recipient is responsible for charges. However, when possible it is the provider's responsibility to contact the PCP for authorization prior to rendering the service. The provider's failure to comply with the authorization process is not a reason to bill the patient</p> <p>UB CLAIM: If the service was authorized by the PCP, enter the authorization number provided by the PCP in field 63 and resubmit the ECF. If not authorized by the PCP, the recipient is responsible for charges. However, when possible it is the provider's responsibility to contact the PCP for authorization prior to rendering the service. The provider's failure to comply with the authorization process is not a reason to bill the patient.</p>
424	REVENUE 459 VALID FOR PEP RECIP ONLY	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Revenue code 459 is to be used for an emergency room triage when a patient is covered under the PEP. If a Medicaid recipient was seen in the emergency room and is not a PEP member, use revenue code 450.
460	PROCEDURE CODE / INVOICE TYPE INCONSISTENT	125 - Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remark codes whenever appropriate.	MA30 - Missing/incomplete/invalid type of bill.	Oral & Maxillofacial Surgeons must file CPT procedure codes on the CMS-1500 and CDT procedure codes on the ADA Claim Form.
463	INVALID TOTAL DAYS	16 – Claim/service lacks information which is needed for adjudication.	M59 - Incomplete/invalid "to" date(s) service.	Contact your program representative.
468	CARRIER CODE 619 (MEDICAID) LISTED TWICE	16 – Claim/service lacks information which is needed for adjudication.	M56 - Incomplete/invalid payer identification.	Draw a line through the carrier code 619 which appears on either the first or second "other payer" line in field 50 on your ECF. Do not draw a line through the 619 after "Medicaid Carrier ID."
469	INVALID LINE NET CHARGE	16 – Claim/service lacks information which is needed for adjudication.	M49 - Incomplete/invalid value code(s) and/or amount(s).	Contact your program representative.
501	INVALID DATE ON REVENUE LINE	16 – Claim/service lacks information which is needed for adjudication.		Enter the correct date in field 45 on the ECF.

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Edit Code	Description	CARC	RARC	Resolution
502	DOS AFTER THE ENTRY DATE/ JULIAN DATE	110 - Billing date predates service date.		<p>CMS-1500 CLAIM: Verify the date of service in field 15 on ECF. Correct if not accurate. If date of service is correct, a new claim will need to be submitted. Cannot submit a claim prior to the date of service.</p> <p>ADA CLAIM: Verify the date of service in field 14 on ECF. Correct if not accurate. If date of service is correct, a new claim will need to be submitted. Cannot submit a claim prior to the date of service.</p>
503	INCORRECT DIAGNOSIS (REASON) CODE	16 – Claim/service lacks information which is needed for adjudication.	M76 - Incomplete/invalid patient's diagnosis(es) and condition(s).	Verify diagnosis code in the ICD coding manual and resubmit ECF.
504	PROVIDER TYPE AND INVOICE INCONSISTENT	170 – Payment is denied when performed/billed by this type of provider.	N34-Incorrect claim form/format for this service	Provider has filed the wrong claim form. Please contact your program representative for information on claims filing.
505	MISSING DATE ON REVENUE LINE	16 – Claim/service lacks information which is needed for adjudication.		Enter the date in field 45 on the ECF.
506	PANEL CODE and REVENUE CODE BILLED	16 – Claim/service lacks information which is needed for adjudication.	M15 - Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is now allowed.	<p>UB CLAIM: Individual panel code and procedure codes included in the panel cannot be billed in combination on the claim for the same dates of service.</p> <p>Contact your program representative.</p>
507	MANUAL PRICING REQUIRED	16 – Claim/service lacks information which is needed for adjudication.	N45-Payment based on authorized amount	Resubmit ECF with required documentation. Please refer to the appropriate section in your provider manual. Contact your program representative for additional information.
508	NO LINE ITEM RECORD	16 – Claim/service lacks information which is needed for adjudication.		<p>CMS-1500 CLAIM: Complete fields 15 – 22 on the ECF and resubmit.</p> <p>UB CLAIM: Resubmit the claim or enter something on the line indicated and resubmit the ECF.</p> <p>ADA CLAIM: Complete fields 14 - 21 on the ECF and resubmit.</p>

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509	DOS OVER 2 YRS XOVER/ EXT CARE CLM ONLY	29 - The time limit for filing has expired.		<p>Claims for payment of Medicare cost sharing amounts must be received and entered into the claims processing system within two years from the date of service or date of discharge, or up to six months following the date of Medicare payment, whichever is later. Attach appropriate documentation (Medicare EOMB) to each ECF and resubmit.</p> <p>NURSING HOME PROVIDERS: Resubmit ECF and appropriate documentation to :</p> <p style="padding-left: 40px;">MCCS Nursing Facility Claims Post Office Box 100112 Columbia, SC 29202.</p> <p>Refer to the timely filing guidelines in the appropriate section of your provider manual.</p>
510	DOS IS MORE THAN 1 YEAR OLD	29 - The time limit for filing has expired.		<p>Claims/ECFs for retroactive eligibility must be received and entered into the claims processing system within six months of the beneficiary's eligibility being added to the Medicaid eligibility system AND be received within three years from the date of service or date of discharge (for hospital claims). If the above time frames are met, attach one of the following documents listed below with each claim or ECF and resubmit.</p> <p>1) DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or</p> <p>2) The computer generated Medicaid eligibility approval letter notifying the beneficiary that Medicaid benefits have been approved.</p> <p>This can be furnished by the beneficiary or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)</p> <p>For NURSING HOME PROVIDERS: Resubmit ECF and appropriate documentation to:</p> <p style="padding-left: 40px;">MCCS Nursing Facility Claims Post Office Box 100112 Columbia, SC 29202.</p> <p>Refer to the timely filing guidelines in the appropriate section of your provider manual.</p>
513	INCONSISTENT MEDICARE CARRIER CODE	16 – Claim/service lacks information which is needed for adjudication.	M56 - Incomplete/invalid payer identification.	<p>Enter the correct Medicare Part A or Part B carrier code and resubmit. Contact your program representative if further assistance is needed.</p>

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Edit Code	Description	CARC	RARC	Resolution
514	PROC RATE/MILE X MILES NOT=SUBMIT CHRГ	16 – Claim/service lacks information which is needed for adjudication.	M79 - Did not complete or enter the appropriate charge for each listed service.	Contact your program representative.
515	AMBUL/ITP TRANS. MILEAGE LIMITATION	16 – Claim/service lacks information which is needed for adjudication.	M22-Missing/incomplete/invalid number of miles traveled.	Contact your program representative.
517	WAIVER SERVICE BILLED. RECIPIENT NOT IN A WAIVER.	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	The claim was submitted for a waiver-specific procedure code, but the recipient was not a participant in a Medicaid waiver. Check for error in using incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write in the correct code above. Check for correct recipient Medicaid number. If the recipient Medicaid number is incorrect, strike through the incorrect number and write in the correct Medicaid number above. If the recipient Medicaid number and procedure code are correct, contact your program representative.
518	PROCEDURE CODE COMBINATION NON-COVERED OR INVALID	16 - Claim/service lacks information which is needed for adjudication.	N56 – Procedure code billed is not correct/valid for the services billed or the date of service billed.	Contact your Dental Program Manager at (803) 898-2568.
519	CMS REBATE TERM DATE HAS EXPIRED/ENDED	29 - The time limit for filing has expired.	N304 – Missing/incomplete /invalid dispensed date.	Contact your program representative for further assistance.
520	TYPICAL PROVIDER, LEGACY NUMBER NOT ALLOWED ON CLAIM	16 – Claim/service lacks information which is needed for adjudication.	N77 – Missing/incomplete/invalid designated provider number.	Typical providers must use only NPI numbers on claim(s). To correct the ECF, strike out the legacy number or re-submit a new claim with the NPI only. If you need additional assistance, contact your program area representative.
528	PRTF WAIVER RECIPIENT BUT NOT WAIVER SERVICE	A1 - Claim/Service denied.		Contact your program area representative.
529	REVENUE CODE BEING BILLED OVER 15 TIMES PER CLAIM	A1 – Claim/Service denied.		This edit code cannot be manually corrected. A new claim must be submitted. Contact your program area representative if further assistance is needed
533	DOS IS MORE THAN 3 YEARS OLD	29 – The time limit for filing has expired.		Claim exceeds timely filing limits and will not be considered for payment. Refer to the timely filing guidelines in the appropriate section of your provider manual.

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Edit Code	Description	CARC	RARC	Resolution
534	PROVIDER/CCN DO NOT MATCH FOR ADJUSTMENT	16 – Claim/service lacks information which is needed for adjudication.	M47 –Incomplete/invalid internal or document control number.	Review the original claim and verify the provider number from that claim. Make sure that the correct original provider number is entered on the adjustment claim and resubmit the adjustment claim.
536	PROCEDURE-MODIFIER NOT COVERED ON DOS	A1 – Claim/Service denied.		Verify that the correct procedure code and modifier combination was entered in field 17 and 18 on ECF for the date of service. Make the appropriate correction to the procedure code in field 17 and/or the modifier in field 18.
537	PROC-MOD COMBINATION NON-COVERED/INVALID	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.		Verify that the correct procedure code and modifier combination was entered in fields 17 and 18 on ECF for the date of service. Make the appropriate correction to the procedure code in field 17 and/or modifier in field 18.
538	PATIENT PAYMENT EXCEEDS MED NON-COVERED	23 - Payment adjusted because charges have been paid by another payer.		
539	MEDICAID NOT LISTED AS PAYER	31 - Claim denied as patient cannot be identified as our insured.		Enter Medicaid payer code 619 in field 50 A through C line which corresponds with the line on which you entered the Medicaid ID number field 60 A through C.
540	ACCOM REVENUE CODE/OP CLAIM INCONSIST	16 – Claim/service lacks information which is needed for adjudication.	M56 - Incomplete/invalid payer identification.	Room accommodation revenue codes cannot be used on an outpatient claim. If the room accommodation revenue codes are correct, check the bill type (field 4) and the Health Plan ID (field 51).
541	MISSING LINE ITEM/REVENUE CODE	16 – Claim/service lacks information which is needed for adjudication.	M50 – Missing/incomplete/invalid revenue code (s)	The two digits before the edit code tell you on which line in field 42 the revenue code is missing. Enter the correct revenue code for that line.
542	BOTH OCCUR CODE and DATE NEC INC SPAN CODE	16 – Claim/service lacks information which is needed for adjudication.	M46 - Incomplete/invalid occurrence span codes and dates.	If you have entered an occurrence code in fields 31 through 36 A and B, an occurrence date must be entered. If you have entered an occurrence date in any of these fields, an occurrence code must also be entered.
543	VALUE CODE/AMOUNT MUST BOTH BE PRESENT	16 – Claim/service lacks information which is needed for adjudication.	M49 - Incomplete/invalid value code(s) and/or amount(s).	If you have entered a value code in fields 39 through 41 A - D, a value amount must also be entered. If you have entered a value amount in these fields, a value code must also be entered.

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Edit Code	Description	CARC	RARC	Resolution
544	NURSING HOME CLAIMS SUBMITTED VIA 837	125 - Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remark codes whenever appropriate.		Contact your program representative.
545	NO PROCESSABLE LINES ON CLAIM	16 - Claim/service lacks information which is needed for adjudication.	N142-The original claim was denied. Resubmit a new claim, not a replacement claim.	All lines on ECF have been rejected or deleted. Discard the ECF and resubmit the claim.
546	SURGICAL PROCEDURE MUST BE REPORTED AT THE REVENUE CODE LINE LEVEL	16 - Claim/service lacks information which is needed for adjudication.	M20 - Missing/incomplete/invalid HCPCS.	Enter surgical procedure code(s) on claim line(s) and resubmit claim.
547	PRINCIPAL SURG PROC AND DTE REQUIRED	16 - Claim/service lacks information which is needed for adjudication.	MA66 - Incomplete/invalid principal procedure code and/ or date.	Enter the surgical procedure code and date in field 74 on ECF.
548	OTHER SURG PROC AND DATE MUST BE PRESENT	16 - Claim/service lacks information which is needed for adjudication.	M67 - Incomplete/invalid other procedure code(s) and/ or date(s).	Enter the surgical procedure codes and dates in fields 74 A - E.
550	REPLACE/VOID BILL/ORIGINAL CCN MISSING	16 - Claim/service lacks information which is needed for adjudication.	M47 - Incomplete/invalid internal or document control number.	Check the remittance advice for the paid claim you are trying to replace or cancel to find the CCN. Enter the CCN in field 64.
551	TYPE ADMISSION/SOURCE CODE INCONSISTENT	16 - Claim/service lacks information which is needed for adjudication.	MA41 - Incomplete/invalid type of admission.	Check the most current edition of the NUBC manual for source of admission. Enter the valid Medicaid source of admission code in field 15.
552	MEDICARE INDICATED/NO MEDICAID LIABILITY	23 - Payment adjusted because charges have been paid by another payer.		<p>CMS-1500 CLAIM: Medicare coverage was indicated on claim form. Make sure fields 24, 25, and 26 on ECF are correct and resubmit.</p> <p>UB CLAIM: Medicare coverage was indicated on claim form. Make sure fields 50, 54, and 60 on ECF are correct and resubmit.</p> <p>ADA CLAIM: Medicare coverage was indicated on claim form. Make sure fields 24, 25, and 26 on ECF are correct and resubmit.</p>

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553	ALLOW AMT=ZERO/UNABLE TO DETERMINE PYMT	16 – Claim/service lacks information which is needed for adjudication.		Information is incorrect or missing which is necessary to allow the Medicaid system to calculate the payment for the claim. If this edit code appears alone on an outpatient claim, check for valid revenue and CPT codes. If this edit code appears alone on an inpatient claim, check for valid Accommodation Revenue Codes. If this edit code appears with other edit codes, it may be resolved by correcting the other edit codes.
554	VALUE CODE/3RD PARTY PAYMENT INCONSIST	16 – Claim/service lacks information which is needed for adjudication.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	If you have entered value code 14 in fields 39 through 41 A - D, you must also enter a prior payment in field 54.
555	TPL PAYMENT > PAYMENT DUE FROM MEDICAID	23 - Payment adjusted because charges have been paid by another payer.		Verify that the payment amount you have entered in field 54 is correct. If it is not, enter the correct amount. If the amount is correct, no payment from Medicaid is due. Do not resubmit claim or ECF.
557	CARR PYMTS MUST = OTHER SOURCES PYMTS	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	If any amount appears in field 28, you must indicate a third party payment. If there is no third party insurance involved, delete information entered in field 26 and/or field 28 by drawing a red line through it.
558	REVENUE CHGS NOT WITHIN +- \$1 OF TOTAL	16 – Claim/service lacks information which is needed for adjudication.	M54 - Did not complete or enter the correct total charges for services rendered.	Recalculate your revenue charges. Also check the resolution column on the ECF. If there is a "D" on any line, that line has been deleted by you on a previous cycle. Charges on these lines should no longer be added into the total charges.
559	MEDICAID PRIOR PAYMENT NOT ALLOWED	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		Prior payment from Medicaid (field 54 A - C) should never be indicated on a claim or ECF.
560	REVENUE CODES INCONSISTENT	16 – Claim/service lacks information which is needed for adjudication.	M50 - Incomplete/invalid revenue codes.	Revenue code 100 is an all-inclusive revenue code and cannot be used with any other revenue code except 001, which is the total charges revenue code.

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Edit Code	Description	CARC	RARC	Resolution
561	CLAIM ALREADY DEBITED (RETRO-MEDICARE), CANNOT ADJUST	23-Payment adjusted due to impact of prior payer (s) adjudication including payments and/or adjustments	N185 - Do not resubmit this claim/service.	Retroactive Medicare claim already debited or scheduled for debit. Cannot adjust this claim. Contact Medicaid Insurance Verification Services (MIVS) for further assistance.
562	CLAIM ALREADY DEBITED (HEALTH CLAIM), CANNOT ADJUST	23-Payment adjusted due to impact of prior payer (s) adjudication including payments and /or adjustments	N185 - Do not resubmit this claim/service.	Retroactive Healthcare claim already debited or scheduled for debit. Cannot adjust this claim. Contact Medicaid Insurance Verification Services (MIVS) for further assistance.
563	CLAIM ALREADY DEBITED (PAY & CHASE CLAIM), CANNOT ADJUST	23-Payment adjusted due to impact of prior payer (s) adjudication including payments and/or adjustments	N185 - Do not resubmit this claim/service.	Medicaid Pay & Chase claim already debited or scheduled for debit. Cannot adjust this claim. Contact Medicaid Insurance Verification Services (MIVS) for further assistance.
564	OP REV 450,459,510,511 COMB NOT ALLOWED	16 – Claim/service lacks information which is needed for adjudication.	N61-Re-bill services on separate claims	<p>These revenue codes should never appear in combination on the same claim. If a recipient was seen in the emergency room, clinic, and treatment room on the same date of service for the same or related condition, charges for both visits should be combined under either revenue code 450, 510, or 761.</p> <p>If the recipient was seen in the ER and clinic on the same date of service for unrelated conditions, both visits should be billed on separate claims using the correct revenue code.</p> <p>If the recipient is a PEP member, and was triaged in the ER, the submitted claim should be filed with only revenue code 459. No other revenue codes should be filed with revenue code 459.</p>
565	THIRD PARTY PAYMENT/NO 3RD PARTY ID	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	If a prior payment is entered in field 54, information in all other TPL-related fields (50 and 60) must also be entered.
566	EMERG OP SERV/PRIN DIAG DOES NOT JUSTIFY	16 – Claim/service lacks information which is needed for adjudication.	MA63 Incomplete/invalid principal diagnosis code.	Check to make sure that the correct diagnosis code was billed. If not, enter the correct diagnosis code and resubmit the ECF.

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Edit Code	Description	CARC	RARC	Resolution
567	NONCOV CHARGES > OR = TOTAL CHARGES	16 – Claim/service lacks information which is needed for adjudication.	M54 - Did not complete or enter the correct total charges for services rendered.	Check the total of non-covered charges in field 48 and total charges in field 47 to see if they were entered correctly. If they are correct, no payment from Medicaid is due. If incorrect, make the appropriate correction.
568	CORRESPONDING ADJUSTMENT (VOID) IS SUSPENDED OR DENIED	107 - Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim.	N142 - The original claim was denied. Resubmit a new claim, not a replacement claim.	Review the edit code assigned to the void adjustment claim to determine if it can be corrected. If the void adjustment claim can be corrected, make the necessary changes and resubmit the adjustment claim. Resubmit the replacement claim along with the corrected void adjustment claim.
569	ORIGINAL CCN IS INVALID OR ADJUSTMENT CLAIM	125 – Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever applicable.	N185 – Do not resubmit this claim/service.	Check the original CCN on the Form 130 as it is either invalid or a CCN for an adjustment claim. If the CCN is invalid, enter the correct CCN and resubmit. If the CCN is for an adjustment claim, it cannot be voided or replaced.
570	OP REV 760 762, 769 COMB NOT ALLOWED	16 – Claim/service lacks information which is needed for adjudication.	N61 - Re-bill services on separate claims.	These revenue codes cannot be used in combination for the same day; bill either revenue code 762 or 769 on an outpatient claim. Verify the correct revenue code for the claim, and make the appropriate correction.
573	PRINCIPAL PROC/ADMIT/STMT DATES INCONSIS	16 – Claim/service lacks information which is needed for adjudication.	MA66 - Incomplete/invalid principal procedure code and/ or date.	Compare the date listed with the principal surgical procedure code in field 74 with the admit date in field 12 and statement covers dates in field 6. Surgery date must fall within the admit through discharge dates. Correct dates if appropriate. If dates are correct and this is a 72-hour claim, forward to your program representative.
574	OTHER PROC/ADMIT/STMT DATES INCONSIST	16 – Claim/service lacks information which is needed for adjudication.	M67 - Incomplete/invalid other procedure code(s) and/ or date(s).	Compare the dates listed with the other surgical procedure codes (the two-digit number before the edit code will identify which date in field 74 A - E is in question) with the admit date in field 12 and statement covers dates in field 6. All surgery dates must fall within the admit through discharge dates of service. Correct dates if appropriate. If dates are correct and this is a 72-hour claim, forward to your program representative.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
575	REPLACE/VOID CLM/CCN INDICATED NOT FOUND	16 – Claim/service lacks information which is needed for adjudication.	M47 - Incomplete/invalid internal or document control number.	Review the original claim and verify the claim control number (CCN) and recipient ID number from that claim. Make sure that the correct original CCN and recipient ID number are entered on the adjustment claim and resubmit the adjustment claim. UB CLAIM: Check the CCN you have entered in field 64 A - C with the CCN on the remittance advice of the paid claim you want to replace or cancel. Only paid claims can be replaced or cancelled. If the CCN is incorrect, write the correct CCN on the ECF. If this edit appears with other edits, it may be corrected by correcting the other edit codes. If edit code 575 and 863 are the only edits on the replacement claim, the replacement claim criteria have not been met (see Section 3 on replacement claims).
576	TYPE OF BILL AND PROVIDE TYPE INCONSIST	16 – Claim/service lacks information which is needed for adjudication.	MA30 - Incomplete invalid type of bill.	If the bill type you have entered in field 4 is 131 or 141, you must use your outpatient number in field 51. If the bill type is 111, you must use your inpatient number.
577	FP MOD. USED – PATIENT UNDER 10 OR OVER 55	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.	N30 - Recipient ineligible for this service.	Attach appropriate support documentation to ECF and resubmit. Contact your program representative for further assistance.
587	1ST DATE OF SERV SUBSEQUENT TO LAST DOS	16 – Claim/service lacks information which is needed for adjudication.	M59 - Incomplete/invalid "to" date(s) of service.	Check the "from" and "through" dates in field 6. "From" date must be before "through" date. Be sure you check the year closely. Enter correct dates.
588	1ST DOS SUBSEQUENT TO ENTRY DATE	16 – Claim/service lacks information which is needed for adjudication.	M52 - Incomplete/invalid "from" date(s) of service.	Check the "from" date of service in field 6. Be sure to check the year closely. Enter the correct date.
589	LAST DOS SUBSEQUENT TO DATE OF RECEIPT	16 – Claim/service lacks information which is needed for adjudication.	M59 - Incomplete/invalid "to" date(s) of service.	Check the "through" date of service in field 6. Enter correct date.
593	ADMIT DATE NOT=TO 1ST DATE OF SERVICE	16 – Claim/service lacks information which is needed for adjudication.	MA40 - Incomplete/invalid admission date.	Check the admit date in field 12 and the "from" date in field 6. They must be the same date.
594	FINAL BILL/DISCHRG DTE BEFORE LAST DOS	16 – Claim/service lacks information which is needed for adjudication.	N50 - Discharge information missing/incomplete/incorrect/invalid.	Check the occurrence code 42 and date in fields 31 through 34 A and B, and the "through" date in field 6. These dates must be the same.

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Edit Code	Description	CARC	RARCS	Resolution
597	ACCOMODATION UNITS/STMT PERIOD INCONSIST	16 – Claim/service lacks information which is needed for adjudication.	M52 - Incomplete/invalid "from" date(s) of service.	Check the dates entered in field 6; the covered days calculated in field 7 on the ECF; the discharge date in fields 31 through 34 A - B and the units entered for accommodation revenue codes in field 42 (the discharge date and "through" date must be the same). If the dates in field 6 are correct, the system calculated the correct number of days, so the units for accommodation revenue codes should be changed. If the dates are incorrect, correcting the dates will correct the edit.
598	QIO INDICATOR 3/APPROVAL DATES REQUIRED	16 – Claim/service lacks information which is needed for adjudication.	M52 - Incomplete/invalid "from" date(s) of service.	If condition code C3 is entered in fields 31 through 34 A - B, the approved dates must be entered in occurrence span, field 35-36 A or B.
599	QIO DATES/OCCUR SPAN DATES N/SEQUENCED	16 – Claim/service lacks information which is needed for adjudication.	M52 - Incomplete/invalid "from" date(s) of service.	The dates which have been entered in field 35 - 36 A or B (occurrence span), do not coincide with any date in the statement covers dates in field 6. There must be at least one date in common in these two fields
603	REVENUE/CONDITIO N/VALUE CODES INCONSIST	16 – Claim/service lacks information which is needed for adjudication.	M49 - Incomplete/invalid value code(s) and/or amount(s). M50 - Incomplete/invalid revenue codes. M44 - Incomplete/invalid condition code.	Medicaid only sponsors a semi-private room. When a private room revenue code is used, condition code 39 or value codes 01 or 02 and value amounts must be on the claim. See current NUBC manual for definition of codes.
636	COPAYMENT AMOUNT EXCEEDS ALLOWED AMOUNT	3-Co-payment amount		The Medicaid recipient is responsible for a Medicaid copayment for this service/date of service. The allowed payment amount is less than the recipient's copayment amount, therefore no payment is due from Medicaid. Please collect the copayment from the Medicaid recipient.
637	COINS AMT GREATER THAN PAY AMT			Verify that the coinsurance amount is correct. If not, correct and resubmit. If the coinsurance amount is correct, attach a copy of the Medicare remittance and return to your program representative.
642	MEDICARE COST SHARING REQ COINS/DEDUCTIB	1 - Deductible Amount 2 - Coinsurance Amount		For Medicaid to consider payment of the claim, the Medicare coinsurance and deductible must be present.

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672	NET CHRG/TOTAL DAYS X DAILY RATE UNEQUAL	16 – Claim/service lacks information which is needed for adjudication.	M54-Missing/incomplete/invalid total charges	Contact your program representative.
673	REJECT LOC 6 - EXCLUDES SWING BEDS	96 - Non-covered charge(s).		Contact your program representative.
674	NH RATE - PAT DAY INC NOT = PAT DAY RATE	16 – Claim/service lacks information which is needed for adjudication.	N153-Missing/incomplete/invalid room and board rate	Contact your program representative.
690	OTHER SOURCES AMT MORE THAN MEDICAID AMT	23 - Payment adjusted because charges have been paid by another payer.		<p>CMS-1500 CLAIM: Verify the dollar amount in amount received insurance (field 28) and the amount paid (field 26). If not correct, enter correct amount. If the amounts are correct, no payment is due from Medicaid – discard the ECF.</p> <p>ADA CLAIM: Verify the dollar amount in amount received insurance (field 26) and the amount paid (field 24). If not correct, enter correct amount. If the amounts are correct, no payment is due from Medicaid – discard the ECF.</p>
693	MENTAL HEALTH VISIT LIMIT EXCEEDED	B5 - Coverage/program guidelines were not met or were exceeded.	M86 - Service denied because payment already made for same/similar procedure within set time frame.	Contact your program area representative.
700	PRIMARY/PRINCIPAL DIAG CODE NOT ON FILE	16 – Claim/service lacks information which is needed for adjudication.	MA63 - Incomplete/invalid principal diagnosis code.	<p>CMS-1500 CLAIM: Medicaid requires the complete diagnosis code as specified in the current edition of Volume I of the ICD-9-CM manual, (including fifth digit sub-classification when listed). Check the diagnosis code in field 8 with Volume I of the ICD-9 manual. Mark through the existing code and write in the correct code.</p> <p>UB CLAIM: Medicaid requires the complete diagnosis code as specified in the current edition of the ICD-9-CM manual, (including fifth digit sub-classification when listed). Check the diagnosis code in field 67 with the ICD-9 manual. Mark through the existing code and write in the correct code.</p>
701	SECONDARY/ OTHER DIAG CODE NOT ON FILE	16 – Claim/service lacks information which is needed for adjudication.	M64 - Incomplete/invalid other diagnosis code.	<p>CMS-1500 CLAIM: Follow the resolution for edit code 700. The secondary diagnosis code appears in field 9.</p> <p>UB CLAIM: Follow the resolution for edit code 700. The secondary diagnosis code appears in field 67 A-Q.</p>

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Edit Code	Description	CARC	RARC	Resolution
703	RECIP AGE/PRIM/PRINCIPAL DIAG INCONSIST	9 - The diagnosis is inconsistent with the patient's age.	MA63 - Incomplete/invalid principal diagnosis code.	<p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 8 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the diagnosis code in field 8. Field 11 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth.</p> <p>UB CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 67 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the diagnosis code in field 67. Field 10 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth.</p>
704	RECIP AGE/SECONDARY/OTHER DIAG INCONSIST	9 - The diagnosis is inconsistent with the patient's age.	M64 - Incomplete/invalid other diagnosis code.	<p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code in field 9 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the secondary diagnosis code in field 9. Field 11 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth.</p> <p>UB CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code(s) in fields 67 A-Q to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the secondary diagnosis code(s) in fields 67 A-Q. Field 10 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth.</p>

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Edit Code	Description	CARC	RARC	Resolution
705	RECIP SEX/PRIM/PRINCIPAL DIAG INCONSIST	10 - The diagnosis is inconsistent with the patient's gender.	MA63 - Incomplete/invalid principal diagnosis code.	<p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 8 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the diagnosis code in field 8. Contact your county Medicaid office if your records indicate a different sex.</p> <p>UB CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 67 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the diagnosis code in field 67. Contact your county Medicaid office if your records indicate a different sex.</p>
706	RECIP SEX/SECONDARY/OTHER DIAG INCONSIST	10 - The diagnosis is inconsistent with the patient's gender.	M64 - Incomplete/invalid other diagnosis code.	<p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code in field 9 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the secondary diagnosis code in field 9. Contact your county Medicaid office if your records indicate a different sex.</p> <p>UB CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code(s) in fields 67 A-Q to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the secondary diagnosis code(s) in fields 67 A-Q. Contact your county Medicaid office if your records indicate a different sex.</p>

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Edit Code	Description	CARC	RARC	Resolution
707	PRIN.DIAG. NOW REQUIRES 4TH OR 5TH DIGIT	16 – Claim/service lacks information which is needed for adjudication.	MA63 - Incomplete/invalid principal diagnosis code.	<p>CMS-1500 CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9 manual. The diagnosis code in field 8 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code.</p> <p>UB CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9 manual. The diagnosis code in field 67 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code.</p>
708	SEC. DIAG. NOW REQUIRES 4TH OR 5TH DIGIT	16 – Claim/service lacks information which is needed for adjudication.	M64 - Incomplete/invalid other diagnosis code.	<p>CMS-1500 CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9 manual. The diagnosis code in field 9 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code</p> <p>UB CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9 manual. The diagnosis code(s) in fields 67 A-Q requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code.</p>
709	SERV/PROC CODE NOT ON REFERENCE FILE	96 - Non-covered charge(s).	M51-Missing/Incomplete/invalid procedure code	Check the most current manual. If the procedure code on your ECF is incorrect, mark through the code and write in the correct code. If you are confident that the code is correct, contact your program representative for assistance.
710	SERV/PROC/DRUG REQUIRES PA-NO NUM ON CLM	15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.		<p>CMS-1500 CLAIM: Please enter prior authorization number in field 3.</p> <p>UB CLAIM: Please enter prior authorization number in field 63.</p> <p>ADA CLAIM: Please enter prior authorization number in field 2.</p>
711	RECIP SEX - SERV/PROC/DRUG INCONSISTENT	16 – Claim/service lacks information which is needed for adjudication.	MA39 - Incomplete/invalid patient's sex.	<p>Verify the patient’s Medicaid number in field 2 and the procedure code in field 17. A common error is entering another family member’s Medicaid number. Make sure the number matches the patient served. Make the appropriate correction if applicable.</p> <p>Field 12 shows the patient’s sex indicated in our system. If there is a discrepancy, contact your county Medicaid office to correct the sex on the patient’s file and resubmit the ECF with a note stating the Medicaid office is correcting the sex code on the patient file.</p> <p>UB CLAIM: Verify the recipient's Medicaid number in field 60 and the procedure code in field 44.</p>

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Edit Code	Description	CARC	RARC	Resolution
712	RECIP AGE-PROC INCONSIST/NOT DMR RECIP	6 - The procedure/revenue code is inconsistent with the patient's age.		<p>CMS-1500 CLAIM: Follow the resolution for edit code 711. Field 11 shows the patient's date of birth indicated in our system. Notify the local Medicaid office of discrepancies.</p> <p>ADA CLAIM: Field 10 shows the patient's date of birth indicated in our system. Compare the date of birth to the procedure code billed. Contact your program representative with any discrepancies.</p> <p>UB CLAIM: Follow the resolution for edit code 711. The top of the ECF indicates the date of birth in our system as of the claim run date.</p>
713	NUM OF BILLINGS FOR SERV EXCEEDS LIMIT	151 - Payment adjusted because the payer deems the information submitted does not support this many services.		<p>CMS-1500 CLAIM: Check the number of units in field 22 on the specified line to be sure the correct number of units has been entered on the ECF. If the number of units is incorrect, mark through the existing number and enter the correct number. If the number of units is correct, check the procedure code to be sure it is correct. Change the procedure code if it is incorrect. If you feel the edit is invalid, attach justification to the ECF supporting the service(s) billed and resubmit to your program representative.</p> <p>ADA CLAIM: Check the number of units in field 20 on the specified line to be sure the correct number of units has been entered on the ECF. If the number of units is incorrect, mark through the existing number and enter the correct number. If the number of units is correct, check the procedure code to be sure it is correct. Change the procedure code if it is incorrect. If you feel the edit is invalid, attach justification to the ECF supporting the service(s) billed and resubmit to your program representative.</p> <p>UB CLAIM: The system has already paid for the procedure entered in field 44. Verify the procedure is correct. If this is a replacement claim, send the ECF with a note to your program representative.</p>
714	SERV/PROC/DRUG REQUIRES DOC-MAN REVIEW	16 - Claim/service lacks information which is needed for adjudication.	N102-This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely.	Attach pertinent documentation to the ECF and resubmit. If you are unsure what documentation is needed, call or write to your program representative.

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Edit Code	Description	CARC	RARC	Resolution
715	PLACE OF SERVICE/PROC CODE INCONSISTENT	5 - The procedure code/bill type is inconsistent with the place of service.		<p>CMS-1500 CLAIM: Check the procedure code in field 17 and the place of service code in field 16 to be sure that they are correct. If incorrect, make the appropriate correction on the indicated line. If you feel they are correct and that the edit is invalid, attach documentation verifying the procedure was done in that place of service.</p> <p>ADA CLAIM: Check the procedure code in field 18 and the place of service code in field 17 to be sure that they are correct. If incorrect, make the appropriate correction on the indicated line. If you feel they are correct and that the edit is invalid, attach documentation verifying the procedure was done in that place of service.</p>
716	PROV TYPE INCONSISTENT WITH PROC CODE	8 - The procedure code is inconsistent with the provider type/ specialty (taxonomy).		<p>CMS-1500 CLAIM: Verify that the correct code in field 17 or 19 was billed. If incorrect, make the appropriate correction. If correct, return ECF with documentation.</p> <p>ADA CLAIM: Verify that the correct code in field 18 was billed. If incorrect, make the appropriate correction. If correct, return ECF with documentation.</p>
717	SERV/PROC/DRUG NOT COVERED ON DOS	A1 – Claim/Service denied.		<p>CMS-1500 CLAIM: Check the procedure code in field 17 and the date of service in field 15 on the indicated line to be sure both are correct. The procedure code may have been deleted from the program or changed to another procedure code.</p> <p>ADA CLAIM: Check the procedure code in field 18 and the date of service in field 14 on the indicated line to be sure both are correct. The procedure code may have been deleted from the program or changed to another procedure code.</p>
718	PROC REQUIRES TOOTH NUMBER/SURFACE INFO	16 – Claim/service lacks information which is needed for adjudication.	N37 - Tooth number/letter required. N75 - Missing or invalid tooth surface information.	The procedure requires either a tooth number and/or surface information in fields 15 and 16 on the ECF.
719	SERV/PROC/DRUG ON PREPAYMENT REVIEW	133 - The disposition of this claim/service is pending further review.	M87-Claim/service subjected to CFO-CAP prepayment in review	Check the prior approval. If the number is not correct, mark through the incorrect number and write the correct number in red. If information on the claim does not match the information on the prior approval, strike through the incorrect information and write the correct information in red. (i.e., Procedure Code/Modifier).
720	MODIFIER 22 REQUIRES ADD'L DOCUMENT	16 – Claim/service lacks information which is needed for adjudication.	M69 - Paid at the regular rate, as you did not submit documentation to justify modifier 22.	Return ECF with documentation and statement of justification of unusual procedural services to your program representative.

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Edit Code	Description	CARC	RARC	Resolution
721	CROSSOVER PRICING RECORD NOT FOUND	A1 – Claim/Service denied	N8-Crossover claim denied by previous payer and complete claim data not forwarded. Resubmit this claim to this payer to provide adequate data to adjudication	Pricing record not found for the specific procedure code and modifier being billed. Please verify that correct procedure code and modifier were submitted. For further assistance, please contact your program representative.
722	PROC MODIFIER and SPEC PRICING NOT ON FILE	4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing.	N65 - Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	Verify that the correct procedure code and modifier were submitted. If incorrect, make the appropriate change. If correct, return ECF to your program representative with support documentation. Note: The Medicaid pricing system is programmed specifically for procedure codes, modifiers, and provider specialties. If these are submitted in the wrong combination, the system searches but cannot "find" a price, and the line will automatically reject with edit code 722.
724	PROCEDURE CODE REQUIRES BILLING IN WHOLE UNITS	16 – Claim/service lacks information which is needed for adjudication.	M53 –Missing/incomplete/invalid days or units of service.	Contact your program representative.
727	DELETED PROCEDURE CODE/CK CPT MANUAL	16 – Claim/service lacks information which is needed for adjudication.	M51 - Incomplete/invalid, procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description or the description is insufficient. (Add to message by Medicare carriers only: "Refer to the HCPCS Directory. If an appropriate procedure code(s) does not exist, refer to Item 19 on the HCFA-1500 instructions.")	CMS-1500 CLAIM: Check the procedure code in field 17 and the date of service in field 15 to verify their accuracy. UB CLAIM: Check the procedure code in field 44 and the date of service in field 45 to verify their accuracy. ADA CLAIM: Check the procedure code in field 18 and the date of service in field 14 to verify their accuracy.

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Edit Code	Description	CARC	RARC	Resolution
732	PAYER ID NUMBER NOT ON FILE	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits.	M56 - Incomplete/invalid provider payer identification.	<p>CMS-1500 CLAIM: Refer to codes listed under INSURANCE POLICY INFORMATION on ECF or the carrier code list in this manual or on the SC DHHS website at http://www.scdhhs.gov. Enter the correct carrier code in field 24 and resubmit.</p> <p>UB CLAIM: Refer to codes listed under INSURANCE POLICY INFORMATION on ECF or the carrier code list in this manual or on the SC DHHS website at http://www.scdhhs.gov. Enter the correct carrier code in field 50 on the ECF and resubmit.</p> <p>ADA CLAIM: Refer to codes listed under INSURANCE POLICY INFORMATION on ECF or the carrier code list in this manual or on the SC DHHS website at http://www.scdhhs.gov. Enter the correct carrier code in field 22 on ECF and resubmit.</p>
733	INS INFO CODED, PYMT OR DENIAL MISSING	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	<p>CMS-1500 CLAIM: If any third-party insurer has not made a payment, there should be a TPL denial indicator in field 4. If all carriers have made payments, there should be no TPL denial indicator. If payment is denied (<i>i.e.</i>, applied to the deductible, policy lapsed, etc.) by either primary insurance carrier, put a "1" (denial indicator) in field 4 and 0.00 in field 26. If payment is made, remove the "1" from field 4 and enter the amount(s) paid in fields 26 and 28. Adjust the net charge in field 26. If no third party insurance was involved, delete information entered in fields 24 and 25 by drawing a red line through it.</p> <p>UB CLAIM: If any third-party insurer has not made a payment, there should be a TPL occurrence code and date in fields 31-34. If payment is denied show 0.00 in field 54. If payment is made enter the amount in field 54.</p> <p>ADA CLAIM: If any third-party insurer has not made a payment, there should be a TPL denial indicator in field 5. If all carriers have made payments, there should be no TPL denial indicator. If payment is denied (<i>i.e.</i>, applied to the deductible, policy lapsed, etc.) by either primary insurance carrier, put a "1" (denial indicator) in field 5 and 0.00 in field 26. If payment is made, remove the "1" from field 5 and enter the amount(s) paid in fields 25 and 27. Adjust the net charge in field 27. If no third party insurance was involved, delete information entered in fields 25 and 26 by drawing a red line through it.</p>
734	REVENUE CODE REQUIRES UNITS	16 – Claim/service lacks information which is needed for adjudication.	M53 - Did not complete or enter the appropriate number (one or more) of days or unit(s) of service.	The revenue code listed in field 42 requires units of service in field 46.

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Edit Code	Description	CARC	RARC	Resolution
735	REVENUE CODE REQUIRES AN ICD-9 SURGICAL PROCEDURE OR DELIVERY DIAGNOSIS CODE	16 – Claim/service lacks information which is needed for adjudication..	M76 – Incomplete/invalid patient’s diagnosis(es) and condition(s).	On inpatient claims w/ revenue codes 360 OR, 361 OR-Minor, or 369 OR-Other, an ICD-9 surgical code is required in fields 74 A-E. On inpatient claims w/ revenue codes 370 Anesthesia, 710 Recovery Room, 719 Other Recovery Room or 722 Delivery Room, a delivery diagnosis code is required in fields 67 A-Q or an ICD-9 surgical code is required in fields 74 A-E.
736	PRINCIPAL SURGICAL PROCEDURE NOT ON FILE	16 – Claim/service lacks information which is needed for adjudication.	MA66 - Incomplete/invalid principal procedure code and/ or date.	Verify the correct procedure code was submitted. If incorrect, make the appropriate change. If correct, contact your program representative, as this may be a non-covered service.
737	OTHER SURGICAL PROCEDURE NOT ON FILE	16 – Claim/service lacks information which is needed for adjudication.	M67 - Incomplete/invalid other procedure code(s) and/ or date(s).	Follow the resolution for edit code 736. The two digits in front of the edit code identify which surgical procedure code is not on file.
738	PRINCIPAL SURG PROC REQUIRES PA/NO PA #	15 - Payment adjusted because the submitted authorization number is missing, invalid or does not apply to billed services or provider.		Providers should only attach documentation (H&P, operative note and discharge summary) to the ECF and return to the program representative when one or more of the following conditions apply: The admission was an Emergency; The admission was Urgent; The patient received retroactive eligibility and no PA was obtained.
739	OTHER SURG PROC REQUIRES PA/NO PA NUMBER	15 - Payment adjusted because the submitted authorization number is missing, invalid or does not apply to billed services or provider.		Follow the resolution for edit 738. The two digits in front of the edit identify which other surgical procedure requires the prior authorization number.
740	RECIP SEX/PRINCIPAL SURG PROC INCONSIST	7 - The procedure/revenue code is inconsistent with the patient’s gender.		Verify the recipient’s Medicaid number (field 60) and the procedure code in field 74. A common error is entering another family member’s Medicaid number. Make sure the number matches the recipient served. Make the appropriate correction if applicable. Check the recipient’s sex listed on the ECF. If there is a discrepancy, contact your county Medicaid office to correct the sex on the recipient’s file. After Medicaid has made the correction, send the ECF to your program representative.
741	RECIP SEX/OTHER SURG PROC INCONSISTENT	7 - The procedure/revenue code is inconsistent with the patient’s gender.		Follow resolution for edit code 740. The two digits in front of the edit code identify which other surgical procedure code in field 74 A - E is inconsistent with the recipient’s sex.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
742	RECIP AGE/PRINCIPAL SURG PROC INCONSIST	6 - The procedure/revenue code is inconsistent with the patient's age.		<p>Verify the recipient's Medicaid ID number (field 60) and the procedure code in field 74. A common error is entering another family member's Medicaid number. Make sure the number matches the recipient served. Make the appropriate correction if applicable.</p> <p>Check the recipient's date of birth listed on the ECF. If there is a discrepancy, contact your county Medicaid office to correct the date of birth on the recipient's file. After Medicaid has made the correction, send the ECF to your program representative.</p>
743	RECIPIENT AGE/OTHER SURG PROC INCONSIST	6 - The procedure/revenue code is inconsistent with the patient's age.		<p>Follow the resolution for edit code 742. The two digits in front of the edit code identify which other surgical procedure code in field 74 A - E is inconsistent with the recipient's age.</p>
746	PRINCIPAL SURG PROC EXCEEDS FREQ LIMIT	96 - Non-covered charge(s).		<p>The system has already paid for the procedure entered in field 74. Verify the procedure code is correct. If this is a replacement claim, send the ECF with a note to your program representative.</p>
747	OTHER SURG PROC EXCEEDS FREQ LIMIT	96 - Non-covered charge(s).		<p>Follow the resolution for edit code 746. The two digits in front of the edit code identify which other surgical procedure's (field 74 A - E) frequency limitation has been exceeded.</p>
748	PRINCIPAL SURG PROC REQUIRES DOC	16 - Claim/service lacks information which is needed for adjudication.	N102-This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely.	<p>Attach documentation (discharge summary and operative note only) for the principal surgical procedure in field 74 to the ECF and return to the following address:</p> <p style="padding-left: 40px;">DHHS Division of Hospitals Attention: Medical Service Review PO Box 8206 Columbia, SC 29202-8206</p> <p>Documentation will not be reviewed or retained by Medicaid until the provider corrects all other edits. Always refer to Sections 2 and 3 for specific Medicaid coverage guidelines and documentation requirements.</p>
749	OTHER SURG PROC REQUIRES DOC/MAN REVIEW	16 - Claim/service lacks information which is needed for adjudication.	N102-This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely.	<p>Follow the resolution for edit code 748 for the other surgical procedure in field 74 A-E. Two digits in front of the edit code identify which other surgical procedure requires documentation.</p> <p>Documentation will not be reviewed or retained by Medicaid until the provider corrects all other edits. Always refer to Sections 2 and 3 for specific Medicaid coverage guidelines and documentation requirements.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
750	PRIN SURG PROC NOT COV OR NOT COV ON DOS	96 - Non-covered charge(s).		Check the procedure code in field 74 and the date of service to verify their accuracy. Check to see if the procedure code in field 74 is listed on the non-covered surgical procedures list in this manual. Check the most recent addition of the ICD to be sure the code you are using has not been deleted or changed to another code.
751	OTHER SURG PROC NOT COV/NOT COV ON DOS	96 - Non-covered charge(s).		Follow the resolution for edit code 750. The two digits in front of the edit code identify which other surgical procedure code in field 74 A - E is not covered on the date of service.
752	PRINCIPAL SURGICAL PROCEDURE ON REVIEW	133 - The disposition of this claim/service is pending further review.		Attach documentation which supports the principal surgical procedure in field 74 (discharge summary and operative notes) to the ECF and return to the address on the ECF.
753	OTHER SURGICAL PROCEDURE ON REVIEW	133 - The disposition of this claim/service is pending further review.		Follow the resolution for edit code 752. The two digits in front of the edit code identify which other surgical procedure code in field 74 A - E is not medically necessary or on review.
754	REVENUE CODE NOT ON FILE	16 - Claim/service lacks information which is needed for adjudication.	M50 - Incomplete/invalid revenue code(s).	Revenue code is invalid. Verify revenue code.
755	REVENUE CODE REQUIRES PA/PEND FOR REVIEW	133 - The disposition of this claim/service is pending further review.		Please enter prior authorization number in field 63 on ECF and resubmit.
756	PRINCIPAL DIAG REQUIRES PA/NO PA NUMBER	15 - Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.		CMS-1500 CLAIM: Enter prior authorization number in field 3 on ECF. UB CLAIM: Enter prior authorization number in field 63 on ECF.
757	OTHER DIAG REQUIRES PA/NO PA NUMBER	15 - Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.		CMS-1500 CLAIM: Enter prior authorization number in field 3 on ECF. UB CLAIM: Enter prior authorization number in field 63 on ECF.
758	PRIM/PRINCIPAL DIAG REQUIRES DOC	16 - Claim/service lacks information which is needed for adjudication.	N223-Missing documentation of benefit to the patient during the initial treatment period.	If primary diagnosis is correct, attach pertinent documentation (<i>i.e.</i> operative report, chart notes, etc.) to ECF and resubmit.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
759	SEC/OTHER DIAG REQUIRES DOC/MAN REVIEW	16 - Claim/service lacks information which is needed for adjudication.	N223-Missing documentation of benefit to the patient during the initial treatment period.	If primary diagnosis is correct, attach pertinent documentation (<i>i.e.</i> operative report, chart notes, etc.) to ECF and resubmit.
760	PRIMARY DIAG CODE NOT COVERED ON DOS	96 - Non-covered charge(s).		Check the current ICD-9 manual to verify that the primary diagnosis is correctly coded. If the diagnosis code is correct, then it is not covered.
761	SEC/OTHER DIAG CODE NOT COVERED ON DOS	96 - Non-covered charge(s).		Check the current ICD-9 manual to verify that the secondary or other diagnosis is correctly coded. If the diagnosis code is correct, then it is not covered.
762	PRINCIPAL DIAG ON REVIEW/MANUAL REVIEW	133 - The disposition of this claim/service is pending further review.		Return ECF with required documentation (history, physical, and discharge summary) for review to the following address: DHHS Division of Hospitals Attention: Medical Service Review PO Box 8206 Columbia, SC 29202-8206
763	OTHER DIAG ON REVIEW/MANUAL REVIEW	133 - The disposition of this claim/service is pending further review.		Follow the resolution for edit code 762. The two digits before the edit code identify which other diagnosis code in fields 67 A-Q requires manual review by DHHS.
764	REVENUE CODE REQUIRES DOC/MANUAL REVIEW	16 - Claim/service lacks information which is needed for adjudication.	N102-This claim has been denied without reviewing the medical record because the requested records were not received or were received timely.	Please attach pertinent documentation to ECF and resubmit.
765	RECIPIENT AGE/REVENUE CODE INCONSIST	6 - The procedure/revenue code is inconsistent with the patient's age.		Check the recipient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the recipient served. Check the revenue code in field 42 to be sure it is correct. Make the appropriate correction to the recipient number or to the revenue code in field 42. The date of birth on the ECF indicates the date of birth in our system as of the claim run date. Call your county Medicaid Eligibility office if your records indicate a different date of birth. After the county Medicaid Eligibility office has made the correction, send the ECF to your program representative.
766	NEED TO PRICE OP SURG			Verify that the correct procedure code was entered in field 44. If the procedure code on the ECF is incorrect, mark through the code with red ink and write in the correct code. If the code is correct, resubmit the ECF with documentation (operative notes, discharge summary) to your program representative.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
768	ADMIT DIAGNOSIS CODE NOT ON FILE	16 – Claim/service lacks information which is needed for adjudication.	MA65 - Incomplete/invalid admitting diagnosis.	Follow the resolution for edit code 700.
769	ASST. SURGEON NOT ALLOWED FOR PROC CODE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Procedure does not allow reimbursement for assistant surgeon. If the edit appears unjustified or an assistant surgeon was medically necessary, attach documentation to the ECF to justify the assistant surgeon and resubmit for review.
771	PROV NOT CERTIFIED TO PERFORM THIS SERV	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		CMS-1500 CLAIM: Verify the procedure code in field 17. If correct, attach FDA certificate to the ECF and resubmit. If you are not a certified mammography provider, or a lab provider, this edit code is not correctable. ADA CLAIM: Verify the procedure code in field 18. If correct, attach FDA certificate to the ECF and resubmit. If you are not a certified mammography provider, or a lab provider, this edit is not correctable.
772	ANESTHESIA UNITS NOT IN MIN/MAX RANGE	16 – Claim/service lacks information which is needed for adjudication.	M53 - Did not complete or enter the appropriate number (one or more) day(s) or unit(s) of service.	Verify the number of units in field 22 is correct. If not, make the appropriate correction. If correct, attach anesthesia records to the ECF and resubmit.
773	INAPPROPRIATE PROCEDURE CODE USED	16 – Claim/service lacks information which is needed for adjudication.	M51 - Incomplete/invalid, procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description or the description is insufficient. (Add to message by Medicare carriers only: "Refer to the HCPCS Directory. If an appropriate procedure code(s) does not exist, refer to Item 19 on the HCFA-1500 instructions.") N56 – Procedure code billed is not correct for the service billed.	Verify the procedure code in field 17. If incorrect, enter the correct code in field 17 on the ECF and resubmit.
774	LINE ITEM SERV CROSSES STATE FISCAL YEAR	16 – Claim/service lacks information which is needed for adjudication.	N63-Rebill services on separate claim lines.	Change the units in field 22 to reflect days billed on or before 6/30. Add a line to the ECF to reflect days billed on or after 07/01.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
778	SEC CARRIER PRIOR PAYMENT NOT ALLOWED	16 – Claim/service lacks information which is needed for adjudication.	MA04 - Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	Prior payment (field 54) for a carrier secondary to Medicaid should not appear on claim.
779	PA REQUIRED ON INP UB WITH DAODAS DRG	15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.		A prior authorization must be obtained. Refer to the Alcohol and Drug Services section in the provider manual for instructions or call toll free at (800) 374-1390 or in the Columbia area at (803) 896-5988.
780	REVENUE CODE REQUIRES PROCEDURE CODE	16 – Claim/service lacks information which is needed for adjudication.	M51 - Incomplete/invalid, procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description or the description is insufficient. (Add to message by Medicare carriers only: "Refer to the HCPCS Directory. If an appropriate procedure code(s) does not exist, refer to Item 19 on the HCFA-1500 instructions.")	Some revenue codes (field 42) require a CPT/HCPCS code in field 44. Enter the appropriate CPT/HCPCS code in field 44. A list of revenue codes that require a CPT/HCPCS code is located under the outpatient hospital section in the provider manual.
786	ELECTIVE ADMIT,PROC REQ PRE-SURG JUSTIFY	197 - Precertification / authorization/notification absent.		When type of admission (field 14) is elective, and the procedure requires prior authorization, a prior authorization number from QIO must be entered in field 63.
791	PRIN SURG PROC NOT CLASSED-MANUAL REVIEW	16 – Claim/service lacks information which is needed for adjudication.	M85 - Subjected to review of physician evaluation and management services.	Verify that the correct procedure code was entered in field 74. If the procedure code on the ECF is incorrect, mark through the code and write in the correct code. If you are confident that the code is correct, resubmit the ECF with documentation (operative note and discharge summary) to your program representative.
792	OTHER SURG PROC NOT CLASSED - MANUAL REV	16 – Claim/service lacks information which is needed for adjudication.	M85 - Subjected to review of physician evaluation and management services.	Follow the resolution for edit code 791. The two digits in front of the edit identify which other procedure code has not been classed.
795	SURG RATE CLASS/NOT ON FILE-NOT COV DOS	16 – Claim/service lacks information which is needed for adjudication.	N65-Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.	Verify that the correct procedure code and date of service was entered. If the procedure code on the ECF is incorrect, mark through the code and write in the correct code. If you are confident that the code is correct, resubmit the ECF with documentation (operative note and discharge summary) to your program representative.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
796	PRINC DIAG NOT ASSIGNED LEVEL-MAN REVIEW	133 - The disposition of this claim/service is pending further review.		Verify that the correct diagnosis code (field 67) was submitted. If incorrect, make the appropriate change. If correct, return the ECF to your program representative with support documentation.
797	OTHER DIAG NOT ASSIGNED LEVEL-MAN REVIEW	133 - The disposition of this claim/service is pending further review.		Follow the resolution for edit code 796. The two digits in front of the edit code identify which other diagnosis code has not been assigned a level.
798	SURGERY PROCEDURE REQUIRES PA# FROM CMR	197 - Precertification / authorization/notification absent.	N241 - Incomplete/invalid review organization approval.	CMS-1500 CLAIM: Contact CMR for authorization number. Enter authorization number in field 3 on the ECF. UB CLAIM: Contact CMR for authorization number. Enter authorization number in field 63 on the ECF.
799	OP PRIN/OTHER PROC REQ QIO APPROVAL	197 - Precertification / authorization/notification absent.	N241 - Incomplete/invalid review organization approval.	Prior authorization is required from QIO. Enter PA number in field 63.
808	HEALTH OPPORTUNITY ACCOUNT (HOA) IN DEDUCTIBLE PERIOD	A1 - Claim/Service denied.	MA07 - The claim information has also been forwarded to Medicaid for review.	Contact your program area representative.
843	RTF SERVICES REQUIRE PA	15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.		Enter the prior authorization number from Form 254 in field 63 on the claim form and resubmit.
844	IMD SERVICES REQUIRE PA	15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.		Enter the prior authorization number from Form 254 in field 63 on the claim form and resubmit.
845	BH SERVICES REQUIRE PA	15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.		Examine field 3 on the ECF. If there is no PA number on the ECF, enter the PA number, in red, in field 3 on the ECF. The PA number may be found on the DHHS Form 252/254. If a PA number is on the ECF, check to be sure the PA number matches the number on the form 252/254. If the prefix is incorrect, cross through the incorrect number and enter the correct PA number in red. If any other problems occur, contact your program representative.
850	HOME HEALTH VISITS FREQUENCY EXCEEDED	B1 - NON-Covered visits.		Discard the ECF.

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Edit Code	Description	CARC	RARC	Resolution
851	DUP SERVICE, PROVIDER SPEC and DIAGNOSIS	18 - Duplicate Claim/service.		Verify that the procedure code and the diagnosis code were billed correctly. If incorrect, make the appropriate corrections. If correct, the first provider will be paid. The second provider of the same practice specialty will not be reimbursed for services rendered for the same diagnosis.
852	DUPLICATE PROV/ SERV FOR DATE OF SERVICE	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		<p>1. Review the ECF for payment date, which appears within a block named Claims/Line Payment Information, on the right side under other edit information.</p> <p>2. Check the patient's financial record to see whether payment was received. If so, discard the ECF.</p> <p>3. If two or more of the same procedures for the same date of service should have been paid and you only received payment for the first, attach supporting documentation and resubmit.</p> <p>FOR PHYSICIANS:</p> <p>1. Review the ECF for payment date, which appears within a block named Claims/Line Payment Information, on the right side under other edit information.</p> <p>2. Check the patient's financial record to see if payment was received. If so, discard the ECF.</p> <p>3. If two or more of the same procedures were performed on the same date of service and only one procedure was paid, make the appropriate change to the modifier (field 18) to indicate a repeat procedure (i.e. 76, WJ or 51).</p> <p>All other provider/claim types: Contact your program representative.</p>
853	DUPLICATE SERV/DOS FROM MULTIPLE PROV	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Medicaid will not reimburse a physician if the procedure was also performed by a laboratory, radiologist, or a cardiologist. If none of the above circumstances apply, attach documentation and resubmit.
854	VISIT WITHIN SURG PKG TIME LIMITATION	16 - Claim/service lacks information which is needed for adjudication.	M144 - Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	<p>If the visit is related to the surgery and is the only line on the ECF, disregard the ECF. The visit will not be paid.</p> <p>If the visit is related to the surgery and is on the ECF with other payable lines, draw a red line through the line with the 854 edit and resubmit. This indicates you do not expect payment for this line. If the visit is unrelated to the surgical package, enter the appropriate modifier, 24 or 25, in field 18 on the ECF and resubmit.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
855	SURG PROC/PAID VISIT/TIME LIMIT CONFLICT	151 - Payment adjusted because the payer deems the information submitted does not support this many services.		Either request recoupment of the visit to pay the surgery, or, if the visit and surgery are non-related, send documentation with ECF to justify the circumstances.
856	2 PRIM SURGEON BILLING FOR SAME PROC/DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Check to see if individual provider number (in field 19 on the ECF) is correct, and the appropriate modifier is used to indicate different operative session, assistant surgeon, surgical team, etc. Make appropriate changes to ECF and resubmit. If no modifier is applicable, and field is correct, resubmit ECF with documentation to your program manager.
857	DUP LINE – REV CODE, DOS, PROC CODE, MODIFIER	18 - Duplicate claim/service.		The two-digit number in front of the edit code identifies which line of field 42 or 44 contains the duplicate code. Duplicate revenue or CPT/HCPCS codes should be combined into one line by deleting the whole duplicate line and adding the units and charges to the other line.
858	TRANSFER TO ANOTHER INSTITUTION DETECTED	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Contact your program representative.
859	DUPLICATE PROVIDER FOR DATES OF SERVICE	18 - Duplicate Claim/service.		Check the claims/line payment info box on the right of your ECF for the dates of previous payments that conflict with this claim. If this is a duplicate claim or if the additional charges do not change the payment amount disregard the ECF. If additional services were performed on the same day and will result in a different payment amount, complete a replacement claim. If services were not done on the same date of service, a new claim should be filed with the correct date of service. Itemized statements for both the paid claim and new claim(s) with an inquiry form explaining the situation should be attached and sent to your program representative.

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Edit Code	Description	CARC	RARC	Resolution
860	RECIP SERV FROM MULTI PROV FOR SAME DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		This edit most frequently occurs with a transfer from one hospital to another. One or both of the hospitals entered the wrong "from" or "through" dates. Verify the date(s) of service. If incorrect, enter the correct dates of service and return the ECF. If dates are correct, forward the ECF with documentation (discharge summary, transfer document, or ambulance document) to your program representative. If the claim has a 618 carrier code in field 50, the claim may be duplicating against another provider's Medicare primary inpatient or outpatient claim, or against the provider's own Medicare primary inpatient or outpatient claim. The provider must send in the ECF with the Medicare EMB to the program representative.
863	DUPLICATE PROV/SERV FOR DATES OF SERVICE	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		Check the claims/line payment information box on the right of the ECF for the dates of paid claims that conflict with this claim. If all charges are paid for the date(s) of service disregard ECF. Send a replacement claim if it will result in a different payment amount. Payment changes usually occur when there is a change in the inpatient DRG or reimbursement type, or a change in the outpatient reimbursement type.
865	DUP PROC/SAME DOS/DIFF ANES MOD	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		You have been paid for this procedure with a different modifier. Verify by the anesthesia record the correct modifier. If the paid claim is correct, discard the ECF. If the paid claim is incorrect, contact your program representative.
866	NURS HOME CLAIM DATES OF SERVICE OVERLAP	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.	M80 - Not covered when performed during the same session/date as a previously processed service for patient.	Contact your program representative.
867	DUPLICATE ADJ< ORIGINAL CLM ALRDY VOIDED			Provider has submitted an adjustment claim for an original claim that has already been voided. An adjustment cannot be made on a previously voided claim.
868	RECIP RECEIVING SAME SVC FROM DIFFERENT PROV FOR DOS	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.	M80 - Not covered when performed during the same session/date as a previously processed service for patient.	Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
877	SURGICAL PROCS ON SEPERATE CLMS/SAME DOS	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		This edit indicates payment has been made for a primary surgical procedure at 100%. The system has identified that another surgical procedure for the same date of service was paid after manual pricing and approval. This indicates a review is necessary to ensure correct payment of the submitted claim. Enter appropriate modifiers to indicate different operative sessions, assistant surgeon, surgical team, etc. Submit ECF with documentation to your program representative.
883	CARE CALL SERVICE BILLED OUTSIDE THE CARE CALL SYSTEM	B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.	N30 - Recipient ineligible for this service.	Contact your program representative for further assistance.
884	OVERLAPPING PROCEDURES (SERVICES) SAME DOS/SAME PROVIDER	B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.	M80 – Not covered when performed during the same session/date as a previously processes service for patient.	Contact your program representative for further assistance.
885	PROVIDER BILLED AS ASST and PRIMARY SURGEO	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.		Verify which surgeon was primary and which was the assistant. Check the individual provider number in field 19. The modifier may need correcting to indicate different operative sessions, surgical team, etc. If you have been paid as primary surgeon and should be paid as the assistant, submit a refund with a refund form (DHHS Form 205) found in Section 5. Resubmit the ECF with documentation. Call your program representative if you have questions.
887	PROV SUBMITTING MULT CLAIMS FOR SURGERY	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment		First check your records to see if this claim has been paid. If it has, discard the ECF. If multiple procedures were performed and some have been paid, attach op note and remittance advice from original claim to ECF and send to your program representative. If two surgical procedures were performed at different times on this DOS (two different operative sessions), correct the ECF (in red) by entering the modifier 78 or 79 and resubmit.
888	DUP DATES OF SERVICE FOR EXTENDED NH CLM	B13 - Previously Paid. Payment for this claim/service may have been provided in a previous payment.	M80 - Not covered when performed during the same session/date as a previously processed service for patient.	Contact your program representative.

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Edit Code	Description	CARC	RARC	Resolution
889	PROVIDER PREVIOUSLY PD AS AN ASST SURGEON	B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment. B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Verify which surgeon was primary and which was the assistant. If the surgeon has been paid as the assistant, and was the primary surgeon, submit a refund with a refund form (DHHS Form 205) found in Section 5. Resubmit the ECF with documentation. Call your program representative if you have questions.
892	DUP DATE OF SERVICE, PROC/MOD ON SAME CLM	18 - Duplicate claim/service.		CMS-1500 CLAIM: If duplicate services were not provided, mark through the duplicate line on the ECF. If duplicate services were provided, verify whether the correct modifier was billed. If not, make the correction in field 18 on the ECF. If duplicate services were provided and the correct duplicate modifier was billed, attach support documentation and resubmit the ECF. ADA CLAIM: If duplicate services were not provided, mark through the duplicate line on the ECF and resubmit. If duplicate services were provided, contact your program representative.
893	CONFLICTING AA/QK MOD SUBMITTED SAME DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Claims are conflicting for the same date of service regardless of the procedure code, one with AA modifier and one with QK/QY modifier. Verify the correct modifier and/or procedure code for the date of service by the anesthesia record.
894	CONFLICTING QX/QZ MOD SUBMITTED SAME DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Claims are conflicting for the same date of service regardless of the procedure code, one with QX modifier and one with QZ modifier. Verify by the anesthesia record if the procedure was rendered by a supervised or independent CRNA.
895	CONFL AA and QX/QZ MOD SAME PROC/DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Claims have been submitted by an anesthesiologist as personally performed anesthesia services and a CRNA has also submitted a claim. Verify by the anesthesia record the correct modifier for the procedure code on the date of service.

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Edit Code	Description	CARC	RARC	Resolution
897	MULT. SURGERIES ON CONFLICTING CLM/DOS	59 - Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.		First check your records to see if this claim has been paid. If it has, discard the ECF. If multiple procedures were performed and some have been paid, attach op note and remittance from original claim to ECF and send to your program representative. If two surgical procedures were performed at different times on this DOS (two different operative sessions), correct the ECF (in red) by entering the modifier 78 or 79 and resubmit.
899	CONFLICTING QK/QZ MOD FOR SAME DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Verify by the anesthesia record the correct modifier and procedure code for the date of service. If this procedure was rendered by an anesthesia team, the supervising physician should bill with QK modifier and the supervised CRNA should bill with the QX modifier. The QY modifier indicates the physician was supervising a single procedure.
900	PROVIDER ID IS NOT ON FILE	16 - Claim/service lacks information which is needed for adjudication.	N77-Missing/incomplete/invalid designated provider number	Check your records to make sure that the individual provider number in field 19 of the ECF is correct. Enter correct individual ID# in appropriate field.
901	INDIVIDUAL PROVIDER ID NUM NOT ON FILE	16 - Claim/service lacks information which is needed for adjudication.	N77-Missing/incomplete/invalid designated provider number	CMS-1500 CLAIM: Check your records to make sure that the individual provider number in field 19 of the ECF is correct. Enter correct individual ID# in field 19. ADA CLAIM: Check your records to make sure that the individual provider number in field 13 of the ECF is correct. Enter correct individual ID# in field 13 on the ECF.
902	PROVIDER NOT ELIGIBLE ON DATE OF SERVICE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Pay-to provider not eligible on date of service. Provider was not enrolled when service was rendered. Contact your program representative for assistance.
903	INDIV PROVIDER INELIGIBLE ON DTE OF SERV	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Verify that date of service is correct. If not, correct and resubmit the ECF. If the date of service is correct, contact Medicaid Provider Enrollment at (803)788-7622 ext. 41650 regarding provider eligibility dates.
904	PROVIDER SUSPENDED ON DATE OF SERVICE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Verify whether the date of service on ECF is correct. If not, correct and resubmit the ECF. If correct, attach a note to the ECF requesting to have the provider file updated provided the suspension has been lifted.
905	INDIVIDUAL PROVIDER SUSPENDED ON DOS	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Verify whether the date of service on ECF is correct. If not, correct and resubmit the ECF. If correct, attach a note to the ECF requesting to have the provider file updated provided the suspension has been lifted.

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Edit Code	Description	CARC	RARC	Resolution
906	PROVIDER ON PREPAYMENT REVIEW	16 – Claim/service lacks information which is needed for adjudication.	N35 - Program Integrity/ utilization review decision.	Contact your program representative.
907	INDIVIDUAL PROVIDER ON PREPAYMENT REVIEW	16 – Claim/service lacks information which is needed for adjudication.	N35 - Program Integrity/ utilization review decision.	Contact your program representative.
908	PROVIDER TERMINATED ON DATE OF SERVICE	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Verify whether the date of service on the ECF is correct. If not, correct and resubmit the ECF. If correct, attach a note to the ECF requesting to have the provider file updated.
909	INDIVIDUAL PROVIDER TERMINATED ON DOS	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Verify whether the date of service on the ECF is correct. If not, correct and resubmit the ECF. If correct, attach a note to the ECF requesting to have the provider file updated.
911	INDIV PROV NOT MEMBER OF BILLING GROUP	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Resubmit the ECF along with a written request to have the individual provider added to the group provider ID number.
912	PROV REQUIRES PA/NO PA NUMBER ON CLAIM	15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.		Contact your program representative.
914	INDIV PROV REQUIRES PA/NO PA NUM ON CLM	15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.		Contact your program representative.
915	GROUP PROV ID/NO INDIV ID ON CLAIM/LINE	16 – Claim/service lacks information which is needed for adjudication.	N77 - Missing/incomplete/invalid designated provider number	CMS-1500 CLAIM: Verify the rendering individual physician and enter his or her provider ID number in field 19 on ECF. ADA CLAIM: Verify the rendering individual physician and enter his or her provider ID number in field 13 on ECF.
916	CRD PRIM DIAG CODE/PROV NOT CERTIFIED	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Attach appropriate support documentation to ECF and resubmit. Contact your program representative for further assistance.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
917	CRD SEC DIAG CODE/PROV NOT CERTIFIED	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Attach appropriate support documentation to ECF and resubmit. Contact your program representative for further assistance.
918	CRD PROCEDURE CODE/PROV NOT CERTIFIED	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Attach appropriate support documentation to ECF and resubmit. Contact your program representative for further assistance.
919	NO PA# ON CLM/PROV OUT OF 25 MILE RADIUS	40 - Charges do not meet qualifications for emergent/urgent care.		Contact your program representative.
920	Transportation Service is covered by Contractual Transportation Broker / not covered fee-for-service	109 - Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	N157 - Transportation to/from this destination is not covered.	Contact your program representative.
921	Ambulance service is payable by Contractual Transportation Broker / not covered fee-for-service	109 - Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	N157 - Transportation to/from this destination is not covered.	Contact your program representative.
922	URGENT SERVICE/OOS PROVIDER	16 - Claim/service lacks information which is needed for adjudication.		Contact your program representative.
923	PROVIDER TYPE / CAT. INCONSIST W/ LEVEL OF CARE	150 - Payment adjusted because the payer deems the information submitted does not support this level of service.		Contact your program representative.
924	RCF PROV/RECIP PAY CAT NOT 85 OR 86	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Contact your program representative.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
925	AGES > 21 & < 65 / IMD HOSPITAL NON-COVERED	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Contact your program representative.
926	AGE 21-22/MENTAL INST SERV N/C - MAN REV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Contact your program representative.
927	PROVIDER NOT AUTHORIZED AS HOSPICE PROV	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Contact your program representative.
928	RECIP UNDER 21/HOSP SERVICE REQUIRES PA	15 - The authorization number is missing, invalid, or does not apply to the billed services or provider.		Attach medical records to the ECF and forward to the Medical Service Reviewer.
929	NON QMB RECIPIENT	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Provider is Medicare only provider attempting to bill for a non-QMB (Medicaid only) recipient. Medicaid does provide reimbursement to QMB providers for non-QMB recipients.
932	PAY TO PROV NOT GROUP/LINE PROV NOT SAME	16 - Claim/service lacks information which is needed for adjudication.	N77-Missing/incomplete/invalid designated provider number	Verify provider ID and/or NPI in field 1 is the same as the Provider ID and/or NPI on the line(s). If not strike through the incorrect provider ID and/or NPI and enter the correct information in the appropriate fields.
933	REV CODE 172 OR 175/NO NICU RATE ON FILE	147 - Provider contracted/negotiated rate expired or not on file.		Contact your program representative.
934	PRIOR AUTHORIZATION NH PROV ID NOT AUTHORIZED	15 - Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.		Enter the correct Nursing Facility Provider number in field #3 on the ECF (Prior Authorization) and resubmit.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
935	PROVIDER WILL NOT ACCEPT TITLE 18 ASSIGNMENT	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Contact your program representative.
936	NON EMERGENCY SERVICE/OOS PROVIDER	40 - Charges do not meet qualifications for emergent/urgent care.		If diagnosis and surgical procedure codes have been coded correctly, this outpatient service is not covered for out-of-state providers. No payment is due from South Carolina Medicaid.
938	PROV WILL NOT ACCEPT TITLE 19 ASSIGNMENT	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		If provider is accepting Medicaid assignment, attach a note to the ECF to request to have the provider's file updated. If not, discard the ECF.
939	IND PROV WILL NOT ACCEPT T-19 ASSIGNMENT	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		If provider is accepting Medicaid assignment, attach a note to the ECF to request to have the provider's file updated. If not, discard the ECF.
940	BILLING PROV NOT RECIP IPC PHYSICIAN	38 - Services not provided or authorized by designated (network/primary care) providers.		Contact your program representative.
941	NPI ON CLAIM NOT FOUND ON PROVIDER FILE	208 - National Provider Identifier - Not matched.	N77 - Missing/incomplete/invalid designated provider number.	<p>Check the NPI on the ECF to ensure it is correct. If so, register the NPI with provider enrollment.</p> <p>Medicaid Provider Enrollment Mailing address: PO Box 8809, Columbia, SC 29202-8809 Email: provider.enrollment@bcbssc.com Phone: (803) 264-1650 Fax: (803) 699-8637</p>
942	INVALID NPI	207 - National Provider Identifier - invalid format.	N77 - Missing/incomplete/invalid designated provider number.	<p>The NPI used on the claim is inconsistent with numbering scheme utilized by NPPES. Update the ECF with the correct NPI.</p> <p>Contact your program representative if you have additional questions.</p>
943	TYPICAL PROVIDER, NO NPI ON CLAIM	206 - National Provider Identifier - missing.	N77 - Missing/incomplete/invalid designated provider number.	<p>Typical providers must use the NPI and six-character Medicaid Legacy Provider Number or NPI only for each rendering and billing/pay-to provider. When billing with NPI only, the taxonomy code for each rendering and billing/pay-to provider must also be included. Make corrections to the ECF or resubmit a new claim.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
944	TAXONOMY ON CLAIM HAS NOT BEEN REGISTERED WITH PROVIDER ENROLLMENT FOR THE NPI USED ON THE CLAIM	16 - Claim/service lacks information which is needed for adjudication.	N94 - Claim/Service denied because a more specific taxonomy code is required for adjudication.	<p>Either update the taxonomy on the ECF so that it is one that the provider registered with SCDHHS or contact Provider Enrollment to add the taxonomy that is being used on the claim.</p> <p>Medicaid Provider Enrollment Mailing address: PO Box 8809, Columbia, SC 29202-8809 Email: provider.enrollment@bcbssc.com Phone: (803) 264-1650 Fax: (803) 699-8637</p>
945	PROFESSIONAL COMPONENT REQUIRED FOR PROV	16 - Claim/service lacks information which is needed for adjudication.	N13 - Payment based on professional/technical component modifier(s).	The services were rendered on an inpatient or outpatient basis. Enter a "26" modifier in field 18. Services described in this manual do not require a modifier.
946	UNABLE TO CROSSWALK TO LEGACY PROVIDER NUMBER	16 - Claim/service lacks information which is needed for adjudication.	N77 - Missing/incomplete/invalid designated provider number.	Add the legacy number to the ECF and contact your program representative to clarify why the NPI could not be cross-walked.
947	ATYPICAL PROVIDER AND NPI UTILIZED ON THE CLAIM	16 - Claim/service lacks information which is needed for adjudication.	N77 - Missing/incomplete/invalid designated provider number.	Atypical providers must continue to use their legacy number on the claim. Do not include an NPI if you are an atypical provider. If you are not sure, contact your program representative.
948	CONTRACT RATE NOT ON FILE/SERV NC ON DOS	147 - Provider contracted/ negotiated rate expired or not on file.		Review your contract to verify if the correct procedure code was billed. If the contract allows billing of this procedure code, contact your program representative.
949	CONTRACT NOT ON FILE FOR ELECTRONIC CLAIMS	16 - Claim/service lacks information which is needed for adjudication.	N51-Electronic interchange agreement not on file for provider/submitter	Contact the EDI Support Center at 1-888-289-0709 for further assistance.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
950	RECIPIENT ID NUMBER NOT ON FILE	31 - Claim denied, as patient cannot be identified as our insured.		<p>CMS-1500 CLAIM: Check the patient’s Medicaid number in field 2 of the ECF to make sure it was entered correctly. Remember, all patient’s Medicaid numbers are 10 digits (no alpha characters). If the number on the ECF is different than the number in the patient’s file, mark through the incorrect number and enter the correct number above field 2. If the number you have on file is correct, call the Medicaid office in the patient’s county of residence for the correct number or call the patient.</p> <p>UB CLAIM: Check the patient’s Medicaid number in field 60 of the ECF to make sure it was entered correctly. Remember, all patient’s Medicaid numbers are 10 digits (no alpha characters). If the number on the ECF is different than the number in the patient’s file, mark through the incorrect number and enter the correct number above field 60. If the number you have on file is correct, call the Medicaid office in the patient’s county of residence for the correct number or call the patient.</p> <p>ADA CLAIM: Check the patient’s Medicaid number in field 4 of the ECF to make sure it was entered correctly. Remember, all patients’ Medicaid numbers are 10 digits (no alpha characters). If the number on the ECF is different than the number in the patient’s file, mark through the incorrect number and enter the correct number above field 4. If the number you have on file is correct, call the Medicaid office in the patient’s county of residence for the correct number or call the patient.</p> <p>All other provider/claim types: Contact your program representative.</p>
951	RECIPIENT INELIGIBLE ON DATES OF SERVICE	26 - Expenses incurred prior to coverage. 27 - Expenses incurred after coverage terminated.		<p>Always check the patient’s Medicaid eligibility on each date of service. Medicaid eligibility may change. If the patient was eligible, contact your county Medicaid Eligibility office and have them update the patient’s Medicaid eligibility on the system and send you a statement to that effect. Attach the statement to the ECF and resubmit. If the patient was not eligible for Medicaid on the date of service, the patient is responsible for your charges. If the patient was eligible for some but not all of your charges, mark through the lines when the patient was ineligible.</p>
952	RECIPIENT PREPAYMENT REVIEW REQUIRED	15 - Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.		<p>Contact your program representative.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
953	BUYIN INDICATED ON CIS-POSSIBLE MEDICARE	22 – Payment adjusted because this care may be covered by another payer per coordination of benefits.	MA04 - Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.	<p>CMS-1500 CLAIM: File with Medicare first. If this has already been done, enter the Medicare carrier code, Medicare number, and Medicare payment in fields 24, 25, 26, and 28 on the claim form. If no payment was made, enter '1' in field 4 and resubmit.</p> <p>UB CLAIM: File with Medicare first. If this has already been done, enter the Medicare carrier code, Medicare number, and Medicare payment in fields 50, 54, 60 on the claim form. If no payment was made, enter 0.00 in field 54 and occurrence code 24 or 25 and the date Medicaid denied.</p> <p>ADA CLAIM: File with Medicare first. If this has already been done, enter the Medicare carrier code, Medicare number, and Medicare payment in fields 22, 23, 24, 26 on the claim form. If no payment was made, enter '1' in field 5 and resubmit.</p>
954	RURAL BEHAVIORAL HLTH. SERVICES (RBHS)	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Person is enrolled in the Rural Behavior Health Services program and is not eligible for this service. Contact your program representative.
955	RURAL BEHAVIORAL HLTH. (RBHS) RECIP/SERV	B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service.		Person is enrolled in the Rural Behavior Health Services program and is not eligible for this service. Contact your program representative.
956	PROVIDER NOT RURAL BEHAVIORAL HLTH. SERV	38 - Services not provided or authorized by designated (network) providers.		Person is enrolled in the Rural Behavior Health Services (RHBS) program and you are not the RBHS service provider. Contact your program representative.
957	DIALYSIS PROC CODE/PAT NOT CIS ENROLLED	16 – Claim/service lacks information which is needed for adjudication.	N188-The approved level of care does not match the procedure code submitted	Attach the ESRD enrollment form (Form 218) for the first date of service to ECF and resubmit to program representative.
958	IPC DAYS EXCEEDED OR NOT AUTH ON DOS	B5 -Payment adjusted because coverage/program guidelines were not met or were exceeded.		Contact your program representative.
959	SILVERXCARD RECIP/SERVICE NOT PHARMACY	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Contact the local county Medicaid Eligibility Office.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
960	EXCEEDS ESRD M'CARE 90 DAY ENROLL PERIOD	16 - Claim/service lacks information which is needed for adjudication.	MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information.	Attach the statement from the Social Security Administration (SSA) denying benefits to the ECF and resubmit, or attach a copy of the patient's Medicare card showing the eligibility dates to the ECF and resubmit.
961	RECIP NOT ELIG FOR NH TRANSITION	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Contact your program representative.
962	PEP RECIP/PROC IN PEP MONTHLY FEE	24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.		This is not a correctable edit. Payment for this procedure is included in the PEP monthly capitated fee paid to the PCP.
963	PROC FILED BY PCP AND IN PEP MONTHLY FEE	24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.		This is not a correctable edit. Payment for this procedure is included in the PEP monthly capitated fee paid to the PCP.
964	FFS CLAIM FOR SLMB/QDWI RECIP NOT CVRD	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Medicaid pays Medicare premiums only for recipients in these Medicaid payment categories. Fee-for-service Medicaid claims are not reimbursed.
965	PCCM RECIP/PROV NOT PCP-PROC REQ REFERRAL	38 - Services not provided or authorized by designated (network) providers.	N54-Claim information is inconsistent with pre-certified/authorized services	<p>CMS 1500 CLAIM: Contact the recipient's primary care physician (PCP) and obtain authorization for the procedure. Make the correction on the ECF by entering the authorization number provided by the PCP in field 7 (Primary Care Coordinator) and resubmit the ECF.</p> <p>UB CLAIM: Contact the recipient's primary care physician (PCP) and obtain authorization for the procedure. Make the correction on the ECF by entering the authorization number provided by the PCP in field 63 (Treatment Authorization Code) and resubmit the ECF.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
966	RECIP NOT ELIP FOR VENT WAIVER SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	<p>The claim was submitted with a Mechanical Ventilator Dependent Waiver (MVDW) specific procedure code, but the patient was not a participant in the MVDW. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it.</p> <p>Check for correct Medicaid number. Submit the edit correction form. If the patient Medicaid number is correct, the procedure code is correct and a MVDW form has been obtained, contact the service coordinator listed at the bottom of the waiver form</p>
967	RECIP NOT ELIG. FOR HD and SPINAL SERVICES	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	<p>The claim was submitted with a Head and Spinal Cord Injured (HASCI) waiver-specific procedure code, but the patient was not a participant in the HASCI waiver. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it.</p> <p>Check for correct patient Medicaid number. If the patient's number is incorrect, strike through the incorrect number and enter the correct Medicaid number above it. Submit the edit correction form. If the Medicaid number is correct, the procedure code is correct, and a HASCI waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form.</p>
969	RECIP NOT ELIG. FOR ROOM AND BOARD	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	<p>This edit will occur only when billing for procedure code H0043. Check the PA number in field 3 of the ECF to ensure it matches the PA number on the authorization form. You may not bill room and board charges through Medicaid. Mark through this line in red. Deduct the charge from the total charge. Mark through both the Total Charge, field 27, and Balance Due, field 29, and enter the corrected amount for both. Be sure to make this correction in red.</p> <p>If the PA number on the ECF is correct, contact the local MTS office to determine if appropriate notification has been made to the MTS state office. Ask for the date the child's eligibility went into effect to ensure it corresponds with the dates of service for which you are billing. If the dates correspond and no corrections are necessary, submit the ECF. If the dates do not correspond, ask the case manager to update the child's eligibility to correspond to the authorization dates on the DHHS Form 254 you were provided. Then return the ECF for processing. If any other problems occur, contact your program representative.</p>
970	HOSPICE SERV/RECIP NOT ENROLLED FOR DOS	16 - Claim/service lacks information which is needed for adjudication.	N143 - The patient was not in a hospice program during all or part of the service dates billed.	Service is hospice, but the recipient is not enrolled in hospice for the date of service.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
974	RECIP IN HMO/HMO COVERS FIRST 30 DAYS	24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.		If you are a provider with the HMO plan, bill the HMO for the first 30 days.
975	FEE FOR SVC RECIP/PALMETTO SENIOR CARE	109 - Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.		Contact Palmetto Senior Care at (803) 434-3770.
976	HOSPICE RECIPIENT/ SERVICE REQUIRES PA	B9 - Services not covered because the patient is enrolled in a Hospice.		<p>CMS-1500 CLAIM: Contact Medicaid IVRS to determine who the Hospice provider is. Contact the hospice provider to obtain the prior authorization number. Enter the authorization number in field 7 on the ECF resubmit.</p> <p>UB CLAIM: Contact Medicaid IVRS at 1-888-809-3040 to determine who the Hospice provider is. Contact the hospice provider to obtain the prior authorization number. Enter the authorization number in field 63 on the ECF resubmit.</p>
977	FREQUENCY FOR AMBULATORY VISITS EXCEEDED	B1 - Non-covered visits.		<p>Exceptions may be made to this edit under the following criteria:</p> <ol style="list-style-type: none"> 1. An ECF must be returned within six months of the rejection with a copy of verification of coverage attached indicating ambulatory visits were available for the date of service being billed. The availability of ambulatory visits must have been verified on the actual date of service being billed or the day before. 2. If the visit code was a line item rejection and other services paid on the claim, the provider must file a new claim within six months of the rejection with a copy of verification of coverage indicating ambulatory visits were available for the date of service being billed. The availability of ambulatory visits must have been verified on the actual date of service being billed or the day before. 3. All timely filing requirements must be met. <p>A provider has two options: Bill the patient for the non-covered office visit only. Medicaid will reimburse lab work, injections, x-rays, etc., done in addition to the office visit, or Change the office visit code in field 17 to the minimal established office E/M code, 99211, and accept the lower reimbursement. This code does not count toward the ambulatory visits.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
979	FREQ. FOR CHIROPRACTIC VISITS EXCEEDED	B1 - Non-covered visits.		Contact your program representative.
980	H HLTH NURS CARE N/C FOR DUAL ELIG RECIP	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	File your claim with the Medicare intermediary.
984	RECIP LIVING ARR INDICATES MEDICAL FAC	5 - The procedure code/bill type is inconsistent with the place of service.	N30 - Recipient ineligible for this service.	Verify patient's place of residence on date of service. If patient was not in a medical facility on date of service, contact your program representative.
985	RECIP NOT ELIG FOR CHILDREN'S PCA SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Please check to make sure you have billed the correct Medicaid number, procedure code and that this client is in the CHPC program. If you have not billed the correct Medicaid number or procedure code, or the client is not in the CHPC program, rebill the claim with the correct information. If the correct information has been billed and you continue to receive this edit please contact your program representative.
986	RECIP NOT ELIG FOR E/D WAIVER SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	<p>The claim was submitted with an Elderly/Disabled Waiver-specific procedure code, but the patient was not a participant in the Elderly/Disabled Waiver. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it.</p> <p>Check for correct patient Medicaid number. If the patient's number is incorrect, strike through the incorrect number and enter the correct Medicaid number above it. Submit the edit correction form. If the patient Medicaid number is correct, the procedure code is correct, and an Elderly/Disabled Waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form.</p>
987	RECIP NOT ELIG FOR HIV/AIDS WAIVER SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	<p>The claim was submitted with a HIV/AIDS Waiver-specific procedure code, but the patient was not a participant in the HIV/AIDS Waiver. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it.</p> <p>Check for correct patient Medicaid number. If the patient's number is incorrect, strike through the incorrect number and enter the correct Medicaid number above it. Submit the edit correction form. If the patient Medicaid number is correct, the procedure code is correct, and a HIV/AIDS Waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form.</p>

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

Edit Code	Description	CARC	RARC	Resolution
988	CRD PROCEDURE/DOS PRIOR TO COVERAGE	26 - Expenses incurred prior to coverage.		Call your program manager to see what the recipient's first date of treatment is. If dates of service on the ECF are prior to enrollment date, verify enrollment date. If enrollment date is correct, change dates on ECF. If enrollment date is wrong, submit a new enrollment form (DHHS Form 218) along with the ECF so the recipient's file can be updated.
989	RECIP IN HMO PLAN/SERV COVERED BY HMO	24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.		If you are a provider with the HMO plan, bill the HMO for the equipment or supply. Discard the edit correction form.
990	FP WAIVER RECIP/SERVICE IS NOT FP	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Make sure the Medicaid ID number matches the patient served. Check the diagnosis code(s), procedure code(s), and/or modifier to ensure the correct codes were billed. If incorrect, make the appropriate changes by adding a family planning diagnosis code, procedure code, and/or FP modifier. If this service was not directly related to family planning it is non-covered under the Family Planning Waiver and by Medicaid, therefore the patient is responsible for the charges.
991	RECIP ISCEDC/COSY- LIMITED SERVS. COVERED	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Limited services are covered for this recipient. This is not a covered service.
993	RECIP NOT ELIG FOR PSC SERV	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Contact your program representative.
994	RECIP ELIG FOR EMERGENCY SVCS ONLY	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	If service was not directly related to emergency services, service is non-covered.
995	INMATE RECIP ELIG FOR INSTIT. SVCS ONLY	141 - Claim adjustment because the claim spans eligible and ineligible periods of coverage.	N30 - Recipient ineligible for this service.	Check DOS on ECF. If DOS is prior to 07/01/04 and service was not directly related to institutional services, service is non-covered. UB CLAIM: Only inpatient claims will be reimbursed.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
823	-	-	-	-	-		
566	-	-	-	-	-	-	
754	1199 SEIU NATIONAL BENEFIT FUND	PO BOX 933	NEW YORK	NY	10108	8888191199	
710	21ST CENTURY HEALTH AND BENEFITS INC	PO BOX 5037	CHERRY HILL	NJ	08034	8005339323	
B14	A.C.S. CONSULTING SERVICES, INC.	PO BOX 2000	WINSTON SALEM	NC	271022000	3367592013	
B14DN	A.C.S. CONSULTING SERVICES, INC.	PO BOX 2000	WINSTON SALEM	NC	271022000	3367592013	
650	ABBEVILLE COUNTY	-	-	-	-		
266	ACMG ADMINISTRATORS OF SOUTH CAROLINA	2570 TECHNICAL DR.	MIAMISBURG	OH	45342	8002326242	
903	ACORDIA NATIONAL	PO BOX 11064	CHARLESTON	WV	253391064	8004354351	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
355	ACTIVA HEALTH GROUP	4350 E. CAMELBACK RD. # 200	PHOENIX	AZ	85018	6024689500	
341	ADMINISTRATIVE CONCEPTS INC.	997 OLD EAGLE SCHOOL RD., STE. 215	WAYNE	PA	19087	8882939229	
563	ADMINISTRATIVE SERVICE CONSULTANTS	3301 E ROYALTON RD. BLDG D	BROADVIEW HEIGHTS	OH	44147		
346	ADMINISTRATIVE SERVICES, INC.	2187 NORTHLAKE PARKWAY STE. 106 BLD #9	TUCKER	GA	30084-	7709343953	
829	ADMINISTRATIVE SOLUTIONS	PO BOX 2490	ALPHARETTA	GA	30023	6783390211	
731	ADOVA HEALTH	PO BOX 725549	ATLANTA	GA	31139	8664704959	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C15	ADVANCE PCS	PO BOX 52188	PHOENIX	AZ	850722196	4803914600	SEE CARRIER 471
D11	ADVANCED BENEFIT SOLUTIONS	PO BOX 71490	PHOENIX	AZ	85050	8884191094	CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA MEDICARE SUPPLEMENTAL PLAN
310	ADVANCED DATA SOLUTIONS	PO BOX 723097	ATLANTA	GA	31139	8007425246	
C72	ADVANCED INSURANCE ADMINISTRATION	125 MERRILL DR., STE. 2000	LITTLE ROCK	AR	72211	8882424800	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D33	ADVANTRA FREEDOM	PO BOX 7154	LONDON	KY	407427154	8007135095	ASSIGNED BY HOSPITAL ASSOCIATION
C88	ADVENTIST RISK MANAGEMENT	PO BOX 1928	GRAPEVINE	TX	76099	8006380589	
899	AETNA HEALTH PLANS OF THE CAROLINAS INC	3 CENTERVIEW DR.	GREENSBORO	NC	27407	8004591466	HMO PLAN ONLY
A55	AETNA LIFE AND CASUALTY	PO BOX 36890	LOUISVILLE	KY	40232	8004233289	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							SCHA
D16	AETNA MEDICARE OPEN PLAN	PO BOX 14079	LEXINGTON	KY	405124079	8006240756	MEDICARE ADVANTAGE
100RX	AETNA PHARMACY	PO BOX 14024	LEXINGTON	KY	40512	8002386279	
100DN	AETNA US HEALTHCARE	PO BOX 14094	LEXINGTON	KY	40512	8002792175	
100	AETNA US HEALTHCARE	PO BOX 26190	GREENSBORO	NC	27402	8002792175	
595	AFLAC -AMERICAN FAMILY LIFE ASSO CO	1932 WYNNTON RD.	COLUMBUS	GA	31999	8009923522	
289	AFTRA HEALTH FUND	261 MADISON AVE.	NEW YORK	NY	10016	8005624690	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
651	AIKEN COUNTY	-	-	-	-		
455	ALASKA TEAMSTER TRUST	520 E 34TH AVE., STE. 107	ANCHORAGE	AK	995034116	8004784450	CODE ASSIGNED BY SCHA
344	ALIA CLAIMS DEPARTMENT	PO BOX 9060	PHOENIX	AZ	850689060	8008825707	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
299	ALICARE	PO BOX 1447	NEW YORK	NY	10116	2125395115	
200	ALL AMERICAN LIFE INSURANCE CO.	8501 WEST HIGGINS RD.	CHICAGO	IL	60631	7733996645	
199	ALL OTHER CARRIERS	-	-	-	-		
560	ALLEN MEDICAL CLAIMS ADMINISTRATORS	PO BOX 978	FT. VALLEY	GA	310300978	8008255406	
652	ALLENDALE COUNTY	-	-	-	-		
272	ALLIANCE HEALTH BENEFIT PLAN	PO BOX 6443	ROCKVILLE	MD	20850	8003423289	
521	ALLIANCE PPO, INC.	PO BOX 934	FREDERICK	MD	21705	8002350123	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A33	ALLIANT HEALTH PLANS, INC.	PO BOX 21109	ROANOKE	VA	24108	8002834927	
A99	ALLIED ADMINISTRATORS	911 BRDWAY	KANSAS CITY	MO	641051508	8164741200	DORMANT 8/06
413	ALLIED BENEFITS SYSTEM	PO BOX 909786	CHICAGO	IL	60690	8002882078	
135	ALLIED NATIONAL, INC.	PO BOX 419233	KANSAS CITY	MO	641416233	8008257531	CARRIER WAS ALLIED GROUP INSURANCE TRUST
115	ALLSTATE INSURANCE	PO BOX 7068	COLUMBIA	SC	29202	8003668997	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
581	ALTA RX	PO BOX 30081	SALT LAKE CITY	UT	84130	8009985033	
A02	ALTERNATIVE BENEFITS PLANS, INC.	2920 BRANDYWINE RD., STE. 106	ATLANTA	GA	30341	8002417319	
B31	ALTERNATIVE INS RESOURCES	PO BOX 660787	BIRMINGHAM	AL	35266	8004514318	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
932	ALTERNATIVE RISK MANAGEMENT	3275 NORTH ARLINGTON	ARLINGTON	IL	60004	8003921770	DORMANT 8/06

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
		HGTS. STE. 401					
B33	ALUMAX OF SOUTH CAROLINA, INC.	PO BOX 100	GOOSE CREEK	SC	29445	8435725241	DORMANT 8/06
234	ALWAYS CARE BENEFITS INC	PO BOX 80139	BATON ROUGE	LA	70898	8887295433	DENTAL PLAN
161	AMA INSURANCE AGENCY, INC.	200 N. LASALLE ST., STE. 400	CHICAGO	IL	606819785	8004585736	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
297	AMALGAMATED LIFE INSURANCE	PO BOX 1451	NEW YORK	NY	101161451	2124735700	
C07	AMERIBEN SOLUTIONS	PO BOX 7186	BOISE	ID	83707	8007867930	
910	AMERICAN ADMINISTRATIVE GROUP	PO BOX 5227	LISLE	IL	605325227	8003545112	WAS GALLAGER & BASSETT SERVICES
469	AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)	PO BOX 740819	ATLANTA	GA	30374	8005235880	
968	AMERICAN BENEFIT ADMINISTRATIVE SERVICES	PO BOX 0928	BROOKFIELD	WI	53008	6304161111	
271	AMERICAN BENEFIT PLAN ADMINISTRATOR	2200-B ROSSELLE ST.	JACKSONVILLE	FL	32204	8004685126	
488	AMERICAN BENEFITS MANAGEMENT	8310 PORT JACKSON AVE. NORTHWEST	NORTH CANTON	OH	44720	3309665500	
B44DN	AMERICAN CHOICE HEALTH PLAN, LLC	PO BOX 922009	HOUSTON	TX	77292	8005989799	
B44	AMERICAN CHOICE HEALTH PLAN, LLC	PO BOX 922043	HOUSTON	TX	77292	8006334226	
A93	AMERICAN COLLEGE OF SURGEONS	PO BOX 2522	FORT WORTH	TX	761132522	8004331672	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D48	AMERICAN CONTINENTAL INSURANCE CO	PO BOX 2368	BRENTWOOD	TN	37024	6153371300	
106	AMERICAN FIDELITY ASSURANCE BENEFITS	PO BOX 25160	OKLAHOMA CITY	OK	731250160	8006548489	
150	AMERICAN GENERAL LIFE AND ACCIDENT INS CO	AMERICAN GENERAL CENTER	NASHVILLE	TN	37250	8008882452	
951	AMERICAN GROUP ADMINISTRATORS	101 CONVENTION CENTER DR., STE. 200	LAS VEGAS	NE	89109	8008424742	
A57	AMERICAN GROUP ADMINISTRATORS, INC.	101 CONVENTION CENTER DR., STE. 200	LAS VEGAS	NV	89109	8008424742	CODE ASSIGNED BY SCHA
118	AMERICAN HEALTH & LIFE INSURANCE	300 ST. PAUL PLACE	BALTIMORE	MD	21202	3013323000	
C92DN	AMERICAN HEALTH CARE	3001 DOUGLAS ST.	ROSEVILLE	CA	95661	8008728276	
C92	AMERICAN HEALTH CARE	2217 PLAZA DR., STE. 100	ROCKLIN	CA	95765	8008728276	
919	AMERICAN HEALTH GROUP, INC.	PO BOX 1500	MAUMEE	OH	43537	8008615770	
383	AMERICAN HEALTHCARE ALLIANCE	PO BOX 8530	KANSAS CITY	MO	641140530	8772840102	
865	AMERICAN HEARTLAND HEALTH ADMINISTRATORS	PO BOX 218967	HOUSTON	TX	77218	2813987770	DORMANT 8/06
119	AMERICAN HERITAGE LIFE INSURANCE	1776 AMERICAN HERITAGE	JACKSONVILLE	FL	32224	8005358086	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
		LIFE DR.					
840	AMERICAN INCOME LIFE INSURANCE COMPANY	PO BOX 2608	WACO	TX	76797	8177723050	
D38	AMERICAN INSURANCE ADMINISTRATORS	PO BOX 2348	COLUMBUS	OH	43216	8009221245	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B69	AMERICAN INSURANCE ADMINISTRATORS	PO BOX 2348	COLUMBUS	OH	432162348	8009221245	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA.
369	AMERICAN INTERNATIONAL GROUP	PO BOX 25050	WILMINGTON	DE	19899	8004687077	
167	AMERICAN INTERNATIONAL GROUP (AIG) ACCIDENT	PO BOX 3726	SEATTLE	WA	98124	8775039095	CODE ASSIGNED BY SCHA
532	AMERICAN MEDICAL SECURITY	PO BOX 19032	GREENBAY	WI	543079032	8002325432	
120	AMERICAN NATIONAL INSURANCE COMPANY	PO BOX 1790	GALVESTON	TX	77553	8008996803	
A08	AMERICAN PHARMACY BENEFITS	PO BOX 27000	JACKSON HOLE	WY	83001	8003582722	
B98	AMERICAN PIONEER LIFE INSURANCE COMPANY	PO BOX 130	PENSACOLA	FL	32591	8005381053	
321	AMERICAN POSTAL WORKERS UNION HEALTH PLAN	PO BOX 967	SILVER SPRINGS	MD	20910	8002222798	
164	AMERICAN PROGRESSIVE INSURANCE	PO BOX 130	PENSACOLA	FL	325910130	8006454116	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A05	AMERICAN PUBLIC LIFE INSURANCE CO.	PO BOX 925	JACKSON	MS	39205	8002568606	
722	AMERICAN REPUBLIC INSURANCE COMPANY	PO BOX 10	DES MOINES	IA	50301	8002472190	
875	AMERICAN SENTINEL	PO BOX 61140	HARRISBURG	PA	171061140	8006927338	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
503	AMERICAN SPECIAL RISK MANAGEMENT	509 SOUTH LENOLA RD. BLDG TWO	MOORESTOWN	NJ	08057	8003597475	
C82	AMERICAN STANDARD LIFE & ACCIDENT INS. CO.	PO DR.AWER 3248, 224 NORTH INDEPENDENT	ENID	OK	73701	4052334000	CODE IN OPEN STATUS BY SCHA
253	AMERICAN STERLING INSURANCE SERVICES	PO BOX 26103	OVERLAND PARK	KS	66225	8772926037	
125	AMERICAN TRAVELERS LIFE INSURANCE COMPANY	3220 TILLMAN DR.	BEN SALEM	PA	19020	2152441600	
275	AMERICAN TRUST ADMINISTRATORS	PO BOX 87	SHAWNEE MISSION	KS	66201	9134514900	
496	AMERICAN VETERINARIAN MEDICINE ASSN.	PO BOX 909720	CHICAGO	IL	606049720	8006216360	
D61	AMERICA'S 1ST CHOICE	PO BOX 210769	COLUMBIA	SC	29210	8663213947	MEDICARE ADVANTAGE PLAN
D23	AMERICA'S HEALTH CHOICE MEDICAL PLANS,(HMO)	762 SOUTH US HWY. ONE PMB 224	VERO BEACH	FL	32962	8003089823	
557	AMERICORP INS. CO	PO BOX 3430	CARMEL	IN	46082	8666994186	
D94	AMERIGROUP COMMUNITY CARE	PO BOX 61010	VIRGINIA BEACH	VA	234661010	8006004441	MEDICAID HMO

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
D51	AMERIGROUP COMMUNITY CARE	PO BOX 61010	VIRGINIA BEACH	VA	234661010	8006004441	MEDICAID HMO
E51	AMERIGROUP COMMUNITY CARE	PO BOX 61010	VIRGINIA BEACH	VA	234661010	8006004441	
D60	AMERIGROUP COMMUNITY CARE OF SC	PO BOX 31789	VIRGINIA BEACH	VA	234661789	8006004441	CODE ASSIGNED BY SCHA
284	AMERIHEALTH ADMINISTRATORS	720 BLAIR RD.	HORSHAM	PA	19044	8003454017	
110	AMERIHEALTH HMO, INC.	PO BOX 41574	PHILADELPHIA	PA	191011574	8666817373	CODE ASSIGNED BY SCHA
894	AMERIHEALTH MERCY HEALTH PLAN	PO BOX 7118	LONDON	KY	40742	8889917200	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A10	AMERISCRIP	4301 DARROW RD. STE. 4200	STOW	OH	44224	8006816912	
210	AMERITAS LIFE INSURANCE	PO BOX 82520	LINCOLN	NE	68501	8002559678	
653	ANDERSON COUNTY	-	-	-	-		
330	ANNUITY BOARD OF SOUTHERN BAPTIST CONVENTION	PO BOX 2190	NASHVILLE	TN	37234	2147200511	
X0YRX	ANTHEM BLUE CROSS AND BLUE SHIELD	PO BOX 37010	LOUISVILLE	KY	40233	8006224822	
X0Y	ANTHEM BLUE CROSS AND BLUE SHIELD	PO BOX 37010	LOUISVILLE	KY	40233	8006224822	
529	ANTHEM HEALTH	3575 KROGER BLVD., STE. 400	DULUTH	GA	30316	8008881966	
579	ANTHEM PRESCRIPTION MANAGEMENT	PO BOX 145433	CINCINNATI	OH	45250	8006620210	USE CARRIER A24
D65	ANTHEM SENIOR ADVANTAGE	PO BOX 37690	LOUISVILLE	KY	402337180	8882909160	MEDICARE ADVANTAGE
171	AON	PO BOX 66	WINSTON SALEM	NC	27102	8003683804	
523	APA PARTNERS, INC.	PO BOX 1506	LATHAM	NY	121108006	8008333650	
705	APS HEALTHCARE, INC.	PO BOX 1307	ROCKVILLE	MD	20849	8002218699	
D13	ARCADIAN	PO BOX 4946	COVINA	CA	91723	8007756490	CODE ORIGINALLY ASSIGNED AS MA IN ERROR USE CODE 816 FOR MA PLAN
816	ARCADIAN MEMBER CARE	PO BOX 4946	COVINA	CA	91723	8005738597	
A49	ARIZONA FOUNDATION FOR MEDICAL CARE	PO BOX 2909	PHONEIX	AZ	850622909	6022318855	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B78	ARKANSAS BEST CORP. CHOICE BENEFITS	PO BOX 10048	FT SMITH	AR	72917	4797856178	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
X11	ARKANSAS BLUE CROSS AND BLUE SHIELD, INC	PO BOX 2181	LITTLE ROCK	AR	72203	5013782010	
972	ASR CORP (ADMINISTRATION SYSTEM RESEARCH)	PO BOX 6392	GRAND RAPIDS	MI	49512	8009682449	
505	ASSOCIATED ADMINISTRATORS	PO BOX 27806	BALTIMORE	MD	212857806	8006382972	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
898	ASSOCIATION & SOCIETY INS. CORP	PO BOX 2510	ROCKVILLE	MD	20847	8006382610	
934	ASSOCIATION & SOCIETY INS. CORP.	PO BOX 2510	ROCKVILLE	MD	20847	8006382610	
386	ASSURANT HEALTH	PO BOX 981602	EL PASO	TX	79998	8004446254	WAS FORTIS INSURANCE COMPANY
386DN	ASSURANT HEALTH	PO BOX 2940	CLINTON	IA	52733	8004446254	WAS FORTIS INSURANCE COMPANY
448	ASSURANT HEALTH INSURANCE	PO BOX 42033	HAZELWOOD	MD	63042	8005537654	CODE ASSIGED BY SCHA
451	ASSURE CARE	340 QUANRINGLE BLVD.	BOILING BROOK	IL	60440	8007597422	
793	ASSURITY LIFE INSURANCE CO.	PO BOX 80926	LINCOLN	NE	68501	8662897337	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
971	ATLANTA ADMINISTRATIONS	135 BEAVER ST.	WALTHAM	MA	02452	8005481256	
B34	ATLANTA LIFE INSURANCE COMPANY	100 AUBURN AVE., NE	ATLANTA	GA	30303	4046592100	
122	ATLANTIC COAST LIFE INSURANCE COMPANY	PO BOX 20010	CHARLESTON	SC	294130010	8437638680	
B45	ATLANTICARE	PO BOX 613	HAMMONTON	NJ	08037	8883282287	
526	AULTCARE	PO BOX 6910	CANTON	OH	44706	8003448858	
B58	AUSA MASTERCARE	PO BOX 10408	DES MOINES	IA	503060408	8008825707	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
588	AUTOMATED BENEFIT SERVICES INC.	PO BOX 321223	DETROIT	MI	482321223	8002751896	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C40	AVERA HEALTH PLANS	PO BOX 381506	BIRMINGHAM	AL	35238	8883222115	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
494	AVESIS PHARMACY NETWORK	3724 N 3RD ST., STE. 300	PHOENIX	AZ	85012	6022413400	
A72	BABB, INC.	850 RIDGE AVE.	PITTSBURGH	PA	15212	8002456102	
358	BAKERY & CONFECTIONERY UNION	10401 CONNECTICUT AVE., STE. 300	KENSINGTON	MD	208953960	3014683742	
654	BAMBERG COUNTY	-	-	-	-		
987	BANKERS FIDELITY LIFE INS CO	PO BOX 190240	ATLANTA	GA	311190240	4042665500	
123	BANKERS LIFE & CASUALTY	PO BOX 66927	CHICAGO	IL	606660927	8006213724	
655	BARNWELL COUNTY	-	-	-	-		
644	BCBS OF GEORGIA	PO BOX 9907	COLUMBUS	GA	31908	8004412273	MEDICARE INTERMEDIARY
X0BDN	BCBS OF GEORGIA DENTAL	PO BOX 9201	OXNARD	CA	930319201	4048428000	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
C62	BCBS OF SC MEDICARE BLUE PRIVATE (PFFS)	PO BOX 100133	COLUMBIA	SC	29202	8006053256	MEDICARE (FFS) MEDICARE ADVANTAGE
C63	BCBS OF SC MEDICARE BLUE&MEDICARE BLUE PLUS (PPO)	PO BOX 100133	COLUMBIA	SC	29202	8006053256	MEDICARE ADVANTAGE (PPO)
643	BCBS OF TENNESSEE	730 CHESTNUT ST.	CHATTANOOGA	TN	37402	8772966189	MEDICARE INTERMEDIARY
656	BEAUFORT COUNTY	-	-	-	-		
750	BENEFIT ADMINISTRATIVE SERVICES	PO BOX 4509	ROCKFORD	IL	61110	8159699663	
C79	BENEFIT ADMINISTRATIVE SYSTEM, LTD	PO BOX 17475 JOVANNA DR., STE. 1B	HOMEWOOD	IL	60430	7087997400	
B37DN	BENEFIT ADMINISTRATORS	PO BOX 1957	BEATTYVILLE	KY	41311	8003258424	
B37	BENEFIT ADMINISTRATORS	PO BOX 21308	COLUMBIA	SC	29221	8778400936	
300	BENEFIT ADMINISTRATORS INC	PO BOX 6279	ERIE	PA	16512	8007772524	
300DN	BENEFIT ADMINISTRATORS INC	PO BOX 6279	ERIE	PA	16512	8007772524	
288	BENEFIT ADMINISTRATORS OF AMERICA	PO BOX 9120	DES MOINES	IA	50306	5152433210	
475	BENEFIT ASSISTANCE CORP.	PO BOX 950	HURRICANE	WV	25526	3045621913	
319	BENEFIT CONCEPTS	PO BOX 60608	KING OF PRUSSIA	PA	19406	8002202600	
A86	BENEFIT MANAGEMENT CO	PO BOX 269000	WESTON	FL	333269000	8002629175	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C11	BENEFIT MANAGEMENT SERVICES INC	PO BOX 1178	MATTHEWS	NC	28106	7048455608	
C11DN	BENEFIT MANAGEMENT SERVICES INC	PO BOX 1317	MATTHEWS	NC	28106	7048455608	
301	BENEFIT PLAN ADMINISTRATORS	2145 FORD PARKWAY, STE. 300	ST. PAUL	MN	55116	8002778973	
C28	BENEFIT PLAN MANAGEMENT	PO BOX 536	ROCKLYN	MA	02370	8776427500	
311	BENEFIT PLANNERS, INC	PO BOX 682010	SAN ANTONIO	TX	78269----	2106991872	
980	BENEFIT SUPPORT, INC.	PO BOX 2977	GAINSVILLE	GA	30503	8007774752	
772	BENEFIT SYSTEMS INC	PO BOX 6001	INDIANAPOLIS	IN	462066001	8008243216	
127	BENEFITSOURCE, INC	PO BOX 240	MONROE	MI	48161	8004231028	CODE ASSIGNED BY SCHA
A25	BENESCRIP	PO BOX 921229	NORCROSS	GA	30092	8003453189	
985	BENESIGHT	PO BOX 340	PUEBLO	CO	81002	8003621116	
A81	BENESYS	PO BOX 90082	LUBBOCK	TX	79402	3372341789	
256	BENICOMP	8310 CLINTON PARK DR.	FT WAYNE	IN	46825	8008377400	CODE ASSIGNED BY SCHA
C12	BENICOMP, INC..	8310 CLINTON PARK DR.	FT WAYNE	IN	46825	8008377400	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							SCHA
380	BENMARK, INC.	PO BOX 16767	JACKSON	MS	39236	6013660596	
481	BENOVATION	3481 CENTRAL PARKWAY, STE. 200	CINCINNATI	OH	45223	8006816912	CODE ASSIGNED BY SCHA
657	BERKELEY COUNTY	-	-	-	-		
904	BEST CHOICE HEALTH PLAN	PO BOX 21128	FORT LAUDERDALE	FL	33335	8008674446	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
905	BETTER BENEFITS	PO BOX 93929	SOUTHLAKE	TX	76092	8664163605	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
984	BF&M INSURANCE	PO BOX 5118	TAMPA	FL	33675	8772362338	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D08	BIG LOTS ASSOCIATE BENEFIT PLAN	PO BOX 9071	DUBLIN	OH	430170971	8772542363	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
X2X	BLUE CROSS BLUE SHIELD OF HAWAII	PO BOX 44500	HONOLULU	HI	96801	8007764672	
C64	BLUE CHOICE HEALTH PLAN (PPO)	PO BOX 6170	COLUMBIA	SC	29260	8772753256	MEDICARE ADVANTAGE (PPO)
922	BLUE CHOICE HEALTHPLAN	PO BOX 6170	COLUMBIA	SC	292606170	8037868466	WAS COMPANION HEALTHCARE NAME CHANGE EFFECTIVE 7/1/05
403	BLUE CHOICE/MEDICAID	PO BOX 6170	COLUMBIA	SC	29260	8772753256	MEDICAID HMO
X2G	BLUE CROSS & BLUE SHIELD CENTRAL NEW YORK, INC.	PO BOX 4809	SYRACUSE	NY	132214809	3154483801	
X2W	BLUE CROSS & BLUE SHIELD OF ARIZONA, INC.	PO BOX 13466	PHOENIX	AZ	850023466	6028644100	
X1V	BLUE CROSS & BLUE SHIELD OF COLORADO	700 BRDWAY	DENVER	CO	80273	3038312131	
X1H	BLUE CROSS & BLUE SHIELD OF CONNECTICUT INC	PO BOX 504	NEW HAVEN	CT	06473	2032394961	
X0L	BLUE CROSS & BLUE SHIELD OF DELAWARE INC	PO BOX 1991	WILMINGTON	DE	19899	3024210260	
X0B	BLUE CROSS & BLUE SHIELD OF GEORGIA/ATLANTA INC	PO BOX 9907	COLUMBUS	GA	319086007	4048428000	FOR GEORGIA STATE EMPLOYEES USE CARRIER 419 GEORGIA STATE HEALTH BENEFIT PLAN
X1M	BLUE CROSS & BLUE SHIELD OF KANSAS	1133 SOUTHWEST TOPEKA BLVD.	TOPEKA	KS	66629	7852914180	
X2B	BLUE CROSS & BLUE SHIELD OF KANSAS CITY	PO BOX 419169	KANSAS CITY	MO	641416169	8008926048	
X0U	BLUE CROSS & BLUE SHIELD OF KENTUCKY INC	9901 LINN STATION RD.	LOUISVILLE	KY	40223	5024232011	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
X1L	BLUE CROSS & BLUE SHIELD OF LOUISIANA	PO BOX 98029	BATON ROUGE	LA	708989029	5042915370	
X1Q	BLUE CROSS & BLUE SHIELD OF MAINE	2 GANNETT DR.	SOUTH PORTLAND	ME	041066911	2077751550	
X0I	BLUE CROSS & BLUE SHIELD OF MARYLAND, INC.	PO BOX 9836	BALTIMORE	MD	21204	8005244555	USE CARRIER X01
X01	BLUE CROSS & BLUE SHIELD OF MARYLAND, INC.	PO BOX 14115	LEXINGTON	KY	405124115	8005244555	
X1K	BLUE CROSS & BLUE SHIELD OF MEMPHIS	85 NORTH DANNY THOMAS BLVD.	MEMPHIS	TN	38103	9015293111	
X0Q	BLUE CROSS & BLUE SHIELD OF MICHIGAN	600 LAFAYETTE EAST	DETROIT	MI	482262998	8004820898	
X1P	BLUE CROSS & BLUE SHIELD OF MINNESOTA	PO BOX 64338	ST PAUL	MN	55164	8003822000	
X0Z	BLUE CROSS & BLUE SHIELD OF MISSISSIPPI INC	PO BOX 1043	JACKSON	MS	39208	6019323800	
X2U	BLUE CROSS & BLUE SHIELD OF MISSOURI	1831 CHESTNUT ST.	ST LOUIS	MO	63103	3149234444	AKA ALLIANCE BLUE CROSS BLUE SHIELD
X1U	BLUE CROSS & BLUE SHIELD OF NEBRASKA	PO BOX 3248, MAIN P.O. STATION	OMAHA	NE	681800001	4023901820	
X0S	BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC.	PO BOX 1938	NEWARK	NJ	07102	8003552583	AKA HORIZON BCBS OF NEW JERSEY
X0SDN	BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC.	PO BOX 420	NEWARK	NJ	07102	8003552583	AKA HORIZON BCBS OF NEW JERSEY
X0CDN	BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA	PO BOX 35	DURHAM	NC	27702	9194897431	
X0C	BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA	PO BOX 35	DURHAM	NC	27702	9194897431	
X2J	BLUE CROSS & BLUE SHIELD OF NORTH DAKOTA	4510 13TH AVE. SW	FARGO	ND	581210001	8003682312	
X2T	BLUE CROSS & BLUE SHIELD OF OKLAHOMA	PO BOX 3283	TULSA	OK	74102	9185603535	
X1F	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	444 WESTMINSTER MALL	PROVIDENCE	RI	02901	4018317300	
X0P	BLUE CROSS & BLUE SHIELD OF TENNESSEE	801 PINE ST.	CHATTANOOGA	TN	37402	4237555920	
X1W	BLUE CROSS & BLUE SHIELD OF UTAH	PO BOX 30270	SALT LAKE CITY	UT	841300270	8013332100	
X2H	BLUE CROSS & BLUE SHIELD OF UTICA-WATERTOWN, INC.	12 RHOADS DR., UTICA BUSINESS DISTRICT	UTICA	NY	13501	3157984238	
X2S	BLUE CROSS & BLUE SHIELD OF VERMONT	PO BOX 186	MONTPELIER	VT	05602	8022472583	
X0F	BLUE CROSS & BLUE SHIELD OF VIRGINIA	PO BOX 27401	RICHMOND	VA	23279	8009916061	
X2O	BLUE CROSS & BLUE SHIELD OF WEST VIRGINIA INC	PO BOX 1353	CHARLESTON	WV	25325	3043477709	
X1J	BLUE CROSS & BLUE SHIELD OF WESTERN NEW YORK, INC.	PO BOX 80	BUFFALO	NY	142400080	8008880757	
X0H	BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN	PO BOX 2025	MILWAUKEE	WI	53201	4142246100	
X1D	BLUE CROSS /BLUE SHIELD OF NATIONAL CAPITAL AREA	550 12TH ST. SW	WASHINGTON	DC	20024	2024798000	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
X0O	BLUE CROSS AND BLUE SHIELD OF ALABAMA	PO BOX 2294	BIRMINGHAM	AL	35298	8006762583	DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE.
X0D	BLUE CROSS AND BLUE SHIELD OF FLORIDA	PO BOX 1798	JACKSONVILLE	FL	322310014	8007272227	
401	BLUE CROSS AND BLUE SHIELD OF SC	4101 PERCIVAL RD.	COLUMBIA	SC	29219	8037883860	DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE
401DN	BLUE CROSS AND BLUE SHIELD OF SC	4101 PERCIVAL RD.	COLUMBIA	SC	29219	8037883860	THIS CODE USED ONLY FOR DENTAL CLAIMS WHERE BCBS IS THE INSURANCE CARRIER
X0N	BLUE CROSS AND BLUE SHIELD OF TEXAS	PO BOX 655730	DALLAS	TX	752655730	9726693900	
X2F	BLUE CROSS AND BLUE SHIELD OF THE ROCHESTER AREA	165 CT. ST.	ROCHESTER	NY	14647	7163253630	
453	BLUE CROSS ANTHEM MEDICARE ADVANTAGE	2100 CORPORATE CENTER	NEWBURY PARK	CA	913201431	8006762583	CODE ASSIGNED BY SCHA
X2Y	BLUE CROSS BLUE SHIELD OF MONTANA	PO BOX 5004	GREAT FALLS	MT	59403	4067914000	
X1A	BLUE CROSS BLUE SHIELD OF NEW MEXICO	PO BOX 27630	ALBUQUERQUE	NM	87125	8007113795	
X0W	BLUE CROSS OF CALIFORNIA	PO BOX 60007	LOS ANGELES	CA	90060	8888878969	
D67	BLUE CROSS OF FLORIDA HEALTH OPTIONS	PO BOX 1798	JACKSONVILLE	FL	32231	8773522583	MEDICARE ADVANTAGE
X0A	BLUE CROSS OF GEORGIA/COLUMBUS INC	PO BOX 9907	COLUMBUS	GA	319089907	8004412273	POLICIES SHOULD BE ADDED WITH XOB. BCBS OF OF GA.
X0ARX	BLUE CROSS OF GEORGIA/COLUMBUS INC	PO BOX 9907	COLUMBUS	GA	319089907	8004412273	DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE.
X2V	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	PO BOX 7408	BOISE	ID	83707	2083447411	
X0TDN	BLUE CROSS OF ILLINOIS	PO BOX 1364	CHICAGO	IL	60690	3129387500	
X0T	BLUE CROSS OF ILLINOIS	PO BOX 1364	CHICAGO	IL	60690	3129387500	
X0M	BLUE CROSS OF MASSACHUSETTS INC	PO BOX 986020	BOSTON	MA	022986020	8002535210	
XOV	BLUE CROSS OF NORTHEASTERN NEW YORK INC	PO BOX 15013	ALBANY	NY	12212	5184385500	
X2L	BLUE CROSS OF NORTHEASTERN PENNSYLVANIA	70 NORTH MAIN ST.	WILKES-BARRE	PA	18711	8008298599	
X1X	BLUE CROSS OF OHIO	PO BOX 956	TOLEDO	OH	43696	8003621279	
X1E	BLUE CROSS OF PUERTO RICO	PO BOX 366068	SAN JUAN	PR	009366068	8097599898	
X2M	BLUE CROSS OF WASHINGTON AND ALASKA	PO BOX 327	SEATTLE	WA	98111	8003456784	
X1Y	BLUE SHIELD OF CALIFORNIA	PO BOX 7168	SAN FRANCISCO	CA	94120	4154455000	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
X0V	BLUE SHIELD OF NORTHEASTERN NEW YORK	PO BOX 15013	ALBANY	NY	12212	5184534600	
D41	BLUEGRASS FAMILY HEALTH	PO BOX 22738	LEXINGTON	KY	40522	8007872680	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
390	BOARD OF PENSIONS EVANGELICAL LUTHERAN CHURCH	PO BOX 59093	MINNEAPOLIS	MN	554590093	6123337651	
337	BOARD OF PENSIONS OF THE PRESBYTERIAN CHURCH OF	PO BOX 13896	PHILADELPHIA	PA	19101	8007737752	
404	BOB JONES UNIVERSITY	1700 WADE HAMPTON BLVD.	GREENVILLE	SC	29614	8643701800	
190	BOILERMAKERS NATIONAL HEALTH & WELFARE FUND	754 MINNESOTA AVE., STE. 522	KANSAS CITY	KS	661012762	9133426555	
739	BOLLINGER INC	PO BOX 727	SHORT HILLS	NJ	07078	8662670092	CODE ASSIGNED BY SCHA
702	BOON CHAPMAN BENEFIT ADMINISTRATORS	PO BOX 9201	AUSTIN	TX	787669201	8002529653	CODE ASSIGNED BY SCHA
C22	BOSTON MUTUAL LIFE INSURANCE COMPANY	120 ROYALL ST.	CANTON	MA	02021	6178287000	
854	BOYD CARE (BOYD BROTHERS TRANSPORTATION)	PO BOX 70	CLAYTON	AL	36016	3347751284	
D58	BRAVO HEALTH MEDICARE ADVANTAGE	PO BOX 4433	BALTIMORE	MD	21223	8005561570	
294	BRIDGESTONE/FIRESTONE COMPANIES	PO BOX 26605	AKRON	OH	44319	8002378447	
304	BUTLER BENEFIT SERVICE, INC.	215 NORTH MAIN ST., STE 800	DAVENPORT	IA	52801	8669272200	THIS CODE ASSIGNED BY SCHA
B35	C & R CONSULTING INC.	1501 BRDWAY, STE. 1724	NEW YORK	NY	10036	2123959339	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
262	CAIC (CONTINENTAL AMERICAN INS. CO)	PO BOX 6080-179	MISSION VIEJO	CA	926906080	8885248778	CODE ASSIGNED BY SCHA
658	CALHOUN COUNTY	-	-	-	-		
973	CAMBRIDGE INTERGRATED SERVICES GROUP INC.	PO BOX 1687	GRAND RAPIDS	MI	49501	8007669780	USE CARRIER 171 AON
832	CAMERON AND ASSOCIATES	6100 LAKE FOREST DR.	ATLANTA	GA	30328	8003879919	
998	CANADA LIFE ASSURANCE CO.	6201 POWERS FERRY RD., STE. 100	ATLANTA	GA	30348	8003332542	
X2K	CAPITAL BLUE CROSS	2500 ELMERTON AVE.	HARRISBURG	PA	17110	8009585588	
274	CAPITAL DISTRICT PHYSICIANS PLAN	PO BOX 66602	ALBANY	NY	122066602	8009267526	
966	CAPITOL ADMINISTRATORS OF THE SOUTHEAST	PO BOX 346	ALPHARETTA	GA	30009	8886506566	
166	CAPITOL AMERICAN LIFE INSURANCE COMPANY	PO BOX 94953	CLEVELAND	OH	441014953	2166966400	
128	CAPITOL LIFE INSURANCE COMPANY	PO BOX 1200	DENVER	CO	80201	8005252115	PER HOSP. ASSO. 07/02, THIS IS STILL A VALID CARRIER
D42	CARE IMPROVEMENT PLUS	PO BOX 4347	SCRANTON	PA	18505	8666862506	
764	CARE LINK HEALTH PLAN	PO BOX 7373	LONDON	KY	407427373	8003482922	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							SCHA
B92	CARE SOURCE	ONE SOUTH MAIN	DAYTON	OH	45402	8004880134	
151	CARELINK	PO BOX 7373	LONDON	KY	40742	8003482922	MEDICAID HMO
471	CAREMARK	PO BOX 52188	PHOENIX	AZ	850722196	8008642352	
280	CAREMARK PRESCRIPTION SERVICES	PO BOX 52188	PHOENIX	AZ	850722196	8008415550	USE CARRIER 471
B04	CARITEN HEALTHCARE	PO BOX 22987	KNOXVILLE	TN	37933	8002840042	CODE IN OPEN STATUS BY SCHA
D21	CARITEN SENIOR HEALTH	PO BOX 22885	KNOXVILLE	TN	37933	8656707790	MEDICARE ADVANTAGE PLAN
945	CAROLINA ATLANTIC MEDICAL SERVICES ORGANIZATION	PO BOX 22528	CHARLESTON	SC	29413	8008100906	DORMANT 8/06
498	CAROLINA BENEFIT ADMINISTRATORS	PO BOX 3257	SPARTANBURG	SC	29304	8645736937	
723	CAROLINA CONTINENTAL INSURANCE	PO BOX 427	COLUMBIA	SC	29202	8032566265	
E12	CAROLINA CRESCENT	1201 MAIN ST., STE. 970	COLUMBIA	SC	29201	8032516630	HEALTHY KIDS CONNECTION
559	CAROLINA HOSPITAL SYSTEMS BENEFIT PLAN	PO BOX 100569	FLORENCE	SC	295010659	8436613875	
623	CAROLINA MEDICARE PRIME HMO	201 EXECUTIVE CENTER DR.	COLUMBIA	SC	29210	8037507473	MEDICARE ADVANTAGE PLAN (IN STATE)
C77	CARPENTERS HOSPITALIZATION PLAN	3611 CHESTER AVE.	CLEVELAND	OH	44114	8004213959	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
877	CARTER-JONES LUMBER CO	WELFARE PLAN	FLORENCE	SC	295010659		CODE ASSIGNED BY SCHA
336	CASEBP (CATSKILL AREA SCHOOLS EMPLOYEE PLAN	PO BOX 220	STAMFORD	NY	12167	8009626294	CODE IN OPEN STATUS BY SCHA
CAS	CASUALTY CASE	-	-	-	-		
366	CATALYST RX	PO BOX 1069	ROCKVILLE	MD	20849	8009973784	
C66	CATERPILLAR, INC.	PO BOX 62920	COLORADO SPRINGS	CO	809622920	3094942363	
568	CBCA ADMINISTRATORS	PO BOX 1272	MINNEAPOLIS	MN	55440	8884465710	WAS HEALTH RISK MANAGEMENT INC.
B11	CBCA ADMINISTRATORS, INC.	PO BOX 1272	MINNEAPOLIS	MN	554400535	8884465710	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
339	CELTIC INDIVIDUAL HEALTH	PO BOX 33839	INDIANAPOLIS	IN	462030839	8004777870	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
907	CELTIC LIFE INSURANCE CO.	PO BOX 46337	MADISON	WI	53744	8007662525	
X0X	CENTRAL BENEFITS MUTUAL INSURANCE COMPANY	PO BOX 16526	COLUMBUS	OH	43216	6144645870	
273	CENTRAL BENEFITS USA (CENBEN USA)	PO BOX 619059	DALLAS	TX	85261	8007725924	CODE ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
A67	CENTRAL PA TEAMSTERS HEALTH & WELFARE	PO BOX 15224	READING	PA	196125224	8003310420	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C13	CENTRAL RESERVE LIFE OF NORTH AMERICA INSURANCE CO	17800 ROYALTON RD.	STRONGSVILLE	OH	441365197	8003213997	
507	CENTRAL STATES HEALTH & LIFE CO. OF OMAHA	PO BOX 34350	OMAHA	NE	68134	4023971111	
476DN	CENTRAL STATES, SOUTHEAST & SOUTHWEST	PO BOX 5116	DEPLAINES	IL	60017	8003235000	
476	CENTRAL STATES, SOUTHEAST & SOUTHWEST	PO BOX 5116	DEPLAINES	IL	60017	8003235000	
C84	CENTRAL UNITED & CHRISTIAN MUTUAL LIFE INS. CO.	2727 ALLEN PARKWAY	HOUSTON	TX	770192115	7135290045	
A54	CENTURY HEALTHCARE	PO BOX 2256	GRAPEVINE	TX	76099	8884441995	NEIC 30018
813	CENTURY PLANNER	9201 WATSON RD., STE. 350	ST. LOUIS	MO	631261509	8007762453	
604	CHAMPVA	PO BOX 65024	DENVER	CO	802069024	3033317599	
659	CHARLESTON COUNTY	-	-	-	-		
E66	CHCCARE OF SOUTH CAROLINA	140 STONE RIDGE DR.	COLUMBIA	SC	29210	8668022474	
D66	CHCCARES OF SOUTH CAROLINA	140 STONE RIDGE DR.	COLUMBIA	SC	29210	8668022474	MEDICAID HMO
B71	CHCS SERVICES, INC.	PO BOX 12467	PENSACOLA	FL	325912457	8888031780	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
660	CHEROKEE COUNTY	-	-	-	-		
B03	CHESAPEAKE LIFE INS. CO.	PO BOX 809025	DALLAS	TX	753809025	8007531000	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
661	CHESTER COUNTY	-	-	-	-		
662	CHESTERFIELD COUNTY	-	-	-	-		
992	CHESTERFIELD RESOURCES, INC.	PO BOX 1884	AKRON	OH	44309	8003210935	
541	CHILDRENS REHAB SERVICES	PO BOX 4217	SPATANBURG	SC	293054217	8645962227	CODE ASSIGNED BY SCHA
535	CHP DIRECT/SUPERMED	PO BOX 1640	COLUMBIA	SC	292021640	8007731445	CODE IN OPEN STATUS BY SCHA
B91	CHRISTIAN BROTHERS EMPLOYEE BENEFIT TRUST	1205 WINDHAM PARKWAY	ROMEOVILLE	IL	60446	8008070400	
B65	CHRISTIAN CARE MEDI SHARE	PO BOX 674	STERLING	IL	61081	8156258595	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
511	CIGNA BEHAVIORAL HEALTH	PO BOX 46270	EDEN PRAIRIE	MN	55344	8003364091	
134RX	CIGNA CONN GENERAL LIFE INSURANCE	PO BOX 188021	CHATTANOOGA	TN	37422	8002510670	DO NOT USE FOR MEDICARE.THIS CODE IS ONLY

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							USED FOR HEALTH RELATED COVERAGE
134DN	CIGNA CONN GENERAL LIFE INSURANCE	PO BOX 188037	CHATTANOOGA	TN	37422	8002510670	DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE
134	CIGNA CONN GENERAL LIFE INSURANCE	PO BOX 188021	CHATTANOOGA	TN	37422	8002510670	DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE
136	CIGNA FLEXCARE	PO BOX 30575	CHARLOTTE	NC	282303211		CODE ASSIGNED BY SCHA
999	CIGNA HEALTHCARE OF SC/HEALTHSOURCE SC	PO BOX 190024	CHARLESTON	SC	294199024	8007203150	BOUGHT BY CIGNA HEALTHCARE CC 134
D57	CIGNA MEDICARE ACCESS	PO BOX 22174	TEMPE	AZ	852852174	8005779410	MEDICARE ADVANTAGE PLAN
646	CIGNA-MEDICARE	PO BOX 671	NASHVILLE	TN	37202	6152445600	MEDICARE INTERMEDIARY
407	CINERGY HEALTH INS.	1844 N. NOB HILL RD. #623	PLANTATION	FL	33322	8008471148	CODE ASSIGNED BY SCHA
177	CINERGY HEALTH PREFERRED PLAN	144 N BEVERWYCK RD. #332	LAKE HIAWATHA	NJ	080341997	8008471148	CODE IN OPEN STATUS BY SCHA
817	CITIZENS HEALTH	PO BOX 770	PUEBLO	CO	810020770		THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A63	CITIZENS INSURANCE	PO BOX 1627	ANDERSON	SC	29622	8643340090	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
839	CITIZENS SECURITY LIFE INS.	PO BOX 436149	LOUISVILLE	KY	402536149	5022442420	
D56	CITRUS HEALTH CARE, INC.	PO BOX 20547	TAMPA	FL	33622	8667691157	MEDICARE ADVANTAGE PLAN
574	CITY OF AMARILLO GROUP HEALTH	PO BOX 15130	AMARILLO	TX	79105	8063784235	CODE IN OPEN STATUS BY SCHA
114	CLAIMEDIX INC.	PO BOX 140067	KANSAS CITY	MO	64114	8009224262	CODE ASSIGNED BY SCHA
493	CLAIMS ADMINISTRATIVE SERVICES OF INDIANA	PO BOX 8244	SOUTH BEND	IN	46660		CODE ASSIGNED BY SCHA
A41	CLAIMS MANAGEMENT SERVICES	PO BOX 10888	GREENBAY	WI	54307	8004727130	
219	CLAIMS PRO	PO BOX 577	SOUTHFIELD	MI	48075	8008379600	RX CARRIER ONLY
A73	CLAIMS TECHNOLOGY, INC.	100 CT. AVE., STE. 306	DES MOINES	IA	50309	8002458813	
536	CLAIMSWARE MANAGEMED	PO BOX 6125	GREENVILLE	SC	29606	8642348200	
536DN	CLAIMSWARE MANAGEMED	PO BOX 6125	GREENVILLE	SC	29606	8642348200	
663	CLARENDON COUNTY	-	-	-	-		
961	CLARK COUNTY FIRE FIREFIGHTERS	PO BOX 27018	LAS VEGAS	NV	89126	8004584642	CODE ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
259	CNA HEALTHCARE PARTNERS	PO BOX 34197	LITTLE ROCK	AK	72203	8005083772	
887	CNIC HEALTH SOLUTIONS	PO BOX 3559	ENGLEWOOD	CO	80155	8004267453	
A51	COAL MINE WORKERS COMP PROGRAM	PO BOX 8300	LONDON	KY	407428300	8663358319	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C14	COASTAL LUMBER CO	PO BOX 1576	WALTERBORO	SC	29488	8435382876	CODE IN OPEN STATUS BY SCHA
664	COLLETON COUNTY	-	-	-	-		
A94	COLONIAL HEALTHCARE MEDICARE SUPPLEMENT	PO BOX 827	LANHAM	MD	207030827	8003449885	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
132	COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY	PO BOX 1365	COLUMBIA	SC	29202	8037987000	
A06	COLONIAL PENN FRANKLIN LIFE INSURANCE COMPANY	1818 MARKET ST.	PHILADELPHIA	PA	191811250	8005234000	THIS CARRIER PART OF CONSECO INSURANCE GROUP
744	COLUMBIA PHARMACY SOLUTIONS	PO BOX 30 COLUMBIA PLAZA	GREENSBURG	PA	15601	8007131983	
175	COLUMBIA UNIVERSAL LIFE INSURANCE CO.	PO BOX 200225	AUSTIN	TX	787200225	5123453200	
589	COMBINED ADMINISTRATIVE SERVICES	PO BOX 4539	DALTON	GA	307194539	7062727391	CODE IN OPEN STATUS BY SCHA
133	COMBINED INSURANCE COMPANY OF AMERICA	5050 BRDWAY	CHICAGO	IL	60640	8002254500	
609	COMM FOR BLIND						
974	COMMERCE BENEFIT GROUP	PO BOX 900	ELYRIA	OH	44036	8002239941	
986	COMMON WEALTH BENEFIT ADMINISTRATORS	115 HANOVER ST.	ASHLAND	VA	23005	8005261677	
B36	COMMONWEALTH INDEMITY PLAN	PO BOX 9016	ANDOVER	MA	01810	8004429033	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D18	COMMUNITY CARE SENIOR HEALTH PLAN	PO BOX 3249	TULSA	OK	741013249	8006428065	MEDICARE ADVANTAGE PLAN
911	COMMUNITY HEALTH PARTNERS	PO BOX 5787	SPARTANBURG	SC	29304	8889628437	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
287	COMMUNITY HEALTH PLAN	PO BOX 14467	CINCINNATI	OH	45250	8888008717	
X1S	COMMUNITY MUTUAL INSURANCE COMPANY	1351 WILLIAM HOWARD TAFT RD.	CINCINNATI	OH	45206	5132821016	CODE IN OPEN STATUS BY SCHA
416	COMPANION BENEFIT ALTERNATIVES	PO BOX 100185	COLUMBIA	SC	29202	8008681032	THIS CARRIER ASSIGNED BY SCHA NOT REQUESTED OR USED BY DHHS.
433	COMPANION LIFE	PO BOX 100133	COLUMBIA	SC	29202	8037880500	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
548	COMPBENEFITS INSURANCE CO.	PO BOX 804483	CHICAGO	IL	606804106	8005940977	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C56	COMPDENT	1930 BISHOP LANE SUIT 132	LOUISVILLE	KY	40218	8006331262	
A39	COMPLETE BENEFITS SOLUTIONS	PO BOX 3649	GREENVILLE	SC	29603	8662702316	
B55	COMPLETE BENEFITS SOLUTIONS	PO BOX 3649	GREENVILLE	SC	29603	8662702316	THIS CODE INCORRECTLY ASSIGNED BY SCHA. SEE CARRIER CODE A39
A58	COMPREHENSIVE BENEFITS	PO BOX 8955	MELVILLE	NY	11747	8008283605	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B48	COMPREHENSIVE CARE SERVICES	PO BOX 64668	ST PAUL	MN	55164	8003652735	
B32	COMPREHENSIVE CARE SERVICES, INC.	PO BOX 64008	ST PAUL	MN	551640668	8663562425	DORMANT 8/06
853	COMPSYCH CORP.	PO BOX 8379	CHICAGO	IL	60680	8775955282	
412	CONNECTICARE	PO BOX 546	FARRINGTON	CT	06034	8002517722	
331	CONSECO HEALTH INS. CO	PO BOX 66904	CHICAGO	IL	606660904	8005412254	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
525	CONSECO MEDICAL INSURANCE CO.	PO BOX 1205	ROCKFORD	IL	61105	8009470319	USE CODE 282 WASHINGTON NATIONAL
309	CONSOLIDATED BENEFIT SERVICES, INC.	PO BOX 1391	DAYTON	OH	45401	8004766789	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C16	CONSOLIDATED BENEFITS, INC	PO BOX 23686	COLUMBIA	SC	29224	8037365088	
286	CONSOLIDATED GROUP	PO BOX 248	BATTLEBORO	VT	05302	8002411121	CODE IN OPEN STATUS BY SCHA
970	CONSOLIDATED WORKERS ASSOCIATION (CWA)	PO BOX 2647	CHINO HILLS	CA	91709	8009195514	CODE ASSIGNED BY SCHA
802	CONSTITUTION LIFE INSURANCE CO	PO BOX 130	PENSACOLA	FL	325910130	8007896364	
A04	CONSULTEC PRESCRIPTION BENEFITS MANAGEMENT	9040 ROSWELL RD., STE. 700	ATLANTA	GA	303501853	8003654944	
154	CONSUMER DRIVEN BENEFITS ASSO.	PO BOX 6080-228	MISSION VIEIO	CA	926906080	8884114208	CODE ASSIGNED BY SCHA
C31	CONSUMER HEALTH SOLUTIONS	PO BOX 3492	SPARTANBURG	SC	29304	8645739541	THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
593	CONTEC	525 LOCUS GROVE RD.	SPARTANBURG	SC	29303	8645038333	
C39	CONTINENTAL GENERAL INSURANCE COMPANY	PO BOX 247007	OMAHA	NE	681247007	4023973200	
895	CONTINENTAL LIFE INS. OF TENNESSEE	PO BOX 1188	BRENTWOOD	TN	37024	6153771300	
A07	CONTINENTAL LIFE INSURANCE CO. OF SOUTH CAROLINA	PO BOX 6138	COLUMBIA	SC	29260	8037824947	
830	CONTRACTORS EMPLOYEE BENEFIT ADM. (CEBA)	9003 WATERFORD CENTER	AUSTIN	TX	78758	8002477724	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
		BLVD.					
192	CONVENTRY HEALTHCARE OF NEBRASKA, INC.	PO BOX 7705	LONDON	KY	40742	8002883343	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
483	COOPERATIVE BENEFITS ADMINISTRATORS	PO BOX 6249	LINCOLN	NE	68506	4024839250	
551	COOPERATIVE MANAGED CARE SERVICES LLC	PO BOX 502530	INDIANAPOLIS	IN	46250	8668734516	CODE IN OPEN STATUS BY SCHA
211	COORDINATED BENEFIT PLANS INC.	PO BOX 853925	RICHARDSON	TX	750853925	8007531000	
843	CORE MANAGEMENT RESOURCES GROUP	PO BOX 840	MACON	GA	31202	8887412673	
138	CORESOURCE	PO BOX 2920	CLINTON	IA	527332920	8009222918	
552DN	CORESOURCE INC	6100 FAIRVIEW RD.	CHARLOTTE	NC	28210	8003275462	
552	CORESOURCE INC	6100 FAIRVIEW RD.	CHARLOTTE	NC	28210	8003275462	
A62	CORESOURCE INS.	PO BOX 83301	LANCASTER	PA	176083301	8002233943	CODE ASSIGNED BY SCHA
571	CORESOURCE, INC.	PO BOX 8215	LITTLE ROCK	AR	722218215	8886049397	CODE IN OPEN STATUS BY SCHA
364	CORESTAR	PO BOX 1195	MINNEAPOLIS	MN	55440	8004446965	
857	CORPORATE BENEFIT SERVICES INC	PO BOX 12954	CHARLOTTE	NC	28220	7043730447	
857DN	CORPORATE BENEFIT SERVICES INC	PO BOX 12954	CHARLOTTE	NC	28220	7043730447	
A98	CORPORATE BENEFIT SERVICES OF AMERICA INC	PO BOX 738	HOPKINS	MN	55343	8007654224	
831	CORPORATE BENEFIT SOLUTIONS, INC.	PO BOX 8215	LITTLE ROCK	AR	72221	8886049397	
780	CORPORATE SYSTEMS ADMINISTRATION INC	PO BOX 4985	JOHNSON CITY	TN	376024985	8002752847	
B24	CORPS CARE MANAGEMENT CLAIMS DEPT.	PO BOX 863	INDIANAPOLIS	IN	46206	8006052282	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
213	COVENANT ADMINISTRATORS	PO BOX 105738	ATLANTA	GA	30348	7702396230	
480	COVENTRY HEALTH CARE OF THE CAROLINAS	PO BOX 7715	LONDON	KY	40742	8008891947	COVENTRY HEALTH CARE IS PARENT CO. OF SOUTHERN HEALTH AND WELLPATH
191	COVENTRY HEALTHCARE OF DELAWARE, INC.	PO BOX 7713	LONDON	KY	40742	8008337423	CODE NOT REQUESTED BY MEDICAID. ASSIGNED MY SCHA
482	COVENTRY HEALTHCARE OF GEORGIA	PO BOX 7128	LONDON	KY	40742	8667321017	
B62	COX HEALTH SYSTEMS INS. CO	PO BOX 5750	SPRINGFIELD	MO	658015750	8005613265	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
632	CRIME VICTIMS	-	-	-	-----		
169	CROWN CORK & SEAL COMPANY, INC.	930 BEAUMONT AVE.	SPARTANBURG	SC	29303	8645856456	
420	CUNA MUTUAL INSURANCE GROUP	PO BOX 391	MADISON	WI	53701	6082385851	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
194	DAKOTACARE	1323 S. MINNESOTA AVE.	SIOUX FALLS	SD	57105		CODE ASSIGNED BY SCHA
665	DARLINGTON COUNTY	-	-	-	-		
436	DAVIS-GARVIN AGENCY	#1 FERNANDINA CT.	COLUMBIA	SC	29212	8037320060	
834	DEFINITY HEALTH	PO BOX 9525	AMHERST	NY	14226	8663334648	BROUGHT OUT BY UNITED HEALTHCARE CARRIER 113
500	DELTA DENTAL	PO BOX 1809	ALPHARETTA	GA	300232651	8005212651	
C68	DENTAL BENEFIT PROVIDERS	PO BOX 389	ROCKVILLE	MD	20848	8004459090	
621	DEPT CORRECTIONS						
179	DESERET MUTUAL BENEFIT ADMINISTRATOR	PO BOX 45530	SALT LAKE CITY	UT	84145	8007773622	
955	DESIGN SAVERS PLAN	2814 SPRING RD., STE. 122	ATLANTA	GA	30339	8006165709	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
611	DHEC C. CHILDREN						
610	DHEC CANCER						
629	DHEC FAMILY PLANNING	-	-	-	-----		
627	DHEC HEART	-	-	-	-----		
628	DHEC HEMOPHILIA	-	-	-	-----		
613	DHEC HIGH RISK MATERNITY						
612	DHEC LOW RISK MATERNITY						
625	DHEC MIGRANT HEALTH						
626	DHEC SICKLE CELL						
615	DHEC STERILIZATION						
630	DHEC TB	-	-	-	-----		
725	DIALYSIS CLINIC, INC.	203 FREEMONT AVE.	SPARTANBURG	SC	29303	8645852046	
554	DIAMOND G EMPLOYEE BENEFIT TRUST	PO BOX 1298	GREENVILLE	TN	37744	4236396145	
666	DILLON COUNTY	-	-	-	-		
707	DILLON YARN MEDICAL BENEFITS	1019 TITAN RD.	DILLON	SC	29536	8437747353	
928	DIRECT CARE AMERICA	PO BOX 2090C	STOW	OH	44224	8002665896	THIS CODES NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
516	DIRECT REIMBURSEMENT BENEFIT PLANS	1111 ALDERMAN DR., STE. 420	ALPHARETTA	GA	30202	7706645594	
774	DISNEY WORLDWIDE SERVICES	PO BOX 10130	LAKE BUENA VISTA	FL	33830	8003922978	
258	DIVERSIFIED ADMINISTRATION CORPORATION	PO BOX 299	MARLBOROUGH	CT	06447	8883222524	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
474	DIVERSIFIED PHARMACUETICAL	PO BOX 169052	DELUTH	MN	55816	8002338065	USE CODE 333 EXPRESS SCRIPTS
797	DOAN PET CARE GROUP	451 PROSPERITY DR.	ORANGEBURG	SC	29115	8003720004	DORMANT 8/06
667	DORCHESTER COUNTY	-	-	-	-		
B28	DORMANT 8/91						
765	DRIVERS CHOICE	PO BOX 25427	COLUMBIA	SC	29224	8777724642	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
778	DUKE BENEFIT SERVICES, INC.	3078 BRICKHOUSE CT.	VIRGINIA BEACH	VA	23452	757-485-25	CODE ASSIGNED BY SCHA
786	E S BEVERIDGE & ASSO., CIN.	PO BOX 636	MANSFIELD	OH	44901	8004413961	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
849	E.O.S. HEALTH	PO BOX 27088	TEMPE	AZ	85285	8884568417	
567	EASTERN BENEFIT SYSTEMS	200 FREEWAY DR .E.	EAST ORANGE	NJ	07018	8005240227	
735	EATON BENEFIT PAYMENT OFFICE	PO BOX 16691	COLUMBUS	OH	43214	8002216036	
A14	EB RX	2045 MIDWAY DR.	TWINSBURG	OH	44087	8008007153	
461	ECKERD HEALTH SERVICES	620 EPSILON DR.	PITTSBURGH	PA	15230	8005815300	USE CODE 712 TDI MANAGED CARE SERVICES
668	EDGEFIELD COUNTY	-	-	-	-		
137	EDUCATORS MUTUAL LIFE INSURANCE COMPANY	PO BOX 3149	LANCASTER	PA	17601	7173972751	
721	EHD ADMINISTRATORS	PO BOX 83080	LANCASTER	PA	176083080		CODE ASSIGNED BY SCHA
C80	ELDER HEALTH (MHN/HMC)	PO BOX 4433	BALTIMORE	MD	21223	8887768851	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D25	ELDER PLAN, INC. (HMO)	PO BOX 199100	BROOKLYN	NY	11219	7189218818	MEDICARE ADVANTAGE
B70	ELECTRICAL WELFARE TRUST FUND	4601 PRESIDENTS DR., #300	LANHAM	MD	20706	3017311050	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA.
916	ELMCO, INC.	215 EAST CHURCH ST., STE. 200	ELMIRA	NY	14901	6077345773	DORMANT 8/06
X0E	EMPIRE BLUE CROSS AND BLUE SHIELD	PO BOX 1407 CHURCH ST. STATION	NEW YORK	NY	10008	8003429816	
D64	EMPIRE HEALTHCHOICE ASSURANCE, INC.	PO BOX 100300 CLAIMS PROCESSING	COLUMBIA	SC	29204	8037888562	MEDICARE ADVANTAGE
C43	EMPLOYEE BENEFIT ADMINISTRATORS	PO BOX 5150	GREENVILLE	SC	29606	8642356474	
A90	EMPLOYEE BENEFIT CLAIMS INC	9501 WEST DEVON	ROSEMONT	IL	60018	3126963660	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
499	EMPLOYEE BENEFIT CONSULTANTS	PO BOX 928	FINDLAY	OH	45839	8005587798	
869	EMPLOYEE BENEFIT MANAGEMENT SERVICES	PO BOX 21367	BILLINGS	MT	59102	8007773575	
506	EMPLOYEE BENEFIT PLAN ADMINISTRATORS	PO BOX 2000	HAMPTON	NH	03842	8002587298	
446	EMPLOYEE BENEFIT SERVICES	PO BOX 9888	SAVANNAH	GA	314120088	8035778051	USE CODE 345 EMPLOYEE BENEFIT SERVICES
345DN	EMPLOYEE BENEFIT SERVICES INC	PO BOX 1929	FORT MILL	SC	29716	8002421510	
345	EMPLOYEE BENEFIT SERVICES INC	PO BOX 1929	FORT MILL	SC	29716	8002421510	
761	EMPLOYEE BENEFIT STRATEGIES	229 EAST MICHIGAN AVE., STE. 235	KALAMAZOO	MI	49007	8003257477	
317	EMPLOYEE BENEFITS MANAGEMENT CORPORATION	4789 RINGS RD.	DUBLIN	OH	43017	8005520455	
450	EMPLOYEE BENEFITS TRUST	PO BOX 8788	WILMINGTON	DE	19899	8007522677	OPEN 6/06
CO9	EMPLOYEE BENEFITS TRUST	PO BOX 1431	WICHITA FALLS	TX	76307	8177617611	CODE ASSIGNED WITH LETTER O INSTEAD OF NUMERIC ZERO.
405	EMPLOYEE HEALTH GROUP PLAN	101 LYNHAVEN RD.	VIRGINIA BEACH	VA	23451		
743	EMPLOYEE PLANS, INC.	PO BOX 2362	FT WAYNE	IN	468012362	2606257500	
550	EMPLOYEE SECURITY, INC	7125 THOMAS EDISON DR., STE. 105	COLUMBIA	MD	21046	8006381134	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A97	EMPLOYER PLAN SERVICES, INC.	2180 NORTH LOOP WEST, STE. 400	HOUSTON	TX	77018	8004476588	
247	EMPLOYERS DIRECT HEALTH	5050 SPRING VALLEY RD.	DALLAS	TX	752443909	8008729934	CARRIER WAS FIRST INTERGRATED HEALTH
130	EMPLOYERS LIFE INSURANCE COMPANY	PO BOX 6305	SPARTANBURG	SC	29304	8889628437	CARRIER WAS COASTAL STATE LIFE INS. CO.
852	EMPLOYERS MUTUAL	1000 RIVERSIDE AVE, STE. 400	JACKSONVILLE	FL	32257	8006972235	
C24	ENCOMPASS HEALTH MANAGMENT SYSTEM	6000 WEST TOWN PARKWAY STE. 350	DES MOINES	IA	50266	8005113389	
A52	ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMP	PO BOX 8300	LONDON	KY	407428300	8663358319	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A84	EQUINOX PLANT	PO BOX 1658	ANDERSON	SC	29622	8642241671	USE CARRIER 795 REGIONAL MEDICAL ADMINISTRATORS
509	EQUITABLE LIFE AND CASUALTY	PO BOX 2460	SALT LAKE CITY	UT	84110	8003525150	
510	EQUITABLE PLAN SERVICES	PO BOX 720460	OKLAHOMA	OK	73172	8007492631	
C94DN	ERIN GROUP ADMINISTRATORS	PO BOX 7777	LANCASTER	PA	17604	8004333746	ANOTHER PHONE NUMBER 717-581-1300

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
C94	ERIN GROUP ADMINISTRATORS	PO BOX 7777	LANCASTER	PA	17604	8004333746	ANOTHER PHONE NUMBER 717-581-1300
788	ERISA DESIGN SYSTEMS ADM.(EDSA)	PO BOX 1557	BALTIMORE	MD	21203	8008203372	DORMANT 8/06
180	ESIS	PO BOX 31122	TAMPA	FL	33631	8008847975	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C18	EVOLUTIONS HEALTHCARE SYSTEMS	PO BOX 5001	NEW PORT RICHEY,	FL	34656	8008814474	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D20	EXCELLUS MEDICARE BLUE CHOICE OPTIMUM	PO BOX 41915	ROCHESTER	NY	14604	8778839577	MEDICARE ADVANTAGE
333	EXPRESS SCRIPTS	PO BOX 390873	BLOOMINGTON	MN	554390873	8009554879	
A35	FABRI-KAL CORPORATION	PO DRAWER C	PIEDMONT	SC	29773	8642991720	CODE IN OPEN STATUS BY SCHA
669	FAIRFIELD COUNTY	-	-	-	-		
A16	FCE BENEFIT ADMINISTRATOR	445 RECOLETA STE. 100	SAN ANTONIO	TX	78216	8008999355	
402	FEDERAL EMPLOYEE PLAN BLUE CROSS	I-20 AT ALPINE RD.	COLUMBIA	SC	29260	8037883860	
A50	FEDERAL EMPLOYEES COMPENSATION ACT	PO BOX 8300	LONDON	KY	407428300	8663358319	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
441	FEDERAL MOGUL HEALTHCARE	PO BOX 1999	DETROIT	MI	48235	8005220041	
290	FEDERATED MUTUAL INSURANCE COMPANY (REGIONAL)	PO BOX 31716	TAMPA	FL	336313716	8134968100	
769	FEDEX FREIGHTWAYS	PO BOX 840	HARRISON	AR	72602	8008744723	
738	FHA-TPA DIVISION	PO BOX 327810	FT LAUDERDALE	FL	333329711	8037988698	CODE IN OPEN STATUS BY SCHA
205	FIDELITY LIFE SECURITY	3130 BRDWAY	KANSAS CITY	MO	641112406	8006488624	
941	FIDELITY SECURITY LIFE INSURANCE CO	419 E MAIN ST.	MIDDLETOWN	NY	10940	8008267531	THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A36	FIELDCREST CANNON (CANNON MILLS)	PO BOX 5000	EDEN	NC	272895000	8002223693	
467	FIRSERV HEALTH	PO BOX 182173	COLUMBUS	OH	432182173	8008482664	USE CODE 139
348	FIRST AGENCY, INC.	5071 WEST H AVE.	KALAMAZOO	MI	490098501	2693816630	THIS CODE ASSIGNED BY SCHA 8/28/07
354	FIRST BENEFITS CORP	PO BOX 879	ANDERSON	IN	46015		CODE ASSIGNED BY SCHA
A74	FIRST CAROLINA CARE, INC.	PO BOX 381686	BIRMINGHAM	AL	35238	8008113298	
775	FIRST CHOICE BENEFITS MANAGEMENT	PO BOX 658	BELOIT	WI	535120658	8003035770	
803	FIRST CONTINENTAL LIFE INSURANCE	PO BOX 1911	CARMEL	IN	46032	8005381235	
946	FIRST HEALTH	PO BOX 1377	THOMASVILLE	GA	31799	8668478235	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
245	FIRST HEALTH	PO BOX 23070	TUCSON	AZ	85734	8005544954	
245RX	FIRST HEALTH	PO BOX 23070	TUCSON	AZ	85734	8005544954	
246	FIRST HEALTH RX	PO BOX 11010	TUCSON	AZ	85734	8008449636	
351	FISERV	PO BOX 8077	WAUSAU	WI	544028077	8666848090	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
356	FISERV HEALTH	PO BOX 2697	WICHITA	KS	67201	8003620788	USE CODE 139
139DN	FISERV HEALTH	PO BOX 8014	WAUSAU,	WI	544028013	8008269781	WAS WAUSAU INS. CO.
139	FISERV HEALTH	PO BOX 8013	WAUSAU,	WI	544028013	8008269781	WAS WAUSAU INS. CO.
352	FISERV HEALTH-COLORADO	PO BOX 720	PUEBLO	CO	810020720	8004468182	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
670	FLORENCE COUNTY	-	-	-	-		
C75	FLORIDA 1ST SERVICE ADMINISTRATORS, INC.	PO BOX 3607	WINTER HAVEN	FL	338853067	8002263155	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
719	FLORIDA HEALTH ALLIANCE	PO BOX 10269	JACKSONVILLE	FL	322470269	9043548335	
B20	FMH BENEFIT SERVICES, INC.	PO BOX 25946	OVERLAND PARK	KS	66225	8009909058	
B05	FOCUS HEALTHCARE MANAGEMENT, INC.	720 COOL SPRINGS BLVD.	FRANKLIN	TN	37067	6157784000	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C02	FOUNDATION BENEFITS ADMINISTRATORS	6300 BRIDGEPOINT PKWAY, BLDG 3 #400	AUSTIN	TX	78730	8883687910	
870	FOUNDATION HEALTH	PO BOX 453219	SUNRISE	FL	33345	8004415501	
393	FOUNTAINHEAD ADMINISTRATORS, INC.	PO BOX 13188	BIRMINGHAM	AL	35202	8009919155	
B23	FOX EVERETT, INC.	PO BOX 870	MONROE	NY	109500870	6017185230	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C83	FREEDOM LIFE INSURANCE CO. OF AMERICA	PO BOX 24294	LOUISVILLE	KY	40224	8005281057	
587	FUTURE SCRIPTS	PO BOX 419019 DEPT 382	KANSAS CITY	MO	64141	8886787012	
842	GARDNER AND WHITE INC	PO BOX 40619	INDIANAPOLIS	IN	462400619	3172579131	
842DN	GARDNER AND WHITE INC	PO BOX 40619	INDIANAPOLIS	IN	462400619	3172579131	
443	GATES HEALTH CARE PLAN	PO BOX 5887	DENVER	CO	80217	8007770595	
D54	GATEWAY HEALTH PLAN MEDICARE ASSURED	PO BOX 11560	ALBANY	NY	122110655	8006855209	MEDICARE ADVANTAGE
864	GE GROUP ADMINISTRATORS	PO BOX 150809	ARLINGTON	TX	76015	8882558961	
442	GE LIFE & ANNUITY ASSURANCE CO.	PO BOX 6700	LYNCHBURG	VA	24505	8002530856	
B63	GE PENSIONER HEALTH BENEFITS	PO BOX 740801	ATLANTA	GA	303740801	8008488406	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							SCHA
845	GEISINGER HEALTH PLAN GOLD	PO BOX 8200	DANVILLE	PA	178218200	8004989731	CODE ASSIGNED BY SCHA 6/14/07 HMO
C97	GEM GROUP	1200 THREE GATEWAY CENTER	PITTSBURGH	PA	15222	8002428923	
232	GENERAL ADJUSTMENT BUREAU	PO BOX 81808	ALTANTA	GA	30366	4044579555	CODE ASSIGNED BY SCHA
142	GENERAL AMERICAN LIFE INSURANCE	719 TEACO RD.	KENNETH	MO	63857	8004452158	USE CODE 308 GREAT WEST LIFE INACTIVE 8-02
452	GENERAL MILLS HEALTH CLAIMS SERVICES	PO BOX 59054	MINNEAPOLIS	MN	554590054	8004468182	
728	GENERAL PRESCRIPTION PROGRAMS INC	305 MEDICINE BLVD.	NEW YORK	NY	10165	8003412234	
799	GENWORTH FINANCIAL	PO BOX 8021	SAN RAFAEL	CA	949129974	8008764582	WAS G E FINANCIAL SERVICES
997	GENWORTH FINANCIAL	PO BOX 10821	CLEARWATER	FL	33757	8778259337	CODE IN OPEN STATUS BY SCHA
671	GEORGETOWN COUNTY	-	-	-	-		
730	GEORGIA HEALTHCARE PARTNERSHIP	PO BOX 16388	SAVANNAH	GA	314163088	8005666710	
419	GEORGIA STATE HEALTH BENEFIT PLAN	PO BOX 38151	ATLANTA	GA	30334	8006266402	
365	GERBER CHILDRENS WEAR, INC.	PO BOX 2126	GREENVILLE	SC	29602	8649875200	
749	GERBER LIFE INSURANCE COMPANY	PO BOX 2088	GRAND RAPIDS	MI	49501	8002533074	
B88	GETTYSBURG HEALTH ADMINISTRATORS	PO BOX 1169	FREDERICK	MD	21702	8004974474	
183	GILSBAR INSURANCE COMPANY	PO BOX 2947	COVINGTON	LA	70434	8002342643	
459	GLASS MOTORS & PLASTIC (GMPA)	5245 BIG PINE WAY, SE 33907	FORT MYERS	FL	33907	8139366242	
A44	GLOBAL MEDICAL MANAGEMENT, INC	7901 SW 36TH ST., STE 100	DAVIE	FL	33328	9543706404	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
144	GLOBE LIFE & ACCIDENT INSURANCE	204 N. ROBINSON	OKLAHOMA CITY	OK	73102	4052701400	
145	GMP EMPLOYERS RETIREE TRUST	5245 BIG PINE WAY SE	FORT MYERS	FL	33907	9419366242	
584	GOLDEN RULE INSURANCE COMPANY	7440 WOODLAND DR.	INDIANAPOLIS	IN	46278	6189438000	
931	GOOD SAMARITAN PROGRAM	5151 WEST HWY 40	BEACHGROVE	IN	46140	3178942000	
379	GOODYEAR TIRE & RUBBER COMPANY	PO BOX 677 DEPT. 609	AKRON	OH	44309	2167966531	
302	GOVERNMENT EMPLOYEE HOSP. ASSN (GEHA)	PO BOX 4665	INDEPENDENCE	MO	640514665	8162575500	
A71	GRAPHIC COMMUNICATIONS NAT'L HEALTH & WELFARE FUND	5 GATEWAY CTR, # 620	PITTSBURGH	PA	152221219	8009434248	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
313	GREAT WEST HEALTHCARE	1000 GREAT WEST DR.	KENNETT	MO	63857	8006638081	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
308	GREAT WEST LIFE	1000 GREAT WEST DR.	KENNETT	MO	63857	8006638081	
308DN	GREAT WEST LIFE	PO BOX 11111	FORT SCOTT	KS	66701	8776314227	
121	GREATER HEALTHCARE	PO BOX 3400	MONROE	NC	28110	7042258887	
672	GREENVILLE COUNTY	-	-	-	-		
673	GREENWOOD COUNTY	-	-	-	-		
B99	GROUP & PENSION ADMINISTRATORS, INC.	PO BOX 749075	DALLAS	TX	75374	8662063224	
181	GROUP ADMINISTRATORS,LTD.	450 E. REMINGTON RD.	SCHAUMBURG	IL	60173	8475191880	
745	GROUP BENEFIT SERVICES	1312 BELLONE AVE.	LUTHERVILLE	MD	21093	8006386085	
343	GROUP BENEFITS ADMINISTRATORS	70 GRAND AVE.	RIVEREDGE	NJ	07661	2013433003	
906	GROUP HEALTH ADMINISTRATOR INC	PO BOX 6244	CHARLOTTE	NC	282071018	8002225790	
508	GROUP HEALTH INC.	PO BOX 2832	NEW YORK	NY	10116	8006242414	
889	GROUP INSURANCE ADMINISTRATION INC	3350 PEACHTREE RD. NE STE. 1040	ATLANTA	GA	30326	8006210683	
889DN	GROUP INSURANCE ADMINISTRATION INC	3350 PEACHTREE RD. NE STE. 1040	ATLANTA	GA	30326	8006210683	
729	GROUP INSURANCE SERVICES (GIS)	PO BOX 2291	DURHAM	NC	27702	9194904391	CODE IN OPEN STATUS BY SCHA
389	GROUP LINK	PO BOX 20593	INDIANAPOLIS	IN	46220	8003597408	
A83	GROUP RESOURCES INC	PO BOX 100043	DULUTH	GA	300969343	7706238383	
D46	GROUPHEALTH OPTIONS, INC	PO BOX 34585	SEATTLE	WA	98124	8887674670	CODE ASSIGNED BY SCHA 6/11/07
727	GUARANTEE MUTUAL LIFE CO.	8801 INDIAN HILLS DR.	OMAHA	NE	68114	8004624660	
236	GUARANTEE TRUST LIFE INSURANCE	1275 MILWAUKEE AVE.	GLENVIEW	IL		8476990600	
362	GUARDIAN HEALTHCARE	PO BOX 4197	SCRANTON	PA	18505	8668501253	
283	GUARDIAN HEALTHCARE	PO BOX 4197	SCRANTON	PA	77010	8668501256	
418	GUARDIAN INSURANCE COMPANY	PO BOX 8007	APPLETON	WI	549128007	8006854542	CODE ASSIGNED BY SCHA
237DN	GUARDIAN LIFE INSURANCE CO. OF AMERICA	PO BOX 2459	SPOKANEN	WA	99210	8005417846	
237	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	PO BOX 8019	APPLETON	WI	54913	8008734542	
176	GUIDESTAR HEALTH SYSTEMS	PO BOX 35238	BIRMINGHAM	AL	35238	8005956949	
776	GULF SOUTH ADMINISTRATORS	PO BOX 8570	METAIRIE	LA	700118570	8003662475	CODE IN OPEN STATUS BY SCHA
674	HAMPTON COUNTY	-	-	-	-		
A96	HAMRICKS INC	742 PEACHOID RD.	GAFFNEY	SC	29340	8644877505	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
547	HARRINGTON HEALTH	PO BOX 30544	SALT LAKE CITY	UT	841300544	8002357160	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
146	HARTFORD INSURANCE GROUP	PO BOX 25600	CHARLOTTE	NC	28212	7045366230	
197	HARVARD PILGRIM HEALTH CARE	PO BOX 699183	QUINCY	MA	022699183	8888884742	
162	HARVARD PILGRIM HEALTHCARE	PO BOX 656653	SAN ANTONIO	TX	82655	8004213550	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
201	HCH ADMINISTRATORS	PO BOX 1986	PEORIA	IL	61656	8003221516	
201DN	HCH ADMINISTRATORS	PO BOX 1986	PEORIA	IL	61656	8003221516	
B95	HDR EMPLOYEE BENEFITS ADMINISTRATORS	PO BOX 5150	GREENVILLE	SC	29606	8004765150	CODE IN OPEN STATUS BY SCHA
837	HEALTH ADMINISTRATION SERVICES	PO BOX 6724208	HOUSTON	TX	77267	8008655440	
B87	HEALTH ALLIANCE	102 E. MAIN ST.	URBANA	IL	61801	8003227451	
264	HEALTH AMERICA	PO BOX 7089	LONDON	KY	40742	8007888445	
B25	HEALTH AND WELFARE FUND LOCAL 218	PO BOX 115027	ATLANTA	GA	30310	4047555665	
B84	HEALTH CARE CORPORATION	203 JANDERS RD.	CARY	IL	60013		CODE IN OPEN STATUS BY SCHA
713	HEALTH CARE CREDIT UNION ASSOC. HCCUA	PO BOX 260957	PLANT	TX	750260957	8663736366	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
748	HEALTH CARE SAVINGS, INC.	4530 PARK RD.	CHARLOTTE	NC	28209	-	CODE ASSIGNED BY SCHA
203	HEALTH CARE SUPPORT/PRIVATE HEALTH CARE SYSTEM	29 COLUMBIA HEIGHTS	BROOKLYN	NY	11201	8005544022	CODE ASSIGNED BY SCHA
394	HEALTH CHOICES, INC	PO BOX 5003	DUBURQUE	IA	520045003	8003257442	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
562	HEALTH CLAIMS SERVICES, INC.	PO BOX 9615	DEERFIELD BEACH	FL	33442	8002223560	
A75	HEALTH COST SOLUTIONS	PO BOX 1439	HENDERSONVILLE	TN	37077	8882295020	WAS LIFECARE CENTERS OF AMERICA
B75	HEALTH DESIGN PLUS	PO BOX 2584	HUDSON	OH	442362584	8008930777	
960	HEALTH EOS	PO BOX 6090	DER PERE	WI	541156090	8004355694	CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID
B27	HEALTH FIRST (PPO)	PO BOX 17709	GREENVILLE	SC	29606	8642893000	
884	HEALTH FIRST HEALTH PLANS	PO BOX 565001	ROCKLEDGE	FL	329565001	8007167737	CODE IN OPEN STATUS BY SCHA
874	HEALTH NET	PO BOX 14700	LEXINGTON	KY	40512	8887477823	THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
B49	HEALTH NET	PO BOX 14702	LEXINGTON	KY	40512	8006417761	THIS CODE ASSIGNED INCORRECTLY BY SCHA. SEE CARRIER CODE 440
447	HEALTH NET	PO BOX 14700	LEXINGTON	KY	405125225	9004387886	AKA HEALTH NET OF AZ. CODE ASSIGNED BY SCHA
281	HEALTH NETWORK AMERICA/TRIVERIS	PO BOX 307	EATONTOWN	NJ	07724	8003371421	CODE ASSIGNED BY SCHA
220	HEALTH NEW ENGLAND	ONE MONARCH PLACE, STE. 1500	SPRINGFIELD	MA	011441500	8003102835	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B43	HEALTH OPTION PROGRAM	PO BOX 1764	LANCASTER	PA	176081764	8007737725	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B01	HEALTH PARTNERS	PO BOX 1289	MINNEAPOLIS	MN	554401289	8889222313	
C09	HEALTH PLAN ADMINISTRATORS	PO BOX 2638	ROCKFORD	IL	61132	8156335800	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
382	HEALTH PLAN OF NEVADA	PO BOX 15645	LAS VEGAS	NV	891145615	8007771840	
349	HEALTH PLAN SELECT	PO BOX 382767	BIRMINGHAM	AL	352382767	8002936260	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
357	HEALTH PLAN SERVICES	PO BOX 30298	TAMPA	FL	33630-	8002377767	
126	HEALTH PLAN SERVICES (COVENTRY HEALTH CARE)	PO BOX 24146	SEATTLE	WA	98124	8008610056	CODE ASSIGNED BY SCHA
332	HEALTH PLANS INC.	PO BOX 5199	WESTBOROUGH	MA	01581	8005327575	
324	HEALTH REIMBURSEMENT MANAGMENT PARTNERSHIP	5 HUTCHINSON DR.	DANVERS	MA	01923	8889994767	CODE IN OPEN STATUS BY SCHA
225	HEALTH SERVICES FOUNDATION	PO BOX 2109	LIVERMORE	CA	94551	5104497070	
A79	HEALTH SPECIAL RISK	4001 N. JOSEY LANE	CARROLLTON	TX	75007	9724926474	
572	HEALTH TRANS, LLC	8300 E MAPLEWOOD AVE.	GREENWOOD VILLAGE	CO	80111	8778398119	
A27	HEALTHCARE SUPPORT	25 COLUMBIA HEIGHTS	BROOKLYN HEIGHTS	NY	112012482	8005544022	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
758	HEALTHCHOICE	PO BOX 24870	OKLAHOMA	OK	731270870	8004892974	CODE ASSIGNED BY SCHA
814	HEALTHCOMP ADMINISTRATORS	PO BOX 45018	FRESNO	CA	93718	8004427247	
524	HEALTHFIRST	PO BOX 130217	TYLER	TX	75713	8004778957	CODE ASSIGNED BY SCHA TPA
D19	HEALTHFIRST 65 PLUS	PO BOX 5196	NEW YORK	NY	10274	8882601010	MEDICARE ADVANTAGE PLAN
639	HEALTHFIRST HMO	255 ENTERPRISE BLVD., STE. 20	GREENVILLE	SC	29615	8644551100	MEDICAID HMO
753	HEALTHNET	PO BOX 2226	AUGUSTA	GA	309032226	9009778221	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
440	HEALTHNET	PO BOX 14702	LEXINGTON	KY	40512	8006417761	
553	HEALTHSCOPE BENEFITS, INC..	PO BOX 8076	LITTLE ROCK	AR	72203	8008277026	
920	HEALTHSMART PREFERRED CARE	PO BOX 53010	LUBBOCK	TX	794533010	8064732500	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
876	HEALTHSOURCE OF NC INC	PO BOX 28087	RALEIGH	NC	27611	8008499000	USE CODE 134 CIGNA HEALTHCARE
519	HEALTHSOURE ADMINISTRATORS	PO BOX 382617	BIRMINGHAM	AL	35238	8778939294	
242	HELLER ASSOCIATES	8228 MAYFIELD RD., STE. 5B	CHESTERLANDE	OH	44026	4405272955	CODE IN OPEN STATUS BY SCHA
848	HERITAGE	PO BOX 1730	AUBURNDALE	FL	33823	8002822460	
732	HERTZ CLAIM MANAGEMENT	PO BOX 726	PARK RIDGE	NJ	07656	2013072177	
117	HEWITT COLEMAN AND ASSOCIATES	PO BOX 6708	GREENVILLE	SC	29606	8642405840	
X1R	HIGHMARK BLUE CROSS BLUE SHIELD	PO BOX 535053	PITTSBURGH	PA	152535053	4125447000	
D45	HIGHMARK SECURITY BLUE	120 5TH AVE.	PITTSBURGH	PA	15222309	8005473627	MEDICARE ADVANTAGE HMO
A78	HIGHWAY TO HEALTH (HTH)	PO BOX 968	HORSHAM	PA	19044	8883502002	THIS CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID
B15	HILLCREST BENEFIT ADMINISTRATORS	PO BOX 1516	MT. DORA	FL	32756	8007439264	
502	HIP HEALTH PLAN	PO BOX 2803	NEW YORK	NY	101162803	8004478255	
B81	HM BENEFITS ADMINISTRATORS, INC.	PO BOX 535078	PITTSBURGH	PA	152535078	8002792624	
A13	HOLDEN & COMPANY	PO BOX 10411	SAVANNAH	GA	31412	8004043344	
A68	HOLLINGSWORTH SACO LOWELL CORP.	PO DR.AWER 2327	GREENVILLE	SC	29602	8648593211	DORMANT 8/06
D36	HOP/PSERS HEALTH ADMINISTRATION UNIT	PO BOX 2921	CLINTON	IA	52733	8007737725	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
239	HORACE MANN LIFE INSURANCE COMPANY	1 HORACE MANN PLAZA	SPRINGFIELD	IL	62715	2177892500	
238	HORIZON HEALTHCARE	PO BOX 1028	WEST TRENTON	NJ	08628	8007923666	
675	HORRY COUNTY	-	-	-	-		
782	HOUSING BENEFIT PLAN	PO BOX 542077	DALLAS	TX	753542077	8009372036	
C34	HTH WORLDWIDE INSURANCE SERVICES	PO BOX 39	MINNEAPOLIS	MN	554400039	8665108780	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
836	HUMANA	1100 EMPLOYERS BLVD.	GREEN BAY	WI	543440620	8005584444	
C59	HUMANA CHOICE (PPO)	PO BOX 14605	LEXINGTON	KY	405784602	8004574708	MEDICARE ADVANTAGE (PPO)
B68	HUMANA GOLD CHOICE	PO BOX 202047	FLORENCE	SC	295022047	8775115000	THIS CODE INCORRECTLY ASSIGNED BY HOSP. ASSO.

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							USE CODE 648 FOR THE MEDICARE ADVANTAGE PLAN 648
648	HUMANA GOLD CHOICE (PFFS)	PO BOX 7060	CAMDEN	SC	29020	8775115000	MEDICARE ADVANTAGE
216	HUMANA HEALTH INSURANCE OF FLORIDA	PO BOX 19080-F	JACKSONVILLE	FL	32245	8004574708	
752	HYGEIA CORPORATION	15500 NEW BARN RD.	MIAMI LAKES	FL	33014	8005912650	CODE ASSIGNED BY SCHA
371	ICON BENEFIT ADMINISTRATORS, INC.	PO BOX 53010	LUBBOCK	TX	794533070	8006589777	
250	IDEAL SCRIPTS	144 METRO CENTER BLVD.	WARWICK	RI	02886	8007176614	
B80	IMB-SBC MEDICAL PLAN	PO BOX 1746	INDIANAPOLIS	IN	462061746		THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
801	IMERICA LIFE AND HEALTH INS. CO	PO BOX 3287	ENGLEWOOD	CO	80155	8882738020	
B26	IMSCO HEALTH PLAN	PO BOX 697	BUCKEYSTOWN	MD	217170697	8009442833	IMSCO - INTERNATIONAL MANAGEMENT SERVICE CO.
798	INCENTUS	1710 FIRMAN	RICHARDSON	TX	75081	8005591322	USE CODE B44 AMERICA CHOICE HEALTH PLAN
716	INDECS CORP	PO BOX 668	LYNDHURST	NJ	07071	8884463327	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
X1G	INDEPENDENCE BLUE CROSS	1901 MARKET ST.	PHILADELPHIA	PA	19103	2152412400	
D44	INDEPENDENT HEALTH	PO BOX 9066	BUFFALO	NY	14231	8666178585	MEDICARE ADVANTAGE HMO
892	INDEPENDENT HEALTH	PO BOX 9066	BUFFALO	NY	14231	8002471466	CODE ASSIGNED BY SCHA
B51	INNOVIAANT	PO BOX 8082	WAUSAU	WI	54402	8775592955	
C60	INSTILL HEALTH SYSTEMS (FFS)	PO BOX 7061	CAMDEN	SC	290207845	8774467845	MEDCIARE ADVANTAGE (FFS)
C61	INSTILL HEALTH SYSTEMS (PPO)	PO BOX 7061	CAMDEN	SC	290207845	8774467845	MEDICARE ADVANTAGE (PPO)
863	INSURANCE ADMINISTRATION CORP.	PO BOX 39119	PHOENIX	AZ	85069	8008433106	
D02	INSURANCE ADMINISTRATOR OF AMERICA	PO BOX 5082	MT. LAUREL	NJ	08054	8009896739	
149	INSURANCE COMPANY OF NORTH AMERICA (INA)	195 BRDWAY 11TH FLOOR	NEW YORK	NY	100073100	2126184000	
726	INSURANCE SERVICE AND BENEFITS	3218 HIGHWAY 67 STE. 218	MESQUITE	TX	75150	8008783157	
C41	INSUREX BENEFITS ADMINISTRATORS, INC.	PO BOX 41779	MEMPHIS	TN	381741799	9017256435	
C41DN	INSUREX BENEFITS ADMINISTRATORS, INC.	PO BOX 41779	MEMPHIS	TN	381741799	9017256435	
484	INTEGRITY BENEFITS NETWORK	PO BOX 4537	MARIETTA	GA	30061	7704281604	
B72	INTEGRITY NATIONAL LIFE INS.	PO BOX 32350	LOUISVILLE	KY	40232	5024261843	CODE ASSIGNED BY SCHA
A45	INTEQ GROUP	5445 LASIERRA DR., STE. 400	DALLAS	TX	75231	8009593953	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
465	INTER CARE BENEFIT SYSTEMS	PO BOX 3559	ENGLEWOOD	CO	801553559	3037705710	
C26	INTERACTIVE MEDICAL SYSTEMS, INC.	PO BOX 19108	RALEIGH	NC	27619	9198468400	
C54	INTER-AMERICAS INS. CORP. (OIDA)	PO BOX 9510	WICHITA	KS	672770510		THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
129	INTERGROUP SERVICES CORPORATION	101 LINDENWOOD DR., STE. 150	MALVERN	PA	19355	8005379389	
D01	INTERLINK HEALTH SERVICES	4950 NE BELNAP CT. #205	HILLSBORO	OR	97124	5036402000	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B76	INTERNATIONAL ASSO. BENEFITS	1747 PENNSYLVANIA AVE. NORTH WEST	WASHINGTON	DC	20006	8002751171	
983	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS	3901 E. WINSLOW AVE.	PHOENIX	AZ	85040	6022340497	
101	INTERNATIONAL CLAIMS SERVICES	27092 BURBANK ST.	FOOTHILL RANCH	CA	92610	8779167920	ASSIGNED BY SCHA
189	INTERNATIONAL EDUCATION EXCHANGE SERVICES	PO BOX 370	ITHACA	NY	148510307	8664337462	
464	INTERNATIONAL MEDICAL GROUP	407 N. FULTON ST.	INDIANAPOLIS	IN	46202	8006284664	
473	INTERNATIONAL MISSION BOARD (IMB)	PO BOX 6767	RICHMOND	VA	232300767	8042191585	CODE ASSIGNED BY SCHA
454	INTERNATIONAL UNION OF OPERATING ENGINEERS	166 WEST KELLY ST.	METUCHEN	NJ	08840	9085486662	
411	INTERPLAN HEALTH GROUP	PO BOX 90613	ARLINGTON	TX	76006	8660511-47	CODE ASSIGNED BY SCHA
A19	ISLAND GROUP ADMINISTRATION, INC	3 TOILSOME LANE	EAST HAMPTON	NY	11937	8009262306	CODE ASSIGNED BY SCHA
958	ITPE-NMU HEALTH AND WELFARE FUND	PO BOX 13817	SAVANNAH	GA	31416	9123527169	
958DN	ITPE-NMU HEALTH AND WELFARE FUND	PO BOX 13817	SAVANNAH	GA	31416	9123527169	
757	J C PENNEY LIFE INSURANCE COMPANY	PO BOX 869090	PLANO	TX	750860909	9728816000	
827	J. SMITH LANIER	PO BOX 72749	NEWMAN	GA	30271	8882954864	
996	J.F. MOLLOY & ASSO.	PO BOX 68947	INDIANAPOLIS	IN	46268	8003313287	SEE CARRIER 942 PRINCIPAL FINANCIAL GROUP
335	J.P. FARLEY CORP.	PO BOX 458022	WESTLAKE	OH	441468022	4402504300	
676	JASPER COUNTY	-	-	-	-		
109	JEFFERSON PILOT INSURANCE COMPANY	PO BOX 26011	GREENSBORO	NC	27420	3366913000	
514	JLT SERVICES (TPA FOR NY LIFE)	PO BOX 1511	LATHAM	NY	12110	8007933773	NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA
D09	JM FAMILY ENTERPRISES	8019 BAYBERRY RD.	JACKSONVILLE	FL	32256	8008920059	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
885	JOHN ALDEN INSURANCE COMPANY	PO BOX 020270	MIAMI	FL	33102	8003284316	
885DN	JOHN ALDEN INSURANCE COMPANY	PO BOX 020270	MIAMI	FL	33102	8003284316	
202	JOHN HANCOCK INSURANCE COMPANY	PO BOX 852	BOSTON	MA	02117	8002331449	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B12	JOHN HANCOCK MUTUAL LIFE INS.	JOHN HANCOCK PLACE, PO BOX 111	BOSTON	MA	02117	8007325543	
C71	JOHNS HOPKINS HEALTHCARE	PO BOX 0607	GLEN BURNIE	MD	21060	8002612393	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
417	JULY PRODUCTS	5 GATEWAY CENTER STE. 60	PITTSBURG	PA	15222	8669008322	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
A69	KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA	PO BOX 7004	DOWNEY	CA	902427004	8003310420	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
104	KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA.	PO BOX 7004	DOWNEY	CA	90242	8003903510	CODE ASSIGNED BY SCHA
528	KAISER PERMANENTE	PO BOX 190849	ALTANTA	GA	31119	8006111811	MEDICARE ADVANTAGE
C78	KAISER PERMANENTE	PO BOX 190849	ATLANTA	GA	31119	4042612590	
537	KAISER PERMANENTE-OHIO REGION	PO BOX 5316-9774	CLEVELAND	OH	441010316	8006348816	CODE ASSIGNED BY SCHA
C47DN	KANAWHA BENEFIT SERVICES	PO BOX 50098	KNOXVILLE	TN	379500098	8008221274	
C47	KANAWHA BENEFIT SERVICES	PO BOX 50098	KNOXVILLE	TN	379500098	8008221274	
153	KANAWHA LIFE INSURANCE COMPANY	PO BOX 6000	LANCASTER	SC	29721	8032862440	
153DN	KANAWHA LIFE INSURANCE COMPANY	PO BOX 6000	LANCASTER	SC	29721	8032862440	
868	KANSAS CITY LIFE	PO BOX 219325	KANSAS CITY	MO	64121	8008745254	
C30	KEENAN AND COMPANY	PO BOX 11431	TORRANCE	CA	90510	8006533626	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
677	KERSHAW COUNTY	-	-	-	-		
760	KEY BENEFIT ADMINISTRATORS	PO BOX 55230	INDIANAPOLIS	IN	46205	8003314757	
936	KEY BENEFITS-TRANSCHOICE PLUS	PO BOX 1279	FORT MILL	SC	297161279	8005916764	CODE ASSIGNED BY SCHA
893	KEYSTON HEALTH PLAN EAST	PO BOX 8339	PHILADELPHIA	PA	19101	8002273116	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D71	KEYSTONE 65	PO BOX 7799	PHILADELPHIA	PA	191017799	8002273116	MEDICARE ADVANTAGE
844	KEYSTONE HEALTH PLAN CENTRAL (KHP) CENTRAL	PO BOX 898880	CAMPBILL	PA	17089	8006222843	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
B66	KIRKE-VAN ORSDEL, INC.	PO BOX 9126	DES MOINES	IA	503069126	8002472192	USE CODE 759 MEDIPLUS PER SCHA
318	KLAIS & COMPANY	1867 WEST MARKET ST.	AKRON	OH	443136977	3308678443	
900	KOHLER COMPANY	444 HIGHLAND DR.	KOHLER	WI	530441515	9204574441	
711	LABORERS DISTRICT COUNCIL OF GA AND SC	PO BOX 607	JONESBORO	GA	302370607	4044771888	
791	LADD FURNITURE HEALTH PLAN	PO BOX 7405	GREENSBORO	NC	27417	8002886312	DORMANT 8/06
456	LIDLAW EMPLOYEE BENEFIT PLAN, INC.	4144 NORTH CENTRAL EXPRESSWAY	DALLAS	TX	75204	2148269090	CODE ASSIGNED BY SCHA
320	LAMAR LIFE INSURANCE COMPANY	PO BOX 880	JACKSON	MS	39201	6019493100	
678	LANCASTER COUNTY	-	-	-	-		
457	LAQUINTA INN	PO BOX 2636	SAN ANTONIO	TX	782790064		CODE ASSIGNED BY SCHA
679	LAURENS COUNTY	-	-	-	-		
B47	LA-Z-BOY EAST GROUP HEALTH	901 N. DOUGLAS ST.	FLORENCE	SC	29503	8036692431	CODE ASSIGNED BY SCHA
D04	LBA HEALTH PLANS, INC./PRIMARY SELECT	PO BOX 17098	OWINGS MILL	MD	211177098	8008158240	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
680	LEE COUNTY	-	-	-	-		
978	LEGGETT & PLATT	PO BOX 7687	HIGH POINT	NC	27264	4173588131	
D31	LEON MEDICAL CENTER HEALTH PLAN	PO BOX 65-9006	MIAMI	FL	33265	3055595366	MEDICARE ADVANTAGE PLAN
681	LEXINGTON COUNTY	-	-	-	-		
105	LIBERTY LIFE INSURANCE COMPANY	PO BOX 789, 2000 WADE HAMPTON BLVD.	GREENVILLE	SC	29602	8646098111	
943	LIBERTY MUTUAL LIFE INSURANCE	5 HUTCHINSON DR.	DANVERS	MA	01923	8889994767	CODE IN OPEN STATUS BY SCHA
540	LIBERTY NATIONAL LIFE INSURANCE COMPANY	PO BOX 2612	BIRMINGHAM	AL	35202	2053252722	
243	LIFE & CASUALTY INSURANCE COMPANY OF TENNESSEE	AMERICAN GENERAL CENTER	NASHVILLE	TN	37250	6157491000	
156	LIFE INSURANCE COMPANY OF GEORGIA	PO BOX 105006	ATLANTA	GA	303485006	7709805100	
157	LIFE INSURANCE COMPANY OF VIRGINIA, THE	PO BOX 27601	RICHMOND	VA	23230	8042816000	
408	LIFE INVESTORS INSURANCE COMPANY OF AMERICA	PO BOX 8043	LITTLE ROCK	AR	72203	5013760426	AKA AEGON
515	LIFE OF THE SOUTH INSURANCE COMPANY	PO BOX 45237	JACKSONVILLE	FL	32232	8006616385	THIS CODE ASSIGNED BY SCHA NOT A MEDICAID REQUEST
396	LIFE PARTNERS INS GROUP	7887 E. BELLEVIEW AVE.	ENGLEWOOD	CO	80111	8005257662	CODE ASSIGNED BY SCHA
241	LIFE REINSURANCE CO.	PO BOX 792070	SAN ANTONIO	TX	78279	8002291024	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
B82	LIFEGUARD BENEFITS	PO BOX 93929	SOUTHLAKE	TX	76092	8664163617	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B56	LINCOLN HERITAGE	PO BOX 10843	CLEARWATER	FL	335758843	8885868810	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
323	LINCOLN HERITAGE LIFE INSURANCE CO	PO BOX 10843	CLEARWATER	FL	337578843	8885868810	
158	LINCOLN NATIONAL LIFE INSURANCE COMPANY	PO BOX 1110	FORT WAYNE	IN	46801	2194552000	
796	LINECO	2000 SPRINGER DR.	LOMBARD	IL	60148	8003237268	CODE ASSIGNED BY SCHA
543	LONE STAR LIFE INSURANCE	PO BOX 709009	DALLAS	TX	753709009	2144476400	CODE ASSIGNED BY SCHA
A53	LONGSHORE & HARBOR WORKERS COMP PROGRAM	PO BOX 8300	LONDON	KY	407428300	8663358319	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
367	LOOMIS INSURANCE COMPANY	PO BOX 7011	WYOMISSING	PA	196107011	8007820392	
C85	LOYAL AMERICAN LIFE INSURANCE COMPANY	PO BOX 559004	AUSTIN	TX	78755	8006336752	
492	LT11-LIFETRAC NETWORK	111100 WAYZATA BLVD.	MINNEAPOLIS	MN	55305		CODE ASSIGNED BY SCHA
B18	LUMENOS	PO BOX 69309	HARRISBURG	PA	17106	8774957223	
902	M CARE	PO BOX 130799	ANN ARBOR	MI	481130779	8006588878	CODE ASSIGNED BY SCHA. THIS IS THE HMO TO CC 504 WHICH IS THE POS
504	M CARE	PO BOX 130799	ANN ARBOR	MI	481130779	2156578920	CODE IN OPEN STATUS BY SCHA
A32	MAGELLEN BEHAVIORAL HEALTH	PO BOX 1659	MARYLAND HEIGHTS	MO	63043	8003592422	
B07	MAGNACARE NY WELFARE FUND-LOCAL 1181	PO BOX 1001	GARDEN CITY	NY	11530	7182745353	
847	MAHONEY BENEFIT ADMINISTRATORS	PO BOX 7260	FORT LAUDERDALE	FL	33338	8002807093	
327	MAIL HANDLERS BENEFIT PLAN	PO BOX 8402	LONDON	KY	40742	8004107778	
812	MAJOR LEAGUE BASEBALL BENEFIT PLAN	PO BOX 7003	PARKERSBURG	WV	261027003	8006692255	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
159	MAKSIN MANAGMENT CORP	CN98000	PENNSAUKEN	NJ	08110	8002570625	
438	MAMSI LIFE AND HEALTH INSURANCE CO	PO BOX 993	FREDRICKS	MD	21705	8002576458	
820	MANAGE MED	PO BOX 6125	GREENVILLE	SC	29606	8009928088	CODE ASSIGNED BY SCHA SEE CARRIER CODE 536
860	MANAGED HEALTH NETWORK	PO BOX 209010	AUSTIN	TX	78720	8008352094	
915	MANAGED HEALTH RESOURCES	PO BOX 30742	CHARLOTTE	NC	28208	7043555200	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
835	MANAGED PHARMACY BENEFITS	1100 NORTH LINDBERGH	ST. LOUIS	MO	63132	8006729540	THIS CARRIER BOUGHT OUT BY EXPRESS SCRIPTS.
A15	MANAGED PRESCRIPTIONS SERVICES (MPS)	ONE CITY CENTRE STE. 1100	ST LOUIS	MO	631016922	8007596959	
756	MANUS INSURANCE COMPANY	6350 W ANDREW JACKSON HWY	TALBOTT	TN	37877	8009933401	
B09	MARINE CORPS ASSO.PLAN ADMINISTRATOR	PO BOX 21357	SANTA BARBARA	CA	931211357	8003685682	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
682	MARION COUNTY	-	-	-	-		
683	MARLBORO COUNTY	-	-	-	-		
268	MARQUETTE NATIONAL LIFE INS. CO.	PO BOX 12148	PENSACOLA	FL	32591	8009348203	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
709DN	MARSH ADVANTAGE AMERICA	501 NORTH BRDWAY, STE. 500	ST LOUIS	MO	63102	8008687526	FORMERLY BENEFIT PLAN SERVICES
B67	MARSH AFFINITY SERVICES	PO BOX 5108	DES MOINES	IA	50306	8006502723	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
531	MARY BLACK HEALTHNETWORK	1690 SKYLYN DR., STE. 130	SPARTANBURG	SC	29307	8645733535	CODE IN OPEN STATUS BY SCHA
B59	MARYLAND INDIVIDUAL PRACTICE ASSO.	PO BOX 930	FREDRICK	MD	21705	8009622174	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
569	MARYLAND PHYSICIANS CARE	PO BOX 61778	PHOENIX	AZ	85082	8009538854	CODE IN OPEN STATUS BY SCHA
178	MASHANTUCKET PLAN ADMINISTRATORS	PO BOX 3620	MASHANTUCKET	CT	06338	8887796872	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
226	MASTER HEALTH PLAN	PO BOX 16367	AUGUSTA	GA	303919123	7068635955	
586	MCA ADMINISTRATORS (MANAGED CARE OF AMERICA)	MANOR OAK TWO, STE. 605 1910 COCHRAN RD.	PITTSBURGH	PA	15220	4129220780	WAS DIVERSIFIED GROUP ADMINISTRATORS
684	MCCORMICK COUNTY	-	-	-	-		
361	MDI GOVERNMENT HEALTH SERVICES	822 HIGHWAY A1A NORTH STE. 310	PONTE VEDRA BEACH	FL	32082	8008416288	CODE ASSIGNED BY SCHA
368	MED BENEFITS SYSTEM	PO BOX 177	SOUTH BEND	IN	46601	2192370560	
206	MED COST BENEFITS SERVICES	PO BOX 25987	WINSTON SALEM	NC	271142987	8007951023	
223	MED COST PREFERRED	PO BOX 25437	WINSTON SALEM	NC	27114	8008247406	CODE ASSIGNED BY SCHA
873	MEDCO HEALTH	PO BOX 8190	MADISON	WI	537088190	8002217006	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY THE SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
C46	MEDCO HEALTH/PAID PRESCRIPTIONS	PO BOX 14711	LEXINGTON	KY	40512	8002727243	AS OF 8/1/02 MERCK-MEDCO AND THEIR SUBSIDIARY PAID PRESCRIPTIONS IS NOW MEDCO HEALTH.
222	MEDICA	PO BOX 659752	SAN ANTONIO	TX	78265	8009523455	
152	MEDICA	PO BOX 30990	SALT LAKE CITY	UT	84130	8004585512	CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA
619	MEDICAID, SC						
616	MEDICAID-OUT-OF-STATE						
C98	MEDICAL BENEFIT ADM. OF MARYLAND, INC.	PO BOX 950	FORREST HILL	MA	60631	8885323467	
295	MEDICAL BENEFIT ADMINISTRATORS	5940 SEMINOLE CENTER CT.	MADISON	WI	53711	6082731776	
781	MEDICAL CLAIMS MANAGEMENT CORP	PO BOX 12995	CHARLOTTE	NC	282202995	8003340609	
781DN	MEDICAL CLAIMS MANAGEMENT CORP	PO BOX 12995	CHARLOTTE	NC	282202995	8003340609	
C25	MEDICAL CLAIMS SERVICES	1 WALL ST., STE. 2A	RAVENSWOOD	WV	26164	8882250522	
C08	MEDICAL DEVELOPMENT INTERNATION	19450 DEERFIELD AVE., STE. 400	LANSTOWNE	VA	20176	8008416188	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
822	MEDICAL MUTUAL	PO BOX 6018	CLEVELAND	OH	44101	8002582873	CODE ASSIGNED BY SCHA
539	MEDICAL MUTUAL INSURANCE OF OHIO	PO BOX 94648	CLEVELAND	OH	44101	8003621279	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
X0R	MEDICAL MUTUAL OF OHIO	2060 EAST 9TH ST.	CLEVELAND	OH	441151355	2166877000	
979	MEDICAL REIMBURSEMENT OF AMERICA	113 SEABOARD LANE	FRANKLIN	TN	37067	6159633826	THIS CODE IS USED BY SCHA NOT AN ACTIVE MEDICAID CODE
207	MEDICAL SAVINGS HEALTH PLAN	419 E. MAIN ST.	MIDDLETON	NY	10940	3173298222	
B39	MEDICAL SAVINGS INSURANCE CO.	5835 WEST 74TH ST.	INDIANAPOLIS	IN	462781758	3173298222	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
X1N	MEDICAL SERVICE CORPORATION OF EASTERN WASHINGTON	PO BOX 3048	SPOKANE	WA	99220	5095364900	
D99	MEDICARE ADVANTAGE						GENERIC MA CODE ASSIGNED BY SCHA
D32	MEDICARE COMPLETE (UNITED HEALTH CARE)	PO BOX 659735	SAN ANTONIO	TX	782659735	8778423210	CODE ASSIGNED BY SCHA
618	MEDICARE PART A						
620	MEDICARE PART B ONLY						
D14	MEDICARE PLUS BLUE (BCBS OF MICHIGAN)	27000 ELEVEN MILE RD.	SOUTHFIELD	MI	48034	8002495103	ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
617	MEDICARE RAILROAD (PGBA) PROFESSIONAL PART B	PO BOX 10066	AUGUSTA	GA	30999	8772887600	
995	MEDIIMPACT	10680 TREENA ST.	SAN DIEGO	CA	92131	8007882949	
372	MEDIPLAN	502 VALLEY RD.	WAYNE	NJ	07410	9736963111	
759	MEDIPLUS	PO BOX 9126	DES MOINES	IA	50309	8002472192	AKA TROA
746	MED-TAC CLAIMS	PO BOX 9110	NEWTON	MA	02160	8003479355	
C96	MEDTRACK SERVICES	6310 LAMAR AVE., STE. 230	OVERLAND PARK	KS	66202	8007714648	
477	MEGA LIFE AND HEALTH INSURANCE COMPANY	PO BOX 982009	NORTH RICHLAND HILLS	TX	761828009	8005272845	
A85	MEGA LIFE STUDENT INSURANCE	PO BOX 809025	WESTON	FL	333269000	8002629175	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B50	MEMBER HEALTH	PO BOX 391180	CLEVELAND	OH	44139	8888685854	
709	MERCER ADMINISTRATION	701 MARKET ST., STE. 1100	ST LOUIS	MO	63101	8008687526	FORMERLY MARSH ADVANTAGE AMERICA
833	MERCY HEALTH PLANS	PO BOX 4568	SPRINGFIELD	MO	658084568	8006472240	
377	MERITAIN HEALTH	PO BOX 853921	RICHARDSON	TX	75085	7163195399	WAS NORTH AMERICAN ADMINISTRATORS, INC.
A29	MERITAN HEALTH	PO BOX 80884	INDIANAPOLIS	IN	46280	8006064841	
108	METROPOLITAN LIFE INSURANCE COMPANY	PO BOX 981282	EL PASO	TX	79998	8006386626	
988	MID WEST NATIONAL LIFE INS. CO.	PO BOX 982017	NORTH RICHLAND HILL	TX	76182	8007331110	
742	MIDA DENTAL PLAN	2000 TOWN CENTER, STE. 2200	SOUTHFIELD	MI	48075	8009376432	
C95	MIDWEST SECURITY	2700 MIDWEST DR.	ONALASKA	WI	54650	8002368672	
B02	MILLENNIUM HEALTH GROUP, INC.	PO BOX 260130	PEMBROKE PINES	FL	330267130	8883054300	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D40	MINNESOTA POWER HEALTH PLANS	30 W SUPERIOR ST.	DULUTH	MN	55802	8888128800	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C06	MISSIONARY MEDICAL	PO BOX 45730	SALT LAKE CITY	UT	84145	8007771647	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
545	MOLINA HEALTHCARE OF OHIO	PO BOX 22712	LONGBEACH	CA	90801	8006424148	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
597	MONARCH DIRECT	PO BOX 9004	SPRINGFIELD	MA	01101	8006289000	
227	MONUMENTAL GENERAL INSURANCE COMPANY	1111 N CHARLES ST.	BALTIMORE	MD	20201	8007529797	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
148	MONUMENTAL LIFE INSURANCE COMPANY	PO BOX 61	DURHAM	NC	27702	8004445431	
460	MORRIS ASSOCIATES	PO BOX 50440	INDIANAPOLIS	IN	462500440	3175549000	
C04	MOTOR CITY WELFARE FUND	2075 W BIG BEAVER STE. 700	TROY	MI	48084	2488227044	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D24	MOUNT CARMEL HEALTH PLAN (MCHP) MEDIGOLD (HMO)	PO BOX 6111	WESTERVILLE	OH	43086	8002403870	
733	MOUNTAIN CLAIMS MANAGEMENT	PO BOX 1008	FRUITLAND	ID	83619	2084527979	CODE IN OPEN STATUS BY SCHA
A12	MOUNTAIN CLAIMS MANAGEMENT	PO BOX 1008	FRUITLAND	ID	83616	8669527979	
X2P	MOUNTAIN STATE BLUE CROSS & BLUE SHIELD, INC.	PO BOX 1948	PARKERSBERG	WV	26102	3044247700	
993	MPI INTERNATIONAL, INC.	PO BOX 81913	ROCHESTER	MI	483081913	2488539010	
432	M-PLAN CARDINAL HEALTH	PO BOX 357	LINTHICUM	MD	210900357	8006752605	CODE ASSIGNED BY SCHA
A18	MSH MOBILITY BENEFITS	PO BOX 77	BEEBE PLAIN	VT	05823	8888421530	CODE ASSIGNED BY SCHA
564	MULTINATIONAL UNDERWRITERS	PO BOX 863	INDIANAPOLIS	IN	46206	8006052282	CODE ASSIGNED BY SCHA
954	MULTIPLAN	115 5TH AVE.	NEW YORK	NY	100031004	8005463887	CODE ASSIGNED BY SCHA
724	MUTUAL MEDICAL PLANS	PO BOX 689	PEORIA	IL	61652	8004484689	CODE ASSIGNED BY SCHA
636	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175		MEDICARE INTERMEDIARY PART B
635	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	4023427600	MEDICARE INTERMEDIARY PART A
107	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	8002289090	DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE.
C99	MUTUAL PROTECTIVE MEDICO LIFE INS. CO.	1515 S. 75TH ST.	OMAHA	NE	68124	8002286080	CARRIER WAS PREVIOUSLY C35.
C35	MUTUAL PROTECTIVE MEDICO LIFE INSURANCE COMPANIES	1515 S 75TH ST.	OMAHA	NE	68124	8002286080	SEE CODE C99
937	MVP HEALTH CARE	259 MONROE AVE.	ROCHESTER	NY	14607	8009503224	NAME CHANGE ONLY 4/09. WAS PERFERRED CARE
291	NALC HEALTH BENEFIT PLAN	20547 WAVERLY CT.	ASHBURN	VA	20149	7037294677	
522	NATIONAL AUTOMATIC SPRINKLER INDUSTRY	800 CORPORATE DR.	LANDOVER	MD	20785	3015771700	
312DN	NATIONAL BENEFIT ADMINISTRATORS	PO BOX 690903	CHARLOTTE	NC	282277016	8004826736	
312	NATIONAL BENEFIT ADMINISTRATORS	PO BOX 690903	CHARLOTTE	NC	282277016	8004826736	
C17	NATIONAL BENEFITS	110 GIBRALTAR RD.	HORSHAM	PA	19044	2154430404	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
789	NATIONAL CASUALTY COMPANY	PO BOX 1250	ROCKFORD	IL	611051250	8002751896	CODE IN OPEN STATUS BY SCHA
C74	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	PO BOX 220887	CHARLOTTE	NC	28222	7043643865	
C74DN	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	PO BOX 220887	CHARLOTTE	NC	28222	7043643865	
260	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	PO BOX 10136	FAIRFAX	VA	220388022	8662199292	CODE IN OPEN STATUS BY SCHA
267	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	PO BOX 220887	CHARLOTTE	NC	282220887	7043643865	CODE ASSIGNED BY SCHA
444	NATIONAL DISASTER MEDICAL SYSTEM						
599	NATIONAL ELEVATOR INDUSTRY HEALTH BENEFITS	PO BOX 477	NEWTOWN SQUARE	PA	190730477	8005234702	
A70	NATIONAL EMPLOYEE BENEFIT ADMINISTRATORS	1920 N. FLORIDA MANGO RD.	WEST PALM BEACH	FL	33409	5614780095	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
263	NATIONAL FINANCIAL COMPANY	110 WEST 7TH ST., STE. 300	FT WORTH	TX	76102	8007251407	
B53	NATIONAL FOUNDATION LIFE INSURANCE COMPANY	110 WEST 7TH ST., STE. 300	FORT WORTH	TX	76102	8002219039	
472	NATIONAL HEALTH CARE HEALTH BENEFITS PLAN(NHC)	PO BOX 1398	MURFREESBORO	TN	371331398	6158902020	
929	NATIONAL HEALTH INSURANCE COMPANY	PO BOX 619999	DALLAS/FORT WORTH AIRPORT	TX	752619999	8002371900	
975	NATIONAL MEDICAL HEALTH CARD	PO BOX 1170	FORT WASHINGTON	NY	11050	8006453332	
828	NATIONAL PHARMACEUTICAL SERVICES	PO BOX 407	BOYSTOWN	NE	68017	8005465677	
495	NATIONAL PRESCRIPTION ADMINISTRATORS	PO BOX 1981	EAST HANOVER	NJ	079361981	8005226727	BOUGHT OUT BY EXPRESS SCRIPTS CC333
334	NATIONAL RURAL LETTER CARRIERS ASSOCIATION	1750 PENNSYLVANIA AVE., NW	WASHINGTON	DC	20006	8006388432	
C86	NATIONAL STATES INSURANCE COMPANY	PO BOX 27321, 1830 CRAIG PARK CT.	ST LOUIS	MO	63141	3148780101	
414	NATIONAL TELEPHONE COOP. ASSN.	1 WEST PACK SQUARE, STE. 600	ASHEVILLE	NC	28801	8282529776	
558	NATIONAL TRAVELERS LIFE INS. CO.	PO BOX 9197	DES MOINES	IA	50306	8002325818	INACTIVE 8/02
790	NATIONAL TWIST DRILL COMPANY	3950 LAKE DR.	LORIS	SC	29569		DORMANT 8/06
388	NATIONALWAY HEALTHCARE ASSOCIATES	PO BOX 682708	HOUSTON	TX	77268	8008107856	CODE IN OPEN STATUS BY SCHA
163	NATIONWIDE LIFE INSURANCE COMPANY	PO BOX 182202	COLUMBUS	OH	432182202	6142497111	
518	NAT'L ASBESTOS WORKERS MED FUND	4600 POWDER MILL RD.	BELTSVILLE	MD	20705	8003863632	
800	NEBCO (TENNECO)	PO BOX 97	SCRATNON	PA	185040097	8007177562	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							SCHA
141	NEOA HEALTH BENEFITS FUND	428 E SCOTT AVE.- PO BOX 3070	KNOXVILLE	TN	37927	-	
806	NETWORK HEALTH PLAN	PO BOX 568	MENASHA	WI	54952	9207201300	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
360	NEW ENGLAND FINANCIAL	PO BOX 190019	N. CHARLESTON	SC	29419	8004087681	USE CARRIER 859 NEW ENGLAND GROUP TRUST
859	NEW ENGLAND GROUP TRUST	PO BOX 30466	TAMPA	FL	33630	8006541731	
248	NEW ENGLAND LIFE INSURANCE	25145 COUNTRY CLUB BLVD.	NORTH OLMSTED	OH	440705300	8002558063	
437	NEW ERA LIFE INSURANCE CO	PO BOX 4884	HOUSTON	TX	772104884	2813687200	
520	NEW JERSERY CARPENTERS	PO BOX 7818	EDISON	NJ	088180846	8006243096	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
808	NEW MARKET DIMENSION	PO BOX 1338	COCKEYVILLE	MD	21031	8005706745	
C89	NEW SOURCES BENEFITS	PO BOX 6305	SPARTANBURG	SC	29304	8004761555	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B08	NEW WORLD SERVICES	PO BOX 1030	NILES	MI	49120	8006240698	
165	NEW YORK LIFE INSURANCE COMPANY	PO BOX 105095	ATLANTA	GA	30348	8003884580	
D39	NEW YORK WELFARE FUND	101-49 WOOKHAVEN BLVD.	OZONE PARK	NY	11416	7188455800	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
685	NEWBERRY COUNTY	-	-	-	-		
B54	NGS AMERICAN INC	PO BOX 7676	ST. CLAIR SHORES	MI	48080	8107797676	
B97	NIPPON LIFE INSURANCE CO.	PO BOX 39710	COLORADO SPRINGS	CO	809493910	8009376542	
174	NMU PENSION & WELFARE FUND	360 WEST 31ST ST., 3RD FL	NEW YORK	NY	10001	2123374900	
350	NORTH AMERICA ADMINISTRATORS	PO BOX 1984	NASHVILLE	TN	37203	6152563561	
384	NORTH AMERICAN BENEFIT NETWORK	PO BOX 94928	CLEVELAND	OH	441014928	8003214085	
C36	NORTH AMERICAN INSURANCE COMPANY	PO BOX 44160	MADISON	WI	53744	6086621232	
359	NORTH CAROLINA MUTUAL LIFE INSURANCE	411 W. CHAPEL HILL ST.	DURHAM	NC	27701	9196829201	
A17	NOVA HEALTHCARE ADMINISTRATORS	2680 GRAND ISLAND BLVD.	GRAND ISLAND	NY	140720308	8003333195	
458	OBA MIDWEST	8160 SOUTH CASS AVE.	DARIEN	IL	60561	6309602035	WHEN CALLING THE ABOVE PHONE NUMBER, YOU ARE ASKED TO DIAL AN EXTENSION. DIAL EXTENSION 23.
170	OCCIDENTAL LIFE INSURANCE COMPANY OF NC	PO BOX 10324	RALEIGH	NC	27605	9198318189	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
686	OCONEE COUNTY	-	-	-	-		
821	ODS HEALTH PLAN ADVANTAGE	PO BOX 4030	PORTLAND	OR	972084030	8773370650	CODE ASSIGNED BY SCHA
982	OFFICE OF GROUP BENEFITS STATE OF LOUISIANA	PO BOX 44036	BATON ROUGE	LA	708044036	8002151093	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
809	OHIP CARPENTERS HEALTH & WELFARE FUND	8281 YOUNGSTOWN WARREN RD. #240	NILES	OH	44446	8003629354	CODE ASSIGNED BY SCHA
591	OLD AMERICAN INSURANCE COMPANY	PO BOX 418573	KANSAS CITY	MO	64141	8167534900	
C37	OLD SURETY LIFE INSURANCE CO	PO BOX 54407	OKLAHOMA CITY	OK	731541407	8002725466	
866	OLYMPIC HEALTH MANAGEMENT	PO BOX 5348	BELLINGHAM	WA	98227	3607349888	
353	ONE HEALTH PLAN OF SC	PO BOX 190019	N CHARLESTON	SC	29419	8003149010	CODE ASSIGNED BY SCHA
583	ONE NATION BENEFIT ADMINISTRATORS	PO BOX 528	COLUMBUS	OH	43216	8008246796	NAME CHANGE WAS ANTHEM BENEFIT ADMINISTRATORS
850	ONENET PPO	PO BOX 934	FREDERICK	MD	217050934	8003423289	CODE ASSIGNED BY SCHA
807	OPTIMA HEALTH PLAN	PO BOX 5028	TROY	MI	460071199	8002291199	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
896	OPTIMED HEALTH PLAN	902 CLINT MOORE RD., STE. 100	BOCA RATON	FL	33487	8004828770	
891	OPTIMUM CHOICE OF THE CAROLINAS INC	4 TAFT CT.	ROCKVILLE	MD	20850	8003438205	
880	OPTIMUM HEALTH PARTNERS	PO BOX 2243	GREENVILLE	SC	29602	8642134992	
687	ORANGEBURG COUNTY	-	-	-	-		
A64	ORION AUTO INSURANCE	PO BOX 118090	CHARLESTON	SC	29423	8003340090	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
603	OTHER INDIGENT (HOSPITAL CHARITY)			SC			
624	OTHER SPONSOR						
696	OUT-OF-STATE GA	-	-	-	-		
697	OUT-OF-STATE NC	-	-	-	-		
698	OUT-OF-STATE OTHER	-	-	-	-		
963	OXFORD HEALTH PLANS	PO BOX 2083	NASHUA	NH	030612083	8882014111	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
215	OXFORD LIFE INSURANCE COMPANY	PO BOX 46518	MADISON	WI	53744	8774693073	
D26	OXFORD MEDICARE ADVANTAGE (HMO)	PO BOX 7082	BRIDGEPORT	CT	06601	8002341228	MEDICARE ADVANTAGE
370	P5 HEALTH PLAN SOLUTIONS	PO BOX 9554	SALT LAKE	UT	84109	8774740605	WAS P5 ELECTRONIC HEALTH SERVICES

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
771	PACIFIC FIDELITY LIFE INSURANCE CO (P.F.L.)	PO BOX 982009	N RICHLAND HILLS	TX	761828009	8176566040	USE CODE 477 MEGA LIFE
784	PACIFIC HEALTH ADMINISTRATORS	PO BOX 620123	ORLANDO	FL	328620123	8007766070	CODE ASSIGNED BY SCHA
399	PACIFIC LIFE AND ANNUITY	PO BOX 34799	PHOENIX	AZ	85067	8007332285	
254	PACIFIC MUTUAL LIFE INSURANCE COMPANY	700 NEWPORT CENTER DR.	NEWPORT BEACH	CA	92660	8004512513	
D03	PACIFIC SOURCE	PO BOX 7068	EUGENE	OR	97401	8006246052	
747	PACIFICARE	PO BOX 6099	CYPRESS	CA	90630	8663169776	CODE ASSIGNED BY SCHA
787	PACIFICARE SENIOR SUPPLEMENT PLAN	PO BOX 6072	CYPRESS	CA	906300072	8008513802	
766DN	PALMER & CAY/CARSWELL, INC.	PO BOX 1286	SAVANNAH	GA	31402	9122346621	
766	PALMER & CAY/CARSWELL, INC.	PO BOX 1286	SAVANNAH	GA	31402	9122346621	
255	PAN-AMERICAN LIFE INSURANCE COMPANY	PO BOX 60219	NEW ORLEANS	LA	70160	5045661300	
976	PARAGON BENEFITS, INC.	PO BOX 12288	COLUMBUS	GA	31917	7062776710	
293	PARAMOUNT HEALTH CARE	PO BOX 497	TOLEDO	OH	43697	8888912564	
B16	PARTNER RX MANAGEMENT	PO BOX 12119	PHOENIX	AZ	85260	8006594112	
890	PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA	PO BOX 17368	WINSTON SALEM	NC	271167368	8009425695	
172	PAUL REVERE LIFE INSURANCE COMPANY	PO BOX 15118	WORCESTER	MA	016150118	5087994441	
A21	PC HEALTH PLAN ADMINISTRATION	PO BOX 1377	THOMASVILLE	GA	31799	8884261937	CODE ASSIGNED BY SCHA
363	PEARCE ADMINISTRATION	PO BOX 2437	FLORENCE	SC	29503	8886226001	GM SOUTHWEST IS THE CLAIMS PROCESSOR FOR PEARCE ADMINISTRATION
824	PEARCE INSURANCE	PO BOX 2437	FLORENCE	SC	29503	8887221668	THIS CODE NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA
538	PENN GENERAL SERVICES	PO BOX 72077	ATLANTA	GA	303581535	8004441535	CODE ASSIGNED BY SCHA
B96	PENN TREATY & AMERICAN NETWORK	PO BOX 130	PENSACOLA	FL	32591	8006357418	
805	PENN TREATY NETWORK AMERICA (PTNA)	PO BOX 130	PENSACOLA	FL	325910130	8006357418	CODE ASSIGNED BY SCHA
182	PENN TREATY NETWORK AMERICA INS. CO.	PO BOX 7066	ALLENTOWN	PA	181057066	8003620700	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C49DN	PENN WESTERN BENEFITS, INC	PO BOX 7834	GREENSBORO	NC	27417	3366659400	
C49	PENN WESTERN BENEFITS, INC	PO BOX 7834	GREENSBORO	NC	27417	3366659400	
X0J	PENNSYLVANIA BLUE SHIELD	PO BOX 890089	CAMP HILL	PA	17089	8006373493	
818	PENNSYLVANIA EMPLOYEES BENEFIT TRUST FUND	150 SOUTH 43RD ST., STE. 1	HARRISBURG	PA	171115700	8006280174	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
173	PENNSYLVANIA LIFE INSURANCE COMPANY	PO BOX 100	PENSACOLA	FL	325910100	8002757366	
878	PENSION AND GROUP SERVICE/HRM CLAIM MANAGEMENT	PO BOX 4022	KALAMAZOO	MI	490034022	8002530966	
770	PEOPLES BENEFIT LIFE INSURANCE	PO BOX 484	VALLEY FORGE	PA	19493	8005237900	
862	PERFORMAX	300 CORPORATE PARKWAY	AMHERST	NY	11226	8777776076	
708	PERFORMAX	PO BOX 61505	KING OF PRUSSIA	PA	19406	8885547629	CODE NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA
325	PERSONAL CARE	PO BOX 7141	LONDON	KY	40742	8005625792	
740	PHARMACARE	PO BOX 52188	PHOENIX	AZ	850722196	8002376184	AS OF 1/1/08 CO. MERGED WITH CAREMARK (471). ADD NEW POLICIES WITH 471
964	PHARMACEUTICAL CARE NETWORK	9343 TECH CENTER DR.	SACRAMENTO	CA	95826	8007770074	
314	PHARMACY ADVANTAGE NETWORK	50 LENNOX POINTE	ATLANTA	GA	30324	8887275560	SEE CARRIER 366 CATALYST RX
257	PHARMACY NETWORK NATIONAL OF N.C.	4000 OLD WAKEFOREST RD., STE. 101	RALEIGH	NC	27609	8003317108	SEE CARRIER 366 CATALYST RX
948	PHILADELPHIA AMERICAN LIFE INS. CO.	PO BOX 2465	HOUSTON	TX	77252	8005527879	
555	PHILADELPHIA AMERICAN LIFE INSURANCE CO	PO BOX 4884	HOUSTON	TX	772104882	8005527879	CODE ASSIGNED BY SCHA
468	PHOENIX HEALTHCARE	PO BOX 150809	ARLINGTON	TX	76015	8003976241	
561	PHOENIX MUTUAL LIFE INSURANCE COMPANY	ONE AMERICAN ROW	HARTFORD	CT	06115	8004512513	THIS CARRIER PURCHASED BY CC864 GE GROUP ADMINISTRATORS
533	PHYSICIANS CARE NETWORK	PO BOX 101111	COLUMBIA	SC	292111111	8883239271	
819	PHYSICIANS HEALTH PLAN	PO BOX 2359	FORT WAYNE	IN	46801	8009826257	CODE ASSIGNED BY SCHA 8/30/07
326	PHYSICIANS HEALTH PLAN OF MID MICHIGAN	PO BOX 247	ALPHARETTA	GA	300090247	8008329186	
590	PHYSICIANS HEALTH SERVICES	PO BOX 981	BRIDGEPORT	CT	06601	8008484747	
773	PHYSICIANS MUTUAL INSURANCE COMPANY	PO BOX 2018	OMAHA	NE	681032018	8002289100	
228	PHYSICIANS PLUS INS. CO.	PO BOX 909953	MILWAUKEE	WI	53209	8005455015	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
462	PICCADILLY INSURANCE EMPLOYEE BENEFITS DEPT.	PO BOX 2467	BATON ROUGE	LA	70821	5042968382	
688	PICKENS COUNTY	-	-	-	-		
A22	PIEDMONT ADMINISTRATORS	PO BOX 78030	GREENSBORO	NC	274270830	8008527040	
804	PIEDMONT COMMUNITY HEALTHCARE INC.	PO BOX 14408	CINCINNATI	OH	452500408	8004007247	THIS NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
434	PIEDMONT HEALTH ALLIANCE	116 BONHAM CT.	ANDERSON	SC	29621	8643759661	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
487	PIEDMONT INS COMPANY	PO BOX 979	MARION	SC	29571	8434235541	
B10	PILGRIM HEALTH & LIFE INSURANCE	PO BOX 897	ATLANTA	GA	30303	4046592100	CODE IN OPEN STATUS BY SCHA
B21	PIONEER HEALTH	PO BOX 6600	HOLYOKE	MA	01041	8004234586	
792	PIONEER LIFE INSURANCE COMPANY OF ILLINOIS	PO BOX 1250	ROCKFORD	IL	611051250	8159875000	USE CODE 282 WASHINGTON NATIONAL
338	PITTMAN & ASSOCIATES, INC.	PO BOX 111047	MEMPHIS	TN	38111	8002381344	
C55	PLAN ADMINISTRATORS (MATURE AMERICAN)	734 15TH ST. NW STE. 500	WASHINGTON	DC	20005	2023936600	
276	PLAN HANDLERS	930 CANTERBURY PLACE	ESCONDIDO	CA	92025	8005385512	
886	PLANNED ADMINISTRATORS INC	PO BOX 6927	COLUMBIA	SC	29260	8037540041	
886DN	PLANNED ADMINISTRATORS INC	PO BOX 6927	COLUMBIA	SC	29260	8037540041	
706	PLUMBERS & PIPEFITTERS LOCAL NO. 421	PO BOX 840	MACON	GA	312020840	8887412673	
585	PLUMBERS & STEAMFITTERS WELFARE FUND	1024 MCKINLEY ST.	PEEKSIILL	NY	10566	9147377220	
751DN	POLARIS BENEFIT ADMINISTRATORS	PO BOX 1008	DELAWARE	OH	43015-	8002340225	
751RX	POLARIS BENEFIT ADMINISTRATORS	PO BOX 1008	DELAWARE	OH	43015-	8002340225	
751	POLARIS BENEFIT ADMINISTRATORS	PO BOX 2010	WESTERVILLE	OH	43086-	8002340225	
391	POMCO	PO BOX 6329	SYRACUSE	NY	13217	8002344393	
385	POSTMASTERS BENEFIT PLAN	1019 N. ROYAL ST.	ALEXANDRIA	VA	22314	7036835585	
168	PRECISE BENEFIT ADMINISTRATORS	PO BOX 9064	JERICO	NY	11753	5163906000	
A11	PREFERRED ADMINISTRATORS	PO BOX 18263	TAMPA	FL	336798263	8772767198	
486	PREFERRED CARE	PO BOX 22920	ROCHESTER	NY	146922920	8009993920	MEDICARE ADVANTAGE
347	PREFERRED CARE INC (PCI)	PO BOX 1235	FREDERICK	MD	217020235	8882641512	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
909	PREFERRED HEALTH ALLIANCE CORP.	PO BOX 382048	BIRMINGHAM	AL	35238	8007228477	
909DN	PREFERRED HEALTH ALLIANCE CORP.	300 CORPORATE PKWY. STE. 3	BIRMINGHAM	AL	35242	2059691155	
270	PREFERRED HEALTH PLAN OF THE CAROLINAS	PO BOX 220397	CHARLOTTE	NC	28222	8666360239	CODE IN OPEN STATUS BY SCHA
303	PREFERRED HEALTH PLAN, INC.	PO BOX 24125	LOUISVILLE	KY	40224	5023397500	
933	PREFERRED HEALTHCARE SYSTEMS	620 HOWARD AVE.	ALTOONA	PA	166014899		CODE ASSIGNED BY SCHA
B86	PREFERRED ONE ADMINISTRATIVE SERVICES	PO BOX 59212	MINNEAPOLIS	MN	55459	8009971750	
A43	PREMIER BENEFIT MANAGEMENT , INC.	7070-A KAIGHN AVE.	PENSAUKEN	NJ	08109	800-966-01	CODE ASSIGNED BY SCHA
939	PREMIER HEALTH SYSTEMS	PO BOX 1640	COLUMBIA	SC	292021640	8032968999	CODE ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
229	PRESCRIPTION HEALTH SERVICES	PO BOX 80716	LOS ANGELES	CA	90080	8004212342	CODE ASSIGNED BY SCHA
XYZ	PRESCRIPTIONS SOLUTIONS	PO BOX 6037	CYPRESS	CA	90630	8007887871	
858	PREVEA HEALTH PLAN	PO BOX 7955	LAKE FOREST	IL	60045	8887111444	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
421	PRIMARILY CARE	75 SOCKANOSSET CROSSRD., STE. 300	CRANSTON	RI	02920	4147975000	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
387	PRIMARY PHYSICIANS CARE	PO BOX 11088	CHARLOTTE	NC	28220	7045232758	
397	PRIME THERAPEUDIC	PO BOX 64812	ST. PAUL	MN	55164	6518468370	
A42	PRIMERICA LIFE INSURANCE COMPANY	3120 BRECKINRIDGE BLVD.	DULUTH	GA	30199	4043811000	
479	PRIMEXTRA	PO BOX 1088	TWINSBURG	OH	44087	8004334893	
942	PRINCIPAL FINANCIAL GROUP	PO BOX 39710	COLORADO SPRINGS	CO	80949	8002474695	
940	PRIVATE HEALTH CARE SYSTEMS (PHCS)	PO BOX 2914	DES PLAINES	IL	600172914	8005317662	CODE ASSIGNED BY SCHA 6/18/07
578	PROFESSIONAL ADMINISTRATORS, INC.	3751 MAGUIRE BLVD., STE. 100	ORLANDO	FL	32814	8007410521	
965	PROFESSIONAL BENEFIT ADMINISTRATORS, INC. (PBA)	PO BOX 4687	OAKBROOK	IL	605223755	6306553755	
A20	PROFESSIONAL CLAIMS MANAGEMENT	PO BOX 35276	CANTON	OH	443155276	8003258424	
A20DN	PROFESSIONAL CLAIMS MANAGEMENT	PO BOX 35276	CANTON	OH	443155276	8003258424	
316	PROFESSIONAL INSURANCE CORPORATION	2610 WYCLIFF RD.	RALEIGH	NC	27607	8002891122	
534	PROVANTAGE PRESCRIPTION BENEFIT MANAGEMENT SERVICE	PO BOX 1662	WAUKEHA	WI	53187	2627844600	
A92	PROVIDENT AMERICAN LIFE & HEALTH INS.	PO BOX 29158	SHAWNEE MISSION	KS	66201915	8007535133	
485	PROVIDENT HEALTH PLAN	PO BOX 3125	PORTLAND	OR	972083125	8006283912	CODE ASSIGNED BY SCHA
381	PROVIDENT INDEMNITY LIFE INSURANCE COMPANY	PO BOX 511	NORRISTOWN	PA	19404	8005199175	
110RX	PROVIDENT/CAREMARK	PO BOX 686005	SAN ANTONIO	TX	78268	8008415550	USE CODE 280 CAREMARK
328	PROVIDER SELECT, INC.	PO BOX 330070	FORT WORTH	TX	76163	8667747766	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
882	PRUDENTIAL HEALTHCARE SYSTEM OF NC	2701 COLTSGATE RD., STE. 100	CHARLOTTE	NC	28211		CODE ASSIGNED BY SCHA
111	PRUDENTIAL INSURANCE COMPANY OF AMERICA	841 PRUDENTIAL DR.	JACKSONVILLE	FL	32207	8003463778	THIS CARRIER BOUGHT OUT BY AETNA CC100
251	PYMARID LIFE INSURANCE CO.	PO BOX 12922	PENSACOLA	FL	325912922	8006581413	CODE IN OPEN STATUS BY SCHA MEDICARE

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							SUPPLEMENTAL PLAN G
D28	PYRAMID LIFE INSURANCE CO (PFFS)	PO BOX 958465	LAKE MARY	FL	327958465	4076281776	MEDICARE ADVANTAGE PLAN
230	PYRAMID LIFE INSURANCE COMPANY	PO BOX 772	SHAWNEE MISSION	KS	66201	8004440321	
221	QUAL CARE	PO BOX 249	PISCATHAWAY	NJ	08855	8009926613	CODE ASSIGNED BY SCHA
A48	QUALMED OF OREGON	PO BOX 286	CLACKMAS	OR	970150286	8005685628	DORMANT 8/06
X0KRS	REGENCE BCBS OF OREGON	PO BOX 12625 MAILSTOP S4P	SALEM OREGON	OR	97309	8884371508	RX PLAN ONLY MM CODE X0K
X0KRX	REGENCE BCBS OF OREGON	PO BOX 12625 MAILSTOP S4P	SALEM	OR	97309	8884371508	RX PLAN ONLY X0K IS MM PLAN
XOKRX	REGENCE BCBS OF OREGON RX PLAN	PO BOX 12625 MAILSTOP S4P	SALEM	OR	97309	8884371508	RX PLAN ONLY MM PLAN IS X0K
X0K	REGENCE BLUE CROSS BLUE SHIELD OF OREGON	PO BOX 1271	PORTLAND	OR	97207	5032255221	
795	REGIONAL MEDICAL ADMINISTRATORS INC.	PO BOX 4128	GLEN RAVEN	NC	272150901	3362267950	
187	RELIANCE STANDARD LIFE INS. CO.	PO BOX 82520	LINCOLN	NE	68501	8004977044	
296	RESERVE NATIONAL INSURANCE	PO BOX 26620	OKLAHOMA CITY	OK	73126	8006549106	
375	RESTAT	PO BOX 758	WEST BEND	WI	530950758	8002481062	
A95	REYNOLDS & REYNOLDS	PO BOX 1272	DAYTON	OH	45401	8007363539	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
689	RICHLAND COUNTY	-	-	-	-		
398	RIGHT CHOICE BENEFITS ADMINISTRATORS	12250 WEBER HILL RD., STE. 100	ST LOUIS	MO	63127	8003659036	CODE ASSIGNED BY SCHA
214	RISK BENEFIT MANAGEMENT SERVICES, LLC (RBMS)	PO BOX 241569	ANCHORAGE	AK	99524	8007703740	
546	RISK MANGEMENT SERVICES	PO BOX 6309	SYRACUSE	NY	13217	3154489228	
A30DN	RMSCO, INC.	PO BOX 678	LIVERPOOL	NY	130880678	8772047086	
A30	RMSCO, INC.	PO BOX 678	LIVERPOOL	NY	130880678	8772047086	
592	ROBEY BARBER INSURANCE SERVICES	PO BOX 10100	TAMPA	FL	33679	8007497409	USE CODE A98 CORPORATE BENEFIT SERVICES DORMANT 8/02
218	ROCKY MOUNTAIN HEALTH PLAN (RMHP)	PO BOX 4517	ENGLEWOOD	CO	80155	8884792000	
278	ROCKY MOUNTIAN HEALTH PLAN	PO BOX 10600	GRAND JUNCTION	CO	81502	8008544558	
762	ROYAL NEIGHBORS OF AMERICA	PO BOX 10850	CLEARWATER	FL	337578850	8778158857	CODE ASSIGNED BY SCHA
A09	RX AMERICA	221 N CHARLES LINDBERG DR.	SALT LAKE CITY	UT	84116	8007708014	
718	RX PRIME/CIGNA PHARMACY SERVICES	PO BOX 3598	SCRANTON	PA	185050598	8006225579	
C44	S C MEDICAL ASSOCIATION-MEMBERS INSURANCE TRUST	PO BOX 11188	COLUMBIA	SC	29211	8037986207	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
185	S&S HEALTHCARE STRATEGIES	PO BOX 46511	CINCINNATI	OH	45216	8888008717	
410	SAFECO INSURANCE COMPANY	PO BOX 34699	REDMOND,	WA	981241699	2068678000	
690	SALUDA COUNTY	-	-	-	-		
570	SAMBA HEALTH BENEFIT PLAN	11301 OLD GEORGETOWN RD.	ROCKVILLE	MD	20852	3019841440	CODE ASSIGNED BY SCHA
231	SAVERS LIFE INSURANCE COMPANY	8064 NORTH POINT BLVD., STE. 201	WINSTON SALEM	NC	27106	8006420483	
489	SAVRX	PO BOX 8	FREEMONT	NE	68026	8003506714	
C20	SCREEN ACTORS GUILD-PRODUCERS HEALTH PLAN	PO BOX 7830	BURBANK	CA	915107830	8007774013	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
846	SCRIPT CARE, INC.	6380 FOLSOM DR.	BEAUMONT	TX	77706	8008809988	
435	SEABURY AND SMITH COMPANY, INC.	PO BOX 2545	NASHVILLE	TN	37219	8005822498	
596	SECURE HORIZONS	PO BOX 659787	SAN ANTONIO	TX	782659787	8665798811	
D62	SECURE HORIZONS DIRECT (UNITED HEALTHCARE)	PO BOX 31353	SALT LAKE CITY	UT	84131	8665798774	MEDICARE ADVANTAGE
D27	SECURE HORIZONS PACIFICARE	PO BOX 25032	SANTA ANA	CA	927995032	7148253828	MEDICARE ADVANTAGE PLAN
D12	SECUREHORIZONS DIRECT PFFS	PO BOX 12466	PENSACOLA	FL	325912466	8882024340	MEDICARE ADVANTAGE PLAN PRIVATE FEE FOR SERVICE
184	SECURITY LIFE INSURANCE CO. OF AMERICA	PO BOX 3199	WINSTON-SALEM	NC	27102	8003009566	DORMANT 8/06
D15	SECURITYCHOICE ENHANCED PLUS	PO BOX 795180	SAN ANTONIO	TX	78279	8884458916	CODE ASSIGNED MY SCHA
C27	SELECT BENEFIT ADMINISTRATORS	PO BOX 440	ASHLAND	WI	54806	8004973699	
C27DN	SELECT BENEFIT ADMINISTRATORS	PO BOX 440	ASHLAND	WI	54806	8004973699	
E37	SELECT HEALTH	PO BOX 7120	LONDON	KY	40742	8882762020	HEALTHY KIDS CONNECTION
883	SELECT HEALTH OF SOUTH CAROLINA INC	7410 NORTHSIDE DR., STE. 208	CHARLESTON	SC	29420	8435691759	CODE IN OPEN STATUS BY SCHA
637	SELECT HEALTH/FIRST CHOICE	PO BOX 7120	LONDON	KY	40742	8882762020	MEDICAID HMO
392	SELF FUNDED GROUP INSURANCE ADMINISTRATORS	PO BOX 1719	KALAMAZOO	MI	490051790	8003421895	
C76	SELF FUNDING ADMINISTRATORS	PO BOX 6596	ANNAPOLIS	MD	21401	8004248622	
204	SELF INSURED BENEFIT ADMINISTRATORS	18167 US HWY 19N	CLEARWATER	FL	33764	7275320400	
378	SELF INSURERS SERVICE INC.	2218 SOUTH PRIEST DR.	TEMPE	AZ	85282		
A23	SERV U PRESCRIPTION	PO BOX 23237	MILWAUKEE	WI	532230237	8007593203	
B79	SHASTA ADMINISTRATIVE SERVICES	PO BOX 5735	CINCINNATI	OH	45201	5136291800	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
235	SHAW INDUSTRIES	PO BOX 10	DALTON	GA	30722	8003211855	
490	SHEET METAL LOCAL 20	PO BOX 42489	INDIANAPOLIS	IN	43242	8002482141	CODE ASSIGNED BY SCHA
A28	SHENANDOAH LIFE INSURANCE CO	PO BOX 12847	ROANOKE	VA	24029	8008485433	
838	SHESFIELD, OLSON & MCQUEEN	PO BOX 16608	ST PAUL	MN	55116	8883308408	
631	SHRINERS	-	-	-	-----		
208	SIEBA, LTD	PO BOX 5000	ENDICOTT	NY	13761	8002524624	
D53	SIERRA OPTIMA PLUS CLAIMS	PO BOX 15645	LAS VEGAS	NV	891145645	8882742207	
C87	SIHO INSURANCE SERVICES	PO BOX 1787	COLUMBUS	IN	47202	8008732022	
576	SIOUX VALLEY HEALTH	PO BOX 91110	SIOUX FALLS	SD	57109	8007525863	
A77	SISCO	PO BOX 389	DUDUQUE	IA	52004	8004574725	
D22	SMART VALUE (BC OF GA) (PFFS)	PO BOX 3897	SCRANTON	PA	18505	8668659329	
478	SMITH ADMINISTRATORS	PO BOX 163289	FORT WORTH	TX	76161	8008672582	
298	SMITH PREMIERE PHARMACY PLAN	PO BOX 5824	SPARTANBURG	SC	29304	8002474526	
329	SMITHFIELD FOODS HEALTHCARE	PO BOX 158	SMITHFIELD	VA	23431	8008095916	
B06	SOUTHCARE HEALTHCARE PREFERRED	1100 CIRCLE 75 PARKWAY, STE. 1400	ATLANTA	GA	30339	8004702004	
D43	SOUTHEAST COMMUNITY CARE BY ARCADIAN HEALTH	PO BOX 4946	COVINA	CA	91723	8005738597	CODE ASSIGNED BY SCHA
888	SOUTHEASTERN BENEFIT PLANS INC.	335 ARCHDALE DR.	CHARLOTTE	NC	282174246	7045295400	
C48	SOUTHERN ADMINISTRATIVE SERVICES	PO BOX 8069	COLUMBUS	GA	31908	8004268803	
897	SOUTHERN BENEFIT ADM.	5305 VIRGINIA BEACH BLVD.	NORFOLK	VA	23502	7574618091	
A66	SOUTHERN BENEFIT ADMINISTRATORS, INC.	PO BOX 1449	GOODLETTSVILLE	TN	37070	8008310420	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B30	SOUTHERN BENEFITS, SOUTHEASTERN PIPE TRADERS	PO BOX 1449	GOODLETTSVILLE	TN	370701449	8008314914	
D06	SOUTHERN CALIFORNIA BAKERY & CONFECTIONARY	PO BOX 22041	COMMERCE	CA	90022	3237227171	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B73	SOUTHERN CALIFORNIA PIPE TRADES TRUST FUND	501 SHATTO PLACE, 5TH FLOOR	LOS ANGELES	CA	90020	2133856161	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
224	SOUTHERN ELEC. HEALTH FUND	3928 VOLUNTEER DR.	CHATTANOOGA	TN	37416	4238992593	
990	SOUTHERN GROUP ADMINISTRATORS, INC.	200 SOUTH MARSHALL ST.	WINSTON SALEM	NC	27101	8003348159	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
B22	SOUTHERN HEALTH SERVICES	PO BOX 7704	LONDON	KY	40742	8006274872	
B52	SOUTHERN PLANNED ADMINISTRATORS	PO BOX 218180	HOUSTON	TX	77218	2818291033	
186	SOUTHLAND LIFE INSURANCE COMPANY	PO BOX 105006	ATLANTA	GA	303485006	7709805100	
691	SPARTANBURG COUNTY	-	-	-	-		
811	SPARTANBURG REGIONAL HEALTHCARE SYSTEM	PO BOX 1000	LANCASTER	SC	29721	877-629-00	CODE ASSIGNED BY SCHA
A89	SPECIAL INSURANCE SERVICES (SIS)	PO BOX 250349	PLANO	TX	750250349	8007676811	CODE ASSIGNED BY SCHA
736	SPECTERA	2811 LORD BALTIMORE DR.	BALTIMORE	MD	212442644	8006383120	
741	SPENCER & ASSOCIATES INS.	1 S. LIMESTONE ST., STE. 301	SPRINGFIELD	OH	45502	8667669016	CODE ASSIGNED BY SCHA
573	ST JOHN'S CLAIMS ADMINISTRATION	PO BOX 14409	SPRINGFIELD	MO	65814	8778757700	
A88	ST JOHNS CLAIMS ADMINISTRATION	PO BOX 14230	SPRINGFIELD	MO	65814	8778757700	CODE ASSIGNED BY SCHA
512	ST11-STRATEGIC HEALTH	9501 NE 2ND AVE.	MIAMI SHORES	FL	33138		CODE ASSIGNED BY SCHA
A46	STANDARD INSURANCE COMPANY	PO BOX 209	PORTLAND	OR	972070209	5033217000	
C42	STANDARD CORPORATION	1400 MAIN ST., STE. 1300	COLUMBIA	SC	29201	8037716785	
C38	STANDARD LIFE & ACCIDENT INSURANCE COMPANY	PO BOX 1800	GALVESTON	TX	775531800	8883501488	
188	STANDARD LIFE & CASUALTY INSURANCE COMPANY	PO DRAWER 1514	FORT MILL	SC	29716	8035483657	
307	STANDARD SECURITY LIFE INS. CO OF NEW YORK	PO BOX 828	PARK RIDGE	IL	60068	8665131479	
B74	STAR HRG	PO BOX 54150	PHOENIX	AZ	850784150	8002881474	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
240	STARBRIDGE	PO BOX 55270	PHOENIX	AZ	85078	8003085948	
952	STARK TRUSS CO., INC.	PO BOX 2080C	STOW	OH	44224	8004564002	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A03	STARMARK	PO BOX 2942	CLINTON	IA	52733	8005221246	THIS CARRIER HANDLES GROUPS WITH LESS THAN 50 EMPLOYEES. SEE CC212 FOR GROUPS OVER 50 EMPLOYEES.
A65	STATE AUTO INSURANCE	PO BOX 199	GREER	SC	296520199	8002341878	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
400	STATE EMPLOYEES HEALTH PLAN BLUE CROSS	4101 PERCIVAL RD.	COLUMBIA	SC	29219	8008682520	CLAIMS SHOULD BE SENT TO THE ATTN OF SARAH TOWNES AX-B10
373	STATE FARM INSURANCE COMPANIES	7401 CYPRESS GARDENS BLVD.	WINTERHAVEN,	FL	338880007	8633183000	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
147	STATE MUTUAL INSURANCE	PO BOX 10811	CLEARWATER	FL	337578811	8887806388	
B60	STATE MUTUAL LIFE ASSURANCE COMPANY OF AMERICA	1100 31ST ST.	DOWNERS GROVE	IL	60515	8003233359	CODE IN OPEN STATUS BY SCHA
B83	STATE OF LOUISIANA EMPLOYEES	PO BOX 44036	BATON ROUGE	LA	70804	8002728451	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
867	STATE OF NC COMP. HEALTH BENEFIT	PO BOX 30025	DURHAM	NC	27702	9194897431	
A91	STATES GENERAL LIFE INS. CO	115 WEST 7TH ST., STE. 1200	FORT WORTH	TX	761027012	8007828375	
A47	STATESMAN NATIONAL LIFE INSURANCE COMPANY	3815 MONTROSE BLVD.	HOUSTON	TX	77006	7135266000	
244	STERLING INVESTORS LIFE INS. CO.	PO BOX 10844	CLEARWATER	FL	337578844	8776045240	
233	STERLING LIFE INSURANCE	PO BOX 5348	BELLINGHAM	WA	98227	8006880010	
645	STERLING MEDICARE CHOICE HMO	PO BOX 70	LINTHIEUM	MD	21900	6152445600	
140	STERLING OPTION I (PFFS)	PO BOX 5348	BELLINGHAM	WA	982270010		MEDICARE ADVANTAGE PLAN
374	STONEBRIDGE LIFE INSURANCE CO.	2700 W. PLANO PARKWAY	PLANO	TX	75075	8003319955	
714	STOWE ASSOCIATES	2872 WOODCOCK BLVD. #200	ATLANTA	GA	30341	8005337896	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B61	STOWE-PHARR MILLS	100 MAIN ST.	MCADENVILLE	NC	28101	7048243551	CODE IN OPEN STATUS BY SCHA
734	STRATEGIC OUTBURSTING INC.	PO BOX 241508	CHARLOTTE	NC	28224	8888367764	CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA
C05	STRATEGIC OUTSOURCING, INC. (SOI)	PO BOX 241508	CHARLOTTE	NC	28224	8888367764	
A40	STRATEGIC RESOURCE COMPANY	PO BOX 23759	COLUMBIA	SC	292243759	8887729682	
C93	STUDENT ASSURANCE INSURANCE SERVICES	PO BOX 196	STILL WATER	MN	55085	8003282739	
209	SUMMIT AMERICA INSURANCE SERVICES	7400 COLLEGE BLVD., STE. 100	OVERLAND PARK	KS	66210	8772466997	
692	SUMTER COUNTY	-	-	-	-		
342	SUN LIFE INSURANCE COMPANY OF CANADA	ONE SUN LIFE EXECUTIVE PARK	WELLESLEY	MA	02181	8002253950	
861	SUPERIOR ESSEX	PO BOX 724907	ATLANTA	GA	31139	8772917920	
445	SUPERMED	PO BOX 100234	COLUMBIA	SC	292023234	8003153143	WAS CAROLINA CARE PLAN ANOTHER PHONE # 800-232-3143
395	T R PAUL GROUP SERVICES, INC.	PO BOX 5508	NEWTOWN	CT	064705508	2034268161	CODE ASSIGNED BY SCHA
C45	TALL TREE ADMINISTRATORS	PO BOX 71747	SALT LAKE CITY	UT	841710747	8774534201	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							SCHA
C19	TAYLOR BENEFIT RESOURCES, INC.	PO BOX 6580	THOMASVILLE	GA	31758	8883525246	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
712	TDI MANAGED CARE SERVICES	620 EPSILON DR.	PITTSBURG	PA	15238	8005815300	CARRIER BOUGHT OUT BY PHARMACARE CC 740
C50	TENNESSEE BENEFIT ADMINISTRATORS	PO BOX 3257	SPARTANBURG	SC	29304	901-685-89	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C01	TERMINIX SERVICE	PO BOX 2627	COLUMBIA	SC	29202	8037721783	CODE ASSIGNED BY SCHA
497	TEXAS INTERNATIONAL	PO BOX 11007	WINSTON SALEM	NC	27116	8663074711	
B94	THE CAPELLA GROUP	PO BOX 200368	ARLINGTON	TX	76006	8884113888	
C33	THE DESTINY HEALTH PLAN	PO BOX 4628	OAKBROOK	IL	60522	8668269345	
269	THE EPOCH GROUP	PO BOX 12170	OVERLAND PARK	KS	66212	8002556065	
785	THE HARVEST INSURANCE CO.	PO BOX 956003	LAKE MARY	FL	327950856	8002530856	CODE ASSIGNED BY SCHA
763	THE PROVIDENT	PO BOX 31499	TAMPA	FL	33631	8005257268	
767	THIELE KAOLIN CO.	PO BOX 1868	STATESBORO	GA	30459	4785523951	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
542	THIRD PARTY ADMINISTRATORS/AMERICAN BENEFIT	1733 PARK ST.	NAPERVILLE	IL	60563	8006315917	
315	THOMAS COOPER AND COMPANY	PO BOX 22557	CHARLESTON	SC	29413	8437222115	
315DN	THOMAS COOPER AND COMPANY	PO BOX 22557	CHARLESTON	SC	29413	8437222115	
A01	THRIVENT FINANCIAL FOR LUTHERANS	4341 N. BALLARD RD.	APPLETON	WI	54919	8008474836	
463	TIM BAR CORP	PO BOX 449	HANOVER	PA	17331	7176324727	
322	TIME INSURANCE COMPANY	PO BOX 981602	EL PASO	TX	799980624	8005537654	USE 386 ASSURANT HEALTH
265	TODAY'S OPTION	PO BOX 391883	CAMBRIDGE	MA	02139	8662225137	MEDICARE ADVANTAGE
755	TOTAL BENEFIT SERVICES INC	PO BOX 30180	NEW ORLEANS	LA	70190	800596 315	
D69	TOTAL CARE/HEALTHSPRING	PO BOX 20000	NASHVILLE	TN	372024070	8007437141	MEDICARE ADVANTAGE
E55	TOTAL CAROLINA CARE INC.	1441 MAIN ST.	COLUMBIA	SC	29210	8664336041	
D55	TOTAL CAROLINA CARE, INC	1441 MAIN ST.	COLUMBIA	SC	29210	8664336031	MEDICAID HMO
B46	TOTAL CLAIMS SOLUTION (TCS)	PO BOX 10888	GREEN BAY	WI	54307	8003760110	
C03	TOTAL PLAN SERVICES, INC.	PO BOX 251369	PLANO	TX	75025	8009695238	
A80	TOTAL SCRIPT	10901 WEST 120TH AVE., STE. 110	BROOMFIELD	CO	80021	8007522211	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
D47	TOUCHSTONE HEALTH PSO	PO BOX 33519	INDIANAPOLIS	IN	462030519	8887770204	
A76	TOWER LIFE INS. CO.	310 S. MARY ST.	SAN ANTONIO	TX	78205	8006606077	
X3B	TPA EXCHANGE	PO BOX 4363	ST AUGUSTINE	FL	32085	8885022789	
C52	TPA OF GEORGIA	2900 CHAMBLEE-TUCKER RD. #3	ATLANTA	GA	303414128	7704517550	
856	TRANSAMERICA OCCIDENTAL LIFE	PO BOX 2101 TERMINAL ANNEX	LOS ANGELES	CA	90051	2137422111	
112	TRAVELERS INSURANCE COMPANY	PO BOX 473500	CHARLOTTE	NC	282473500	7045443665	USE CODE 113 UNITED HEALTHCARE INACTIVE 8-02
406	TRAVELERS PLAN ADMINISTRATORS OF ARIZONA	PO BOX 52100	PHOENIX	AZ	85072	6028661066	CODE IN OPEN STATUS BY SCHA
642	TRICARE FOR LIFE	PO BOX 7890	MADISON	WI	537077890	8667730404	
614	TRICARE SOUTH REGION	PO BOX 7031	CAMDEN	SC	290207031	8004033950	INTERNET WWW.MYTRICARE.COM
C29	TRUE CHOICE USA	PO BOX 251369	PLANO	TX	75025	8002519665	THIS CODE NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA
212	TRUSTMARK INSURANCE CO.	PO BOX 2942	CLINTON	IA	52733	8476151500	USE THIS CARRIER FOR GROUPS WITH MORE THAN 50 EMPLOYEES. USE CCA03 FOR GROUPS LESS THAN 50 EMPLOYEES
703	TUCKER COMPANY & ADMINISTRATORS	9140 ARROW POINT BLVD. #200	CHARLOTTE	NC	282738102	7045259666	
B85	TUFTS HEALTHCARE	PO BOX 9185	WATERTOWN	MA	02471	8004238080	
376	TUFTS HEATH PLAN	PO BOX 9171	WATERTOWN	MA	024719171	8004620224	CODE ASSIGNED BY SCHA
B19	TUPPERWARE, INC	PO DRAWER 668	HEMINGWAY	SC	29554	8435582594	
261	UICI ADMINISTRATORS	PO BOX 30087	RENO	NV	895203087	8003153440	
B17	ULTRA BENEFITS	PO BOX 763	WESTBORO	MA	01581	8668587223	
143	UMR	PO BOX 30530	SALT LAKE CITY	UT	84130	8004668182	CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA
B42	UMR	PO BOX 266	ONALASKA	WI	546568764	8002368672	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
967	UNDERWRITERS SAFETY AND CLAIMS	PO BOX 23507	LOUISVILLE	KY	40223	8006781536	
701	UNI-CARE CHOICE HEALTH BENEFITS	PO BOX 51130	SPRINGFIELD	MA	01151	8002888630	
160DN	UNICARE HEALTH AND LIFE INSURANCE	PO BOX 4059	SCHAUMBURG	IL	601684059	8772179677	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
160	UNI-CARE HEALTH AND LIFE INSURANCE CO	PO BOX 4458	CHICAGO	IL	606804458	8772179677	WAS MASS MUTUAL
D29	UNICARE LIFE & HEALTH INS. CO (PFFS)	233 S WACKER DR., STE. 3900	CHICAGO	IL	68606	3123247000	MEDICARE ADVANTAGE PLAN
556	UNIFIED GROUP SERVICES	PO BOX 10	PENDLETON	IN	46064	7657781535	
517	UNIFORM MEDICAL PLAN	PO BOX 34850	SEATTLE	WA	98124	8007626004	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
195	UNION BANKERS INSURANCE COMPANY	PO BOX 655433	DALLAS	TX	752655433	2149547840	
693	UNION COUNTY	-	-	-	-		
501	UNION FIDELITY INSURANCE COMPANY	4850 ST. RD.	TREVOSE	PA	19049-	8005236599	
306	UNION LABOR LIFE INSURANCE	111 MASSACHUSETTS AVE., NW	WASHINGTON	DC	20001	8004438087	
C73	UNION PACIFIC RAILROAD EMPLOYEES HEALTH	795 NORTH 400 WEST	SALT LAKE	UT	84103	8005470421	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
439	UNION SECURITY INSURANCE CO	PO BOX 981602	EL PASO	TX	79998	8004446254	USE 386 ASSURANT HEALTH
825	UNISON ADVANTAGE	PO BOX 1138	MONROEVILLE	PA	151465138	8002904009	MEDICARE ADVANTAGE
E38	UNISON HEALTH PLAN	250 BERRYHILL RD.	COLUMBIA	SC	29210	8037985852	HEALTHY KIDS CONNECTION
638	UNISON HEALTH PLAN HMO	250 BERRYHILL RD.	COLUMBIA	SC	29210	8037985852	MEDICAID HMO
779	UNISYS	PO BOX 13500	TALLAHASSEE	FL	32317	8007677829	DORMANT 8/06
449	UNITED SERVICE ASSO. FOR HEALTHCARE	PO BOX 200848	ARLINGTON	TX	76006	8008721187	CODE ASSIGNED BY SCHA
277	UNITED AMERICAN INSURANCE COMPANY	PO BOX 8080	MCKINNEY	TX	750708080	9725295085	
871	UNITED BEHAVIORAL HEALTH	PO BOX 169053	DULUTH	MN	55816	8008776003	CODE ASSIGNED BY SCHA
A37	UNITED BEHAVIORAL/DENTAL SYSTEMS	PO BOX 182286, RTE. 210052	COLUMBUS	OH	43218	8005575745	
196	UNITED BENEFIT LIFE INSURANCE	3909 HULEN ST.	FT. WORTH	TX	76107	8007320657	
565	UNITED BENEFITS	PO BOX 2480	DAYTONA BEACH	FL	321152480	8004344890	WAS POE & BROWN
103	UNITED CLAIMS SOLUTIONS	10835 N. 25TH AVE. 105	PHOENIX	AZ	85029	8667448482	CODE ASSIGNED BY SCHA
124	UNITED COMMERCIAL TRAVELERS OF AMERICA	PO BOX 159019	COLUMBUS	OH	43215	8008480123	
737	UNITED CONCORDIA	PO BOX 69421	HARRISBURG	PA	17106	8008668499	
794	UNITED FAMILY LIFE INSURANCE COMPANY	PO BOX 2204	ATLANTA	GA	30371	4046593300	
577	UNITED FIDELITY LIFE INSURANCE COMPANY	PO BOX 13487	KANSAN CITY	MO	64199	8163912134	OPEN 1/06
704	UNITED FOOD & COMMERCIAL WORKERS (UFCW)	1800 PHOENIX BLVD., STE. 310	ATLANTA	GA	30349	8002417701	
340	UNITED HEALTHCARE PLAN OF RIVER VALLEY	3800 23RD AVE.OF THE CITIES, STE. 200	MOLINE	IL	61265	8002246602	THIS COMPANY BOUGHT OUT JOHN DEERE INS. CO. 6/29/07

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
715	UNITED HEALTH & LIFE INSURANCE COMPANY	PO BOX 169050	DULUTH	MN	558168200	8005262414	USE CC113 UNITED HEALTHCARE
113	UNITED HEALTHCARE	PO BOX 30555	SALT LAKE CITY	UT	84130	8005215505	
113DN	UNITED HEALTHCARE	PO BOX 30555	SALT LAKE CITY	UT	84130	8005215505	
A82	UNITED HEALTHCARE INDEMNITY	PO BOX 740801	ATLANTA	30	303740801	8008488406	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D30	UNITED HEALTHCARE INS. CO (PPO)	PO BOX 150450	HARTFORD	CT	061150450	8607025000	MEDICARE ADVANTAGE PLAN
A38	UNITED HEALTHCARE OF NC	PO BOX 2604	GREENSBORO	NC	274386304	8009991147	
881	UNITED HEALTHCARE OF NC	PO BOX 26303	GREENSBORO	NC	274386303	8009991147	CODE ASSIGNED BY SCHA
B77	UNITED HEALTHCARE PLAN ADMINISTRATORS	PO BOX 121212	MARIETTA	GA	300670092	8005627079	USE CODE 985 BENESIGHT
872	UNITED HEALTHCARE PLAN OF RIVER VALLED	3800 23RD AVE. #200	MOLINE	IL	61215	8002246602	CODE ASSIGNED BY SCHA THIS COMPANY BOUGHT OUT JOHN DEERE INS. CO. THIS WAS THE HMO FOR JOHN DEERE 6/29/07
279	UNITED INSURANCE COMPANY OF AMERICA	1 E WACKER DR.	CHICAGO	IL	60601	8007778467	
B64	UNITED MEDICAL RESOURCES INC.	PO BOX 145804	CINCINNATI	OH	45214	5136193000	
720	UNITED MINE WORKERS HEALTH & RETIREMENT FUND	RTE. 2 BOX 218A	BIG STONE GAP	VA	24219	8006549763	
981	UNITED PACIFIC LIFE INSURANCE CO.	PO. BOX 2996	PARKERSBURG	WV	26102	8008221805	DORMANT 8/06
C81	UNITED PAYORS & UNITED PROVIDERS	2273 RESEARCH BLVD.	ROCKVILLE	MD	20850	8002474144	
994	UNITED PROVIDER SERVICES	PO BOX 820277	FORT WORTH	TX	76182	8005198374	CARRIER BOUGHT OUT BY CC 740 PHARMACARE
810	UNITED RESOURCE NETWORK	PO BOX 30758	SALT LAKE CITY	UT	84130	877-801-35	CODE ASSIGNED BY SCHA
X3A	UNITED TEACHERS ASSO. INS. CO.	PO BOX 30010	AUSTIN	TX	78755	8008808824	
217	UNITED WORLD LIFE INS. CO.	3316 FARNAM ST.	OMAHA	NE	68175	8776175587	
A31	UNITY HEALTH INSURANCE	PO BOX 610	SAUK CITY	WI	535831374	8003623308	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
989	UNIVERA HEALTHCARE	PO BOX 23000	ROCHESTER	NY	14692	8772429464	CODE IN OPEN STATUS BY SCHA
D63	UNIVERA SENIOR CHOICE SECURE	PO BOX 23000	ROCHESTER	NY	15692	8006171114	CODE ASSIGNED BY SCHA
530	UNIVERSAL BENEFITS CORPORATION	PO BOX 97	SCRANTON	PA	185040097	8007470622	CODE ASSIGNED BY SCHA
198	UNIVERSAL FIDELITY LIFE INS. CO.	PO BOX 1428	DUNCAN	OK	735344	8003668355	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D34	UNIVERSAL HEALTH CARE	PO BOX 3211	ST PETERSBURG	FL	33731	8666904842	CODE ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
855	UNIVERSITY HEALTH PLANS	PO BOX 830926 DEPT 003	BIRMINGHAM	AL	35283	8778780914	
D05	UPMC HEALTH BENEFITS, INC.	PO BOX 2999	PITTSBURGH	PA	15230	8773813764	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
409	UPSTATE ADMINISTRATIVE SERVICES	PO BOX 6589	SYRACUSE	NY	132176589	3154221533	
777	US HEALTH AND LIFE	PO BOX 37504	OAK PARK	MI	482370504	8002259674	THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA
B29	US NOW INS. GROUP	PO BOX 260808	PLANTO	TX	75026	8006949888	
717	USA HEALTH CARE (MVP HEALTH CARE)	PO BOX 22920	ROCHESTER	NY	146922920	8009993920	CODE ASSIGNED BY SCHA
953	USA HEALTHCARE ORGANIZATION	7301 N. 16TH ST., STE. 201	PHOENIX	AZ	85020	8008723860	CODE ASSIGNED BY SCHA
582	USAA GENERAL INDEMNITY CO.	PO BOX 15506	SACRAMENTO	CA	958521506	8005318222	
131	USI	PO BOX 9888	SAVANNAH	GA	31412	9126911551	THIS CARRIER BOUGHT JONES, HILL & MERCER INS.
513	VALUE OPTIONS	PO BOX 1079	TROY	NY	121811079	8002880882	
466	VALUE RX	PO BOX 421150	PLYMOUTH	MN	554420150	8009554879	USE CODE 333 EXPRESS SCRIPTS
633	VETERANS ADMINISTRATION	-	-	-	-		
962	VICARE PLUS	PO BOX 1710	SUFFOLK	VA	23439	8779344403	
491	VISION SERVICE PLAN	PO BOX 997100	SACRAMENTO	CA	958997100	8006227444	
606	VOCA.REHAB GENERAL						
608	VOCATIONAL REHAB DISABILITY						
A56	VULCAN MATERIALS COMPANY	PO BOX 530187	BIRMINGHAM	AL	352530187	8642772371	DORMANT 8/06
B41	VYTRA HEALTHCARE	PO BOX 9091	MELVILLE	NY	11747	8668089399	
549	WAL-MART STORES GROUP HEALTH PLAN	922 W WALNUT STE. A	ROGERS	AR	72756 320	5016212929	USE CODE 401 BLUE CROSS BLUE SHIELD OF SC
282	WASHINGTON NATIONAL INSURANCE COMPANY	PO BOX 1934	DES PLAINES	IL	60017	8009470319	
841	WATKINS ASSOCIATED INDUSTRIES	PO BOX 1738	ATLANTA	GA	30301	8003333841	CODE ASSIGNED BY SCHA
139RX	WAUSAU INSURANCE COMPANY	PO BOX 8013	WAUSAU,	WI	544028013	8008269781	
B13	WEB TPA	PO BOX 539508	GRAND PRAIRIE	TX	75053	8007582851	DORMANT 8/06
D17	WELLCARE	PO BOX 795184	SAN ANTONIO	TX	78279	8662352770	ASSIGNED BY SCHA (PFFS)
D52	WELLCARE OF GEORGIA	PO BOX 31224	TAMPA	FL	33531	8662311821	
292	WELLMARK ADMINISTRATORS	PO BOX 9901	SIOUX CITY	IO	51102	8005265710	
X2A	WELLMARK BLUE CROSS BLUE SHIELD OF IOWA	PO BOX 5023	SIOUX FALLS	SD	57104	8005268995	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
X10	WELLMARK BLUE CROSS BLUE SHIELD OF IOWA	PO BOX 5023	SIOUX FALLS	SD	57104	5152454500	USE CARRIER CODE X2A
913	WELLNESS PLAN & ATLANTIC HEALTH PLAN	PO BOX 12980	CHARLOTTE	NC	28220	8007949355	DORMANT 8/06
252	WELNET HEALTHCARE	57 ST. RD.	SOUTH HAMPTON	PA	18966	8007271733	
879	WELLPATH SELECT	PO BOX 7102	LONDON	KY	40742	8662083610	WELLPATH SELECT IS A PLAN UNDER THE PARENT CO. COVENTRY HEALTH CARE
A24	WELLPOINT NEXT RX	PO BOX 9081	OXNARD	CA	930319081	8009627378	
C32DN	WELLS FARGO	PO BOX 11064	CHARLESTON	WV	253321064	8004354351	
C32	WELLS FARGO FINANCIAL	PO BOX 2801	CHARLESTON	WV	253302801	8004354351	WAS ACCORDIA NATIONAL BOUGHT OUT BY WELLS FARGO FINANCIAL AND NAME CHANGED EFFECTIVE 1/1/07
594	WELLS FARGO FINANCIAL	206 EIGHTH ST.	DES MOINES	IA	50309	5152432131	WAS NORTHWEST FINANCIAL
305	WELLS FARGO TPA, INC.	PO BOX 2801	CHARLESTON	WV	253302801	8668695597	CODE ASSIGNED BY SCHA
912	WELLS FARGO TPA-NC OFFICES	PO BOX 2857	FAYETTEVILLE	NC	28302	8003376288	
991	WEST PORT BENEFITS	PO BOX 66743	ST. LOUIS	MO	63166	8883065299	
D37	WEST VIRGINIA LOCAL 152 HEALTH & WELFARE	5 HOT METAL ST., STE. 200	PITTSBURGH	PA	15203	8668258152	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B89	WESTERN & SOUTHERN FINANCIAL GROUP	PO BOX 5735	CINCINNATI	OH	45201	5136291800	THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B90	WESTERN FIDELITY INSURANCE	PO BOX 901010	FORT WORTH	TX	76101	8174517200	
B93	WESTERN STATES ADMINISTRATION	PO BOX 8082	FRESNO	CA	937478082	2092514891	CODE ASSIGNED BY SCHA
415	WEYCO, INC.	PO BOX 30132	LANSING	MI	48909	5173497010	
415DN	WEYCO, INC.	PO BOX 30132	LANSING	MI	48909	5173497010	
969	WHP HEALTH INITIATIVE	2275 HALF DAY RD.	BANNOCKBURN	IL	60015	8002072568	
694	WILLIAMSBURG COUNTY	-	-	-	-		
116	WILLIS CORROON ADMINISTRATIVE SERVICES	PO BOX 305154	NASHVILLE	TN	372305154	8002558109	
826	WILLSE & ASSOCIATES, INC.	PO BOX 1196	BALTIMORE	MD	21203	4105470454	
D75	WINDSOR MEDICARE EXTRA	PO BOX 269025	PLANTO	TX	750269025	8662705223	MEDICARE ADVANTAGE
A26	WISCONSIN EDUCATION ASSO.	PO BOX 8220	MADISON	WI	537088220	8002794000	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
575	WISCONSIN ELECTRICAL EMPLOYEES	PO BOX 2430	BROOKFIELD	WI	53008	6082769111	CODE IN OPEN STATUS BY SCHA
768	WISCONSIN PHYSICIANS SERVICES	1717 WEST BRDWAY ST.	MADISON	WI	53708	8889154158	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
923	WJ JONES ADMINISTRATIVE SERVICES INC	1979 MARCUS AVE.	LAKE SUCCESS	NY	11042	8008317783	DORMANT 8/06
285	WOODMAN OF THE WORLD LIFE INSURANCE SOCIETY	1700 FARNAM ST.	OMAHA	NE	68102	8002253108	
A34	WOODS & GROOM	2549 17TH ST.	COLUMBUS	IN	47202	8003683429	DORMANT 8/06
622	WORKMEN'S COMP						
580	WORLD INSURANCE COMPANY	PO BOX 3160	OMAHA	NE	681030160	4024968000	
C57	WORLD TRAVEL PROTECTION	4600 WITMER INDUSTRIAL ESTATES #2	NIAGARA FALLS	NY	14305	8004564553	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
155	WORLDWIDE INSURANCE & CLAIM SERVICE	4675 S HOLLAND	SPRINGFIELD	MO	65810	4178828100	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
607	WPS TRICARE FOR LIFE	PO BOX 7889	MADISON	WI	537077889	8667730404	
C51	YALE HEALTH PLAN	PO BOX 208217	NEW HAVEN	CT	065208217	2034320250	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
470	YODER BROTHERS	1001 LEBANON RD.	PENDLETON	SC	29670	8646468331	
695	YORK COUNTY	-	-	-	-		
901	YORK PRESCRIPTION BENEFITS	1 CHURCH ST. 5TH FLOOR	NEW HAVEN	CT	06510	8887812707	DORMANT 8/06
815	YOUNG LIFE BENEFIT PLAN	PO BOX 520	COLORADO SPRINGS	CO	80901	7193811950	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C10	ZAVATA	PO BOX 1208	AMERICUS	GA	31709	8008417735	WAS PARADIGM CARE PLAN
977	ZENITH ADMINISTRATION	PO BOX 91014	SEATTLE	WA	98111	8004265980	DORMANT 8/06

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

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APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
100	AETNA US HEALTHCARE	PO BOX 26190	GREENSBORO	NC	27402	8002792175	
100DN	AETNA US HEALTHCARE	PO BOX 14094	LEXINGTON	KY	40512	8002792175	
100RX	AETNA PHARMACY	PO BOX 14024	LEXINGTON	KY	40512	8002386279	
101	INTERNATIONAL CLAIMS SERVICES	27092 BURBANK ST.	FOOTHILL RANCH	CA	92610	8779167920	ASSIGNED BY SCHA
103	UNITED CLAIMS SOLUTIONS	10835 N. 25TH AVE. 105	PHOENIX	AZ	85029	8667448482	CODE ASSIGNED BY SCHA
104	KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA.	PO BOX 7004	DOWNEY	CA	90242	8003903510	CODE ASSIGNED BY SCHA
105	LIBERTY LIFE INSURANCE COMPANY	PO BOX 789, 2000 WADE HAMPTON BLVD.	GREENVILLE	SC	29602	8646098111	
106	AMERICAN FIDELITY ASSURANCE BENEFITS	PO BOX 25160	OKLAHOMA CITY	OK	731250160	8006548489	
107	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	8002289090	DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE.
108	METROPOLITAN LIFE INSURANCE COMPANY	PO BOX 981282	EL PASO	TX	79998	8006386626	
109	JEFFERSON PILOT INSURANCE COMPANY	PO BOX 26011	GREENSBORO	NC	27420	3366913000	
110	AMERIHEALTH HMO, INC.	PO BOX 41574	PHILADELPHIA	PA	191011574	8666817373	CODE ASSIGNED BY SCHA
110RX	PROVIDENT/CAREMARK	PO BOX 686005	SAN ANTONIO	TX	78268	8008415550	USE CODE 280 CAREMARK
111	PRUDENTIAL INSURANCE COMPANY OF AMERICA	841 PRUDENTIAL DR.	JACKSONVILLE	FL	32207	8003463778	THIS CARRIER BOUGHT OUT BY AETNA CC100
112	TRAVELERS INSURANCE COMPANY	PO BOX 473500	CHARLOTTE	NC	282473500	7045443665	USE CODE 113 UNITED HEALTHCARE INACTIVE 8-02
113	UNITED HEALTHCARE	PO BOX 30555	SALT LAKE CITY	UT	84130	8005215505	
113DN	UNITED HEALTHCARE	PO BOX 30555	SALT LAKE CITY	UT	84130	8005215505	
114	CLAIMEDIX INC.	PO BOX 140067	KANSAS CITY	MO	64114	8009224262	CODE ASSIGNED BY SCHA
115	ALLSTATE INSURANCE	PO BOX 7068	COLUMBIA	SC	29202	8003668997	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
116	WILLIS CORROON ADMINISTRATIVE SERVICES	PO BOX 305154	NASHVILLE	TN	372305154	8002558109	
117	HEWITT COLEMAN AND ASSOCIATES	PO BOX 6708	GREENVILLE	SC	29606	8642405840	
118	AMERICAN HEALTH & LIFE INSURANCE	300 ST. PAUL PLACE	BALTIMORE	MD	21202	3013323000	
119	AMERICAN HERITAGE LIFE INSURANCE	1776 AMERICAN HERITAGE LIFE DR.	JACKSONVILLE	FL	32224	8005358086	
120	AMERICAN NATIONAL INSURANCE COMPANY	PO BOX 1790	GALVESTON	TX	77553	8008996803	
121	GREATER HEALTHCARE	PO BOX 3400	MONROE	NC	28110	7042258887	
122	ATLANTIC COAST LIFE INSURANCE COMPANY	PO BOX 20010	CHARLESTON	SC	294130010	8437638680	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
123	BANKERS LIFE & CASUALTY	PO BOX 66927	CHICAGO	IL	606660927	8006213724	
124	UNITED COMMERCIAL TRAVELERS OF AMERICA	PO BOX 159019	COLUMBUS	OH	43215	8008480123	
125	AMERICAN TRAVELERS LIFE INSURANCE COMPANY	3220 TILLMAN DR.	BEN SALEM	PA	19020	2152441600	
126	HEALTH PLAN SERVICES (COVENTRY HEALTH CARE)	PO BOX 24146	SEATTLE	WA	98124	8008610056	CODE ASSIGNED BY SCHA
127	BENEFITSOURCE, INC	PO BOX 240	MONROE	MI	48161	8004231028	CODE ASSIGNED BY SCHA
128	CAPITOL LIFE INSURANCE COMPANY	PO BOX 1200	DENVER	CO	80201	8005252115	PER HOSP. ASSO. 07/02, THIS IS STILL A VALID CARRIER
129	INTERGROUP SERVICES CORPORATION	101 LINDENWOOD DR., STE. 150	MALVERN	PA	19355	8005379389	
130	EMPLOYERS LIFE INSURANCE COMPANY	PO BOX 6305	SPARTANBURG	SC	29304	8889628437	CARRIER WAS COASTAL STATE LIFE INS. CO.
131	USI	PO BOX 9888	SAVANNAH	GA	31412	9126911551	THIS CARRIER BOUGHT JONES, HILL & MERCER INS.
132	COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY	PO BOX 1365	COLUMBIA	SC	29202	8037987000	
133	COMBINED INSURANCE COMPANY OF AMERICA	5050 BRDWAY	CHICAGO	IL	60640	8002254500	
134	CIGNA CONN GENERAL LIFE INSURANCE	PO BOX 188021	CHATTANOOGA	TN	37422	8002510670	DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE
134DN	CIGNA CONN GENERAL LIFE INSURANCE	PO BOX 188037	CHATTANOOGA	TN	37422	8002510670	DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE
134RX	CIGNA CONN GENERAL LIFE INSURANCE	PO BOX 188021	CHATTANOOGA	TN	37422	8002510670	DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE
135	ALLIED NATIONAL, INC.	PO BOX 419233	KANSAS CITY	MO	641416233	8008257531	CARRIER WAS ALLIED GROUP INSURANCE TRUST
136	CIGNA FLEXCARE	PO BOX 30575	CHARLOTTE	NC	282303211		CODE ASSIGNED BY SCHA
137	EDUCATORS MUTUAL LIFE INSURANCE COMPANY	PO BOX 3149	LANCASTER	PA	17601	7173972751	
138	CORESOURCE	PO BOX 2920	CLINTON	IA	527332920	8009222918	
139	FISERV HEALTH	PO BOX 8013	WAUSAU,	WI	544028013	8008269781	WAS WAUSAU INS. CO.
139DN	FISERV HEALTH	PO BOX 8014	WAUSAU,	WI	544028013	8008269781	WAS WAUSAU INS. CO.
139RX	WAUSAU INSURANCE COMPANY	PO BOX 8013	WAUSAU,	WI	544028013	8008269781	
140	STERLING OPTION I (PFFS)	PO BOX 5348	BELLINGHAM	WA	982270010		MEDICARE ADVANTAGE PLAN

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
141	NEOA HEALTH BENEFITS FUND	428 E SCOTT AVE.- PO BOX 3070	KNOXVILLE	TN	37927	-	
142	GENERAL AMERICAN LIFE INSURANCE	719 TEACO RD.	KENNETH	MO	63857	8004452158	USE CODE 308 GREAT WEST LIFE INACTIVE 8-02
143	UMR	PO BOX 30530	SALT LAKE CITY	UT	84130	8004668182	CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA
144	GLOBE LIFE & ACCIDENT INSURANCE	204 N. ROBINSON	OKLAHOMA CITY	OK	73102	4052701400	
145	GMP EMPLOYERS RETIREE TRUST	5245 BIG PINE WAY SE	FORT MYERS	FL	33907	9419366242	
146	HARTFORD INSURANCE GROUP	PO BOX 25600	CHARLOTTE	NC	28212	7045366230	
147	STATE MUTUAL INSURANCE	PO BOX 10811	CLEARWATER	FL	337578811	8887806388	
148	MONUMENTAL LIFE INSURANCE COMPANY	PO BOX 61	DURHAM	NC	27702	8004445431	
149	INSURANCE COMPANY OF NORTH AMERICA (INA)	195 BRDWAY 11TH FLOOR	NEW YORK	NY	100073100	2126184000	
150	AMERICAN GENERAL LIFE AND ACCIDENT INS CO	AMERICAN GENERAL CENTER	NASHVILLE	TN	37250	8008882452	
151	CARELINK	PO BOX 7373	LONDON	KY	40742	8003482922	MEDICAID HMO
152	MEDICA	PO BOX 30990	SALT LAKE CITY	UT	84130	8004585512	CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA
153	KANAWHA LIFE INSURANCE COMPANY	PO BOX 6000	LANCASTER	SC	29721	8032862440	
153DN	KANAWHA LIFE INSURANCE COMPANY	PO BOX 6000	LANCASTER	SC	29721	8032862440	
154	CONSUMER DRIVEN BENEFITS ASSO.	PO BOX 6080-228	MISSION VIEIO	CA	926906080	8884114208	CODE ASSIGNED BY SCHA
155	WORLDWIDE INSURANCE & CLAIM SERVICE	4675 S HOLLAND	SPRINGFIELD	MO	65810	4178828100	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
156	LIFE INSURANCE COMPANY OF GEORGIA	PO BOX 105006	ATLANTA	GA	303485006	7709805100	
157	LIFE INSURANCE COMPANY OF VIRGINIA, THE	PO BOX 27601	RICHMOND	VA	23230	8042816000	
158	LINCOLN NATIONAL LIFE INSURANCE COMPANY	PO BOX 1110	FORT WAYNE	IN	46801	2194552000	
159	MAKSIN MANAGMENT CORP	CN98000	PENNSAUKEN	NJ	08110	8002570625	
160	UNI-CARE HEALTH AND LIFE INSURANCE CO	PO BOX 4458	CHICAGO	IL	606804458	8772179677	WAS MASS MUTUAL
160DN	UNICARE HEALTH AND LIFE INSURANCE	PO BOX 4059	SCHAUMBURG	IL	601684059	8772179677	
161	AMA INSURANCE AGNECY, INC.	200 N. LASALLE ST., STE. 400	CHICAGO	IL	606819785	8004585736	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
162	HARVARD PILGRIM HEALTHCARE	PO BOX 656653	SAN ANTONIO	TX	82655	8004213550	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
163	NATIONWIDE LIFE INSURANCE COMPANY	PO BOX 182202	COLUMBUS	OH	432182202	6142497111	
164	AMERICAN PROGRESSIVE INSURANCE	PO BOX 130	PENSACOLA	FL	325910130	8006454116	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
165	NEW YORK LIFE INSURANCE COMPANY	PO BOX 105095	ATLANTA	GA	30348	8003884580	
166	CAPITOL AMERICAN LIFE INSURANCE COMPANY	PO BOX 94953	CLEVELAND	OH	441014953	2166966400	
167	AMERICAN INTERNATIONAL GROUP (AIG) ACCIDENT	PO BOX 3726	SEATTLE	WA	98124	8775039095	CODE ASSIGNED BY SCHA
168	PRECISE BENEFIT ADMINISTRATORS	PO BOX 9064	JERICO	NY	11753	5163906000	
169	CROWN CORK & SEAL COMPANY, INC.	930 BEAUMONT AVE.	SPARTANBURG	SC	29303	8645856456	
170	OCCIDENTAL LIFE INSURANCE COMPANY OF NC	PO BOX 10324	RALEIGH	NC	27605	9198318189	
171	AON	PO BOX 66	WINSTON SALEM	NC	27102	8003683804	
172	PAUL REVERE LIFE INSURANCE COMPANY	PO BOX 15118	WORCESTER	MA	016150118	5087994441	
173	PENNSYLVANIA LIFE INSURANCE COMPANY	PO BOX 100	PENSACOLA	FL	325910100	8002757366	
174	NMU PENSION & WELFARE FUND	360 WEST 31ST ST., 3RD FL	NEW YORK	NY	10001	2123374900	
175	COLUMBIA UNIVERSAL LIFE INSURANCE CO.	PO BOX 200225	AUSTIN	TX	787200225	5123453200	
176	GUIDESTAR HEALTH SYSTEMS	PO BOX 35238	BIRMINGHAM	AL	35238	8005956949	
177	CINERGY HEALTH PREFERRED PLAN	144 N BEVERWYCK RD. #332	LAKE HIAWATHA	NJ	080341997	8008471148	CODE IN OPEN STATUS BY SCHA
178	MASHANTUCKET PLAN ADMINISTRATORS	PO BOX 3620	MASHANTUCKET	CT	06338	8887796872	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
179	DESERET MUTUAL BENEFIT ADMINISTRATOR	PO BOX 45530	SALT LAKE CITY	UT	84145	8007773622	
180	ESIS	PO BOX 31122	TAMPA	FL	33631	8008847975	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
181	GROUP ADMINISTRATORS,LTD.	450 E. REMINGTON RD.	SCHAUMBURG	IL	60173	8475191880	
182	PENN TREATY NETWORK AMERICA INS. CO.	PO BOX 7066	ALLENTOWN	PA	181057066	8003620700	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
183	GILSBAR INSURANCE COMPANY	PO BOX 2947	COVINGTON	LA	70434	8002342643	
184	SECURITY LIFE INSURANCE CO. OF AMERICA	PO BOX 3199	WINSTON-SALEM	NC	27102	8003009566	DORMANT 8/06
185	S&S HEALTHCARE STRATEGIES	PO BOX 46511	CINCINNATI	OH	45216	8888008717	
186	SOUTHLAND LIFE INSURANCE COMPANY	PO BOX 105006	ATLANTA	GA	303485006	7709805100	
187	RELIANCE STANDARD LIFE INS. CO.	PO BOX 82520	LINCOLN	NE	68501	8004977044	
188	STANDARD LIFE & CASUALTY INSURANCE COMPANY	PO DRAWER 1514	FORT MILL	SC	29716	8035483657	
189	INTERNATIONAL EDUCATION EXCHANGE SERVICES	PO BOX 370	ITHACA	NY	148510307	8664337462	
190	BOILERMAKERS NATIONAL HEALTH & WELFARE FUND	754 MINNESOTA AVE., STE. 522	KANSAS CITY	KS	661012762	9133426555	
191	COVENTRY HEALTHCARE OF DELAWARE, INC.	PO BOX 7713	LONDON	KY	40742	8008337423	CODE NOT REQUESTED BY MEDICAID. ASSIGNED MY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
192	CONVENTRY HEALTHCARE OF NEBRASKA, INC.	PO BOX 7705	LONDON	KY	40742	8002883343	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
194	DAKOTACARE	1323 S. MINNESOTA AVE.	SIOUX FALLS	SD	57105		CODE ASSIGNED BY SCHA
195	UNION BANKERS INSURANCE COMPANY	PO BOX 655433	DALLAS	TX	752655433	2149547840	
196	UNITED BENEFIT LIFE INSURANCE	3909 HULEN ST.	FT. WORTH	TX	76107	8007320657	
197	HARVARD PILGRIM HEALTH CARE	PO BOX 699183	QUINCY	MA	022699183	8888884742	
198	UNIVERSAL FIDELITY LIFE INS. CO.	PO BOX 1428	DUNCAN	OK	735344	8003668355	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
199	ALL OTHER CARRIERS	-	-	-	-		
200	ALL AMERICAN LIFE INSURANCE CO.	8501 WEST HIGGINS RD.	CHICAGO	IL	60631	7733996645	
201	HCH ADMINISTRATORS	PO BOX 1986	PEORIA	IL	61656	8003221516	
201DN	HCH ADMINISTRATORS	PO BOX 1986	PEORIA	IL	61656	8003221516	
202	JOHN HANCOCK INSURANCE COMPANY	PO BOX 852	BOSTON	MA	02117	8002331449	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
203	HEALTH CARE SUPPORT/PRIVATE HEALTH CARE SYSTEM	29 COLUMBIA HEIGHTS	BROOKLYN	NY	11201	8005544022	CODE ASSIGNED BY SCHA
204	SELF INSURED BENEFIT ADMINISTRATORS	18167 US HWY 19N	CLEARWATER	FL	33764	7275320400	
205	FIDELITY LIFE SECURITY	3130 BRDWAY	KANSAS CITY	MO	641112406	8006488624	
206	MED COST BENEFITS SERVICES	PO BOX 25987	WINSTON SALEM	NC	271142987	8007951023	
207	MEDICAL SAVINGS HEALTH PLAN	419 E. MAIN ST.	MIDDLETON	NY	10940	3173298222	
208	SIEBA, LTD	PO BOX 5000	ENDICOTT	NY	13761	8002524624	
209	SUMMIT AMERICA INSURANCE SERVICES	7400 COLLEGE BLVD., STE. 100	OVERLAND PARK	KS	66210	8772466997	
210	AMERITAS LIFE INSURANCE	PO BOX 82520	LINCOLN	NE	68501	8002559678	
211	COORDINATED BENEFIT PLANS INC.	PO BOX 853925	RICHARDSON	TX	750853925	8007531000	
212	TRUSTMARK INSURANCE CO.	PO BOX 2942	CLINTON	IA	52733	8476151500	USE THIS CARRIER FOR GROUPS WITH MORE THAN 50 EMPLOYEES. USE CCA03 FOR GROUPS LESS THAN 50 EMPLOYEES
213	COVENANT ADMINISTRATORS	PO BOX 105738	ATLANTA	GA	30348	7702396230	
214	RISK BENEFIT MANAGEMENT SERVICES, LLC (RBMS)	PO BOX 241569	ANCHORAGE	AK	99524	8007703740	
215	OXFORD LIFE INSURANCE COMPANY	PO BOX 46518	MADISON	WI	53744	8774693073	
216	HUMANA HEALTH INSURANCE OF FLORIDA	PO BOX 19080-F	JACKSONVILLE	FL	32245	8004574708	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
217	UNITED WORLD LIFE INS. CO.	3316 FARNAM ST.	OMAHA	NE	68175	8776175587	
218	ROCKY MOUNTAIN HEALTH PLAN (RMHP)	PO BOX 4517	ENGLEWOOD	CO	80155	8884792000	
219	CLAIMS PRO	PO BOX 577	SOUTHFIELD	MI	48075	8008379600	RX CARRIER ONLY
220	HEALTH NEW ENGLAND	ONE MONARCH PLACE, STE. 1500	SPRINGFIELD	MA	011441500	8003102835	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
221	QUAL CARE	PO BOX 249	PISCATHAWAY	NJ	08855	8009926613	CODE ASSIGNED BY SCHA
222	MEDICA	PO BOX 659752	SAN ANTONIO	TX	78265	8009523455	
223	MED COST PREFERRED	PO BOX 25437	WINSTON SALEM	NC	27114	8008247406	CODE ASSIGNED BY SCHA
224	SOUTHERN ELEC. HEALTH FUND	3928 VOLUNTEER DR.	CHATTANOOGA	TN	37416	4238992593	
225	HEALTH SERVICES FOUNDATION	PO BOX 2109	LIVERMORE	CA	94551	5104497070	
226	MASTER HEALTH PLAN	PO BOX 16367	AUGUSTA	GA	303919123	7068635955	
227	MONUMENTAL GENERAL INSURANCE COMPANY	1111 N CHARLES ST.	BALTIMORE	MD	20201	8007529797	
228	PHYSICIANS PLUS INS. CO.	PO BOX 909953	MILWAUKEE	WI	53209	8005455015	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
229	PRESCRIPTION HEALTH SERVICES	PO BOX 80716	LOS ANGELES	CA	90080	8004212342	CODE ASSIGNED BY SCHA
230	PYRAMID LIFE INSURANCE COMPANY	PO BOX 772	SHAWNEE MISSION	KS	66201	8004440321	
231	SAVERS LIFE INSURANCE COMPANY	8064 NORTH POINT BLVD., STE. 201	WINSTON SALEM	NC	27106	8006420483	
232	GENERAL ADJUSTMENT BUREAU	PO BOX 81808	ALTANTA	GA	30366	4044579555	CODE ASSIGNED BY SCHA
233	STERLING LIFE INSURANCE	PO BOX 5348	BELLINGHAM	WA	98227	8006880010	
234	ALWAYS CARE BENEFITS INC	PO BOX 80139	BATON ROUGE	LA	70898	8887295433	DENTAL PLAN
235	SHAW INDUSTRIES	PO BOX 10	DALTON	GA	30722	8003211855	
236	GUARANTEE TRUST LIFE INSURANCE	1275 MILWAUKEE AVE.	GLENVIEW	IL		8476990600	
237	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	PO BOX 8019	APPLETON	WI	54913	8008734542	
237DN	GUARDIAN LIFE INSURANCE CO. OF AMERICA	PO BOX 2459	SPOKANEN	WA	99210	8005417846	
238	HORIZON HEALTHCARE	PO BOX 1028	WEST TRENTON	NJ	08628	8007923666	
239	HORACE MANN LIFE INSURANCE COMPANY	1 HORACE MANN PLAZA	SPRINGFIELD	IL	62715	2177892500	
240	STARBRIDGE	PO BOX 55270	PHOENIX	AZ	85078	8003085948	
241	LIFE REINSURANCE CO.	PO BOX 792070	SAN ANTONIO	TX	78279	8002291024	
242	HELLER ASSOCIATES	8228 MAYFIELD RD., STE. 5B	CHESTERLANDE	OH	44026	4405272955	CODE IN OPEN STATUS BY SCHA
243	LIFE & CASUALTY INSURANCE COMPANY OF TENNESSEE	AMERICAN GENERAL CENTER	NASHVILLE	TN	37250	6157491000	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
244	STERLING INVESTORS LIFE INS. CO.	PO BOX 10844	CLEARWATER	FL	337578844	8776045240	
245	FIRST HEALTH	PO BOX 23070	TUCSON	AZ	85734	8005544954	
245RX	FIRST HEALTH	PO BOX 23070	TUCSON	AZ	85734	8005544954	
246	FIRST HEALTH RX	PO BOX 11010	TUCSON	AZ	85734	8008449636	
247	EMPLOYERS DIRECT HEALTH	5050 SPRING VALLEY RD.	DALLAS	TX	752443909	8008729934	CARRIER WAS FIRST INTERGRATED HEALTH
248	NEW ENGLAND LIFE INSURANCE	25145 COUNTRY CLUB BLVD.	NORTH OLMSTED	OH	440705300	8002558063	
250	IDEAL SCRIPTS	144 METRO CENTER BLVD.	WARWICK	RI	02886	8007176614	
251	PYMARID LIFE INSURANCE CO.	PO BOX 12922	PENSACOLA	FL	325912922	8006581413	CODE IN OPEN STATUS BY SCHA MEDICARE SUPPLEMENTAL PLAN G
252	WELLNET HEALTHCARE	57 ST. RD.	SOUTH HAMPTON	PA	18966	8007271733	
253	AMERICAN STERLING INSURANCE SERVICES	PO BOX 26103	OVERLAND PARK	KS	66225	8772926037	
254	PACIFIC MUTUAL LIFE INSURANCE COMPANY	700 NEWPORT CENTER DR.	NEWPORT BEACH	CA	92660	8004512513	
255	PAN-AMERICAN LIFE INSURANCE COMPANY	PO BOX 60219	NEW ORLEANS	LA	70160	5045661300	
256	BENICOMP	8310 CLINTON PARK DR.	FT WAYNE	IN	46825	8008377400	CODE ASSIGNED BY SCHA
257	PHARMACY NETWORK NATIONAL OF N.C.	4000 OLD WAKEFOREST RD., STE. 101	RALEIGH	NC	27609	8003317108	SEE CARRIER 366 CATALYST RX
258	DIVERSIFIED ADMINISTRATION CORPORATION	PO BOX 299	MARLBOROUGH	CT	06447	8883222524	
259	CNA HEALTHCARE PARTNERS	PO BOX 34197	LITTLE ROCK	AK	72203	8005083772	
260	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	PO BOX 10136	FAIRFAX	VA	220388022	8662199292	CODE IN OPEN STATUS BY SCHA
261	UICI ADMINISTRATORS	PO BOX 30087	RENO	NV	895203087	8003153440	
262	CAIC (CONTINENTAL AMERICAN INS. CO)	PO BOX 6080-179	MISSION VIEJO	CA	926906080	8885248778	CODE ASSIGNED BY SCHA
263	NATIONAL FINANCIAL COMPANY	110 WEST 7TH ST., STE. 300	FT WORTH	TX	76102	8007251407	
264	HEALTH AMERICA	PO BOX 7089	LONDON	KY	40742	8007888445	
265	TODAY'S OPTION	PO BOX 391883	CAMBRIDGE	MA	02139	8662225137	MEDICARE ADVANTAGE
266	ACMG ADMINISTRATORS OF SOUTH CAROLINA	2570 TECHNICAL DR.	MIAMISBURG	OH	45342	8002326242	
267	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	PO BOX 220887	CHARLOTTE	NC	282220887	7043643865	CODE ASSIGNED BY SCHA
268	MARQUETTE NATIONAL LIFE INS. CO.	PO BOX 12148	PENSACOLA	FL	32591	8009348203	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
269	THE EPOCH GROUP	PO BOX 12170	OVERLAND PARK	KS	66212	8002556065	
270	PREFERRED HEALTH PLAN OF THE CAROLINAS	PO BOX 220397	CHARLOTTE	NC	28222	8666360239	CODE IN OPEN STATUS BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
271	AMERICAN BENEFIT PLAN ADMINISTRATOR	2200-B ROSSELLE ST.	JACKSONVILLE	FL	32204	8004685126	
272	ALLIANCE HEALTH BENEFIT PLAN	PO BOX 6443	ROCKVILLE	MD	20850	8003423289	
273	CENTRAL BENEFITS USA (CENBEN USA)	PO BOX 619059	DALLAS	TX	85261	8007725924	CODE ASSIGNED BY SCHA
274	CAPITAL DISTRICT PHYSICIANS PLAN	PO BOX 66602	ALBANY	NY	122066602	8009267526	
275	AMERICAN TRUST ADMINISTRATORS	PO BOX 87	SHAWNEE MISSION	KS	66201	9134514900	
276	PLAN HANDLERS	930 CANTERBURY PLACE	ESCONDIDO	CA	92025	8005385512	
277	UNITED AMERICAN INSURANCE COMPANY	PO BOX 8080	MCKINNEY	TX	750708080	9725295085	
278	ROCKY MOUNTIAN HEALTH PLAN	PO BOX 10600	GRAND JUNCTION	CO	81502	8008544558	
279	UNITED INSURANCE COMPANY OF AMERICA	1 E WACKER DR.	CHICAGO	IL	60601	8007778467	
280	CAREMARK PRESCRIPTION SERVICES	PO BOX 52188	PHOENIX	AZ	850722196	8008415550	USE CARRIER 471
281	HEALTH NETWORK AMERICA/TRIVERIS	PO BOX 307	EATONTOWN	NJ	07724	8003371421	CODE ASSIGNED BY SCHA
282	WASHINGTON NATIONAL INSURANCE COMPANY	PO BOX 1934	DES PLAINES	IL	60017	8009470319	
283	GUARDIAN HEALTHCARE	PO BOX 4197	SCRANTON	PA	77010	8668501256	
284	AMERIHEALTH ADMINISTRATORS	720 BLAIR RD.	HORSHAM	PA	19044	8003454017	
285	WOODMAN OF THE WORLD LIFE INSURANCE SOCIETY	1700 FARNAM ST.	OMAHA	NE	68102	8002253108	
286	CONSOLIDATED GROUP	PO BOX 248	BATTLEBORO	VT	05302	8002411121	CODE IN OPEN STATUS BY SCHA
287	COMMUNITY HEALTH PLAN	PO BOX 14467	CINCINNATI	OH	45250	8888008717	
288	BENEFIT ADMINISTRATORS OF AMERICA	PO BOX 9120	DES MOINES	IA	50306	5152433210	
289	AFTRA HEALTH FUND	261 MADISON AVE.	NEW YORK	NY	10016	8005624690	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
290	FEDERATED MUTUAL INSURANCE COMPANY (REGIONAL)	PO BOX 31716	TAMPA	FL	336313716	8134968100	
291	NALC HEALTH BENEFIT PLAN	20547 WAVERLY CT.	ASHBURN	VA	20149	7037294677	
292	WELLMARK ADMINISTRATORS	PO BOX 9901	SIOUX CITY	IO	51102	8005265710	
293	PARAMOUNT HEALTH CARE	PO BOX 497	TOLEDO	OH	43697	8888912564	
294	BRIDGESTONE/FIRESTONE COMPANIES	PO BOX 26605	AKRON	OH	44319	8002378447	
295	MEDICAL BENEFIT ADMINISTRATORS	5940 SEMINOLE CENTER CT.	MADISON	WI	53711	6082731776	
296	RESERVE NATIONAL INSURANCE	PO BOX 26620	OKLAHOMA CITY	OK	73126	8006549106	
297	AMALGAMATED LIFE INSURANCE	PO BOX 1451	NEW YORK	NY	101161451	2124735700	
298	SMITH PREMIERE PHARMACY PLAN	PO BOX 5824	SPARTANBURG	SC	29304	8002474526	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
299	ALICARE	PO BOX 1447	NEW YORK	NY	10116	2125395115	
300	BENEFIT ADMINISTRATORS INC	PO BOX 6279	ERIE	PA	16512	8007772524	
300DN	BENEFIT ADMINISTRATORS INC	PO BOX 6279	ERIE	PA	16512	8007772524	
301	BENEFIT PLAN ADMINISTRATORS	2145 FORD PARKWAY, STE. 300	ST. PAUL	MN	55116	8002778973	
302	GOVERNMENT EMPLOYEE HOSP. ASSN (GEHA)	PO BOX 4665	INDEPENDENCE	MO	640514665	8162575500	
303	PREFERRED HEALTH PLAN, INC.	PO BOX 24125	LOUISVILLE	KY	40224	5023397500	
304	BUTLER BENEFIT SERVICE, INC.	215 NORTH MAIN ST., STE 800	DAVENPORT	IA	52801	8669272200	THIS CODE ASSIGNED BY SCHA
305	WELLS FARGO TPA, INC.	PO BOX 2801	CHARLESTON	WV	253302801	8668695597	CODE ASSIGNED BY SCHA
306	UNION LABOR LIFE INSURANCE	111 MASSACHUSETTS AVE., NW	WASHINGTON	DC	20001	8004438087	
307	STANDARD SECURITY LIFE INS. CO OF NEW YORK	PO BOX 828	PARK RIDGE	IL	60068	8665131479	
308	GREAT WEST LIFE	1000 GREAT WEST DR.	KENNETT	MO	63857	8006638081	
308DN	GREAT WEST LIFE	PO BOX 11111	FORT SCOTT	KS	66701	8776314227	
309	CONSOLIDATED BENEFIT SERVICES, INC.	PO BOX 1391	DAYTON	OH	45401	8004766789	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
310	ADVANCED DATA SOLUTIONS	PO BOX 723097	ATLANTA	GA	31139	8007425246	
311	BENEFIT PLANNERS, INC	PO BOX 682010	SAN ANTONIO	TX	78269----	2106991872	
312	NATIONAL BENEFIT ADMINISTRATORS	PO BOX 690903	CHARLOTTE	NC	282277016	8004826736	
312DN	NATIONAL BENEFIT ADMINISTRATORS	PO BOX 690903	CHARLOTTE	NC	282277016	8004826736	
313	GREAT WEST HEALTHCARE	1000 GREAT WEST DR.	KENNETT	MO	63857	8006638081	
314	PHARMACY ADVANTAGE NETWORK	50 LENNOX POINTE	ATLANTA	GA	30324	8887275560	SEE CARRIER 366 CATALYST RX
315	THOMAS COOPER AND COMPANY	PO BOX 22557	CHARLESTON	SC	29413	8437222115	
315DN	THOMAS COOPER AND COMPANY	PO BOX 22557	CHARLESTON	SC	29413	8437222115	
316	PROFESSIONAL INSURANCE CORPORATION	2610 WYCLIFF RD.	RALEIGH	NC	27607	8002891122	
317	EMPLOYEE BENEFITS MANAGEMENT CORPORATION	4789 RINGS RD.	DUBLIN	OH	43017	8005520455	
318	KLAIS & COMPANY	1867 WEST MARKET ST.	AKRON	OH	443136977	3308678443	
319	BENEFIT CONCEPTS	PO BOX 60608	KING OF PRUSSIA	PA	19406	8002202600	
320	LAMAR LIFE INSURANCE COMPANY	PO BOX 880	JACKSON	MS	39201	6019493100	
321	AMERICAN POSTAL WORKERS UNION HEALTH PLAN	PO BOX 967	SILVER SPRINGS	MD	20910	8002222798	
322	TIME INSURANCE COMPANY	PO BOX 981602	EL PASO	TX	799980624	8005537654	USE 386 ASSURANT HEALTH
323	LINCOLN HERITAGE LIFE INSURANCE CO	PO BOX 10843	CLEARWATER	FL	337578843	8885868810	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
324	HEALTH REIMBURSEMENT MANAGMENT PARTNERSHIP	5 HUTCHINSON DR.	DANVERS	MA	01923	8889994767	CODE IN OPEN STATUS BY SCHA
325	PERSONAL CARE	PO BOX 7141	LONDON	KY	40742	8005625792	
326	PHYSICIANS HEALTH PLAN OF MID MICHIGAN	PO BOX 247	ALPHARETTA	GA	300090247	8008329186	
327	MAIL HANDLERS BENEFIT PLAN	PO BOX 8402	LONDON	KY	40742	8004107778	
328	PROVIDER SELECT, INC.	PO BOX 330070	FORT WORTH	TX	76163	8667747766	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
329	SMITHFIELD FOODS HEALTHCARE	PO BOX 158	SMITHFIELD	VA	23431	8008095916	
330	ANNUITY BOARD OF SOUTHERN BAPTIST CONVENTION	PO BOX 2190	NASHVILLE	TN	37234	2147200511	
331	CONSECO HEALTH INS. CO	PO BOX 66904	CHICAGO	IL	606660904	8005412254	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
332	HEALTH PLANS INC.	PO BOX 5199	WESTBOROUGH	MA	01581	8005327575	
333	EXPRESS SCRIPTS	PO BOX 390873	BLOOMINGTON	MN	554390873	8009554879	
334	NATIONAL RURAL LETTER CARRIERS ASSOCIATION	1750 PENNSYLVANIA AVE., NW	WASHINGTON	DC	20006	8006388432	
335	J.P. FARLEY CORP.	PO BOX 458022	WESTLAKE	OH	441468022	4402504300	
336	CASEBP (CATSKILL AREA SCHOOLS EMPLOYEE PLAN	PO BOX 220	STAMFORD	NY	12167	8009626294	CODE IN OPEN STATUS BY SCHA
337	BOARD OF PENSIONS OF THE PRESBYTERIAN CHURCH OF	PO BOX 13896	PHILADELPHIA	PA	19101	8007737752	
338	PITTMAN & ASSOCIATES, INC.	PO BOX 111047	MEMPHIS	TN	38111	8002381344	
339	CELTIC INDIVIDUAL HEALTH	PO BOX 33839	INDIANAPOLIS	IN	462030839	8004777870	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
340	UNITED HEALTCARE PLAN OF RIVER VALLEY	3800 23RD AVE.OF THE CITIES, STE. 200	MOLINE	IL	61265	8002246602	THIS COMPANY BOUGHT OUT JOHN DEERE INS. CO. 6/29/07
341	ADMINISTRATIVE CONCEPTS INC.	997 OLD EAGLE SCHOOL RD., STE. 215	WAYNE	PA	19087	8882939229	
342	SUN LIFE INSURANCE COMPANY OF CANADA	ONE SUN LIFE EXECUTIVE PARK	WELLESLEY	MA	02181	8002253950	
343	GROUP BENEFITS ADMINISTRATORS	70 GRAND AVE.	RIVEREDGE	NJ	07661	2013433003	
344	ALIA CLAIMS DEPARTMENT	PO BOX 9060	PHOENIX	AZ	850689060	8008825707	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
345	EMPLOYEE BENEFIT SERVICES INC	PO BOX 1929	FORT MILL	SC	29716	8002421510	
345DN	EMPLOYEE BENEFIT SERVICES INC	PO BOX 1929	FORT MILL	SC	29716	8002421510	
346	ADMINISTRATIVE SERVICES, INC.	2187 NORTHLAKE PARKWAY STE. 106 BLDG #9	TUCKER	GA	30084-	7709343953	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
347	PREFERRED CARE INC (PCI)	PO BOX 1235	FREDERICK	MD	217020235	8882641512	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
348	FIRST AGENCY, INC.	5071 WEST H AVE.	KALAMAZOO	MI	490098501	2693816630	THIS CODE ASSIGNED BY SCHA 8/28/07
349	HEALTH PLAN SELECT	PO BOX 382767	BIRMINGHAM	AL	352382767	8002936260	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
350	NORTH AMERICA ADMINISTRATORS	PO BOX 1984	NASHVILLE	TN	37203	6152563561	
351	FISERV	PO BOX 8077	WAUSAU	WI	544028077	8666848090	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
352	FISERV HEALTH-COLORADO	PO BOX 720	PUEBLO	CO	810020720	8004468182	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
353	ONE HEALTH PLAN OF SC	PO BOX 190019	N CHARLESTON	SC	29419	8003149010	CODE ASSIGNED BY SCHA
354	FIRST BENEFITS CORP	PO BOX 879	ANDERSON	IN	46015		CODE ASSIGNED BY SCHA
355	ACTIVA HEALTH GROUP	4350 E. CAMELBACK RD. # 200	PHOENIX	AZ	85018	6024689500	
356	FISERV HEALTH	PO BOX 2697	WICHITA	KS	67201	8003620788	USE CODE 139
357	HEALTH PLAN SERVICES	PO BOX 30298	TAMPA	FL	33630-	8002377767	
358	BAKERY & CONFECTIONERY UNION	10401 CONNECTICUT AVE., STE. 300	KENSINGTON	MD	208953960	3014683742	
359	NORTH CAROLINA MUTUAL LIFE INSURANCE	411 W. CHAPEL HILL ST.	DURHAM	NC	27701	9196829201	
360	NEW ENGLAND FINANCIAL	PO BOX 190019	N. CHARLESTON	SC	29419	8004087681	USE CARRIER 859 NEW ENGLAND GROUP TRUST
361	MDI GOVERNMENT HEALTH SERVICES	822 HIGHWAY A1A NORTH STE. 310	PONTE VEDRA BEACH	FL	32082	8008416288	CODE ASSIGNED BY SCHA
362	GUARDIAN HEALTHCARE	PO BOX 4197	SCRANTON	PA	18505	8668501253	
363	PEARCE ADMINISTRATION	PO BOX 2437	FLORENCE	SC	29503	8886226001	GM SOUTHWEST IS THE CLAIMS PROCESSOR FOR PEARCE ADMINISTRATION
364	CORESTAR	PO BOX 1195	MINNEAPOLIS	MN	55440	8004446965	
365	GERBER CHILDRENS WEAR, INC.	PO BOX 2126	GREENVILLE	SC	29602	8649875200	
366	CATALYST RX	PO BOX 1069	ROCKVILLE	MD	20849	8009973784	
367	LOOMIS INSURANCE COMPANY	PO BOX 7011	WYOMISSING	PA	196107011	8007820392	
368	MED BENEFITS SYSTEM	PO BOX 177	SOUTH BEND	IN	46601	2192370560	
369	AMERICAN INTERNATIONAL GROUP	PO BOX 25050	WILMINGTON	DE	19899	8004687077	
370	P5 HEALTH PLAN SOLUTIONS	PO BOX 9554	SALT LAKE	UT	84109	8774740605	WAS P5 ELECTRONIC HEALTH SERVICES
371	ICON BENEFIT ADMINISTRATORS, INC.	PO BOX 53010	LUBBOCK	TX	794533070	8006589777	

APPENDIX 2 CARRIER CODES

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Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
372	MEDIPLAN	502 VALLEY RD.	WAYNE	NJ	07410	9736963111	
373	STATE FARM INSURANCE COMPANIES	7401 CYPRESS GARDENS BLVD.	WINTERHAVEN,	FL	338880007	8633183000	
374	STONEBRIDGE LIFE INSURANCE CO.	2700 W. PLANO PARKWAY	PLANO	TX	75075	8003319955	
375	RESTAT	PO BOX 758	WEST BEND	WI	530950758	8002481062	
376	TUFTS HEATH PLAN	PO BOX 9171	WATERTOWN	MA	024719171	8004620224	CODE ASSIGNED BY SCHA
377	MERITAIN HEALTH	PO BOX 853921	RICHARDSON	TX	75085	7163195399	WAS NORTH AMERICAN ADMINISTRATORS, INC.
378	SELF INSURERS SERVICE INC.	2218 SOUTH PRIEST DR.	TEMPE	AZ	85282		
379	GOODYEAR TIRE & RUBBER COMPANY	PO BOX 677 DEPT. 609	AKRON	OH	44309	2167966531	
380	BENCHMARK, INC.	PO BOX 16767	JACKSON	MS	39236	6013660596	
381	PROVIDENT INDEMNITY LIFE INSURANCE COMPANY	PO BOX 511	NORRISTOWN	PA	19404	8005199175	
382	HEALTH PLAN OF NEVADA	PO BOX 15645	LAS VEGAS	NV	891145615	8007771840	
383	AMERICAN HEALTHCARE ALLIANCE	PO BOX 8530	KANSAS CITY	MO	641140530	8772840102	
384	NORTH AMERICAN BENEFIT NETWORK	PO BOX 94928	CLEVELAND	OH	441014928	8003214085	
385	POSTMASTERS BENEFIT PLAN	1019 N. ROYAL ST.	ALEXANDRIA	VA	22314	7036835585	
386	ASSURANT HEALTH	PO BOX 981602	EL PASO	TX	79998	8004446254	WAS FORTIS INSURANCE COMPANY
386DN	ASSURANT HEALTH	PO BOX 2940	CLINTON	IA	52733	8004446254	WAS FORTIS INSURANCE COMPANY
387	PRIMARY PHYSICIANS CARE	PO BOX 11088	CHARLOTTE	NC	28220	7045232758	
388	NATIONALWAY HEALTHCARE ASSOCIATES	PO BOX 682708	HOUSTON	TX	77268	8008107856	CODE IN OPEN STATUS BY SCHA
389	GROUP LINK	PO BOX 20593	INDIANAPOLIS	IN	46220	8003597408	
390	BOARD OF PENSIONS EVANGELICAL LUTHERAN CHURCH	PO BOX 59093	MINNEAPOLIS	MN	554590093	6123337651	
391	POMCO	PO BOX 6329	SYRACUSE	NY	13217	8002344393	
392	SELF FUNDED GROUP INSURANCE ADMINISTRATORS	PO BOX 1719	KALAMAZOO	MI	490051790	8003421895	
393	FOUNTAINHEAD ADMINISTRATORS, INC.	PO BOX 13188	BIRMINGHAM	AL	35202	8009919155	
394	HEALTH CHOICES, INC	PO BOX 5003	DUBURQUE	IA	520045003	8003257442	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
395	T R PAUL GROUP SERVICES, INC.	PO BOX 5508	NEWTOWN	CT	064705508	2034268161	CODE ASSIGNED BY SCHA
396	LIFE PARTNERS INS GROUP	7887 E. BELLEVIEW AVE.	ENGLEWOOD	CO	80111	8005257662	CODE ASSIGNED BY SCHA
397	PRIME THERAPEUDIC	PO BOX 64812	ST. PAUL	MN	55164	6518468370	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
398	RIGHT CHOICE BENEFITS ADMINISTRATORS	12250 WEBER HILL RD., STE. 100	ST LOUIS	MO	63127	8003659036	CODE ASSIGNED BY SCHA
399	PACIFIC LIFE AND ANNUITY	PO BOX 34799	PHOENIX	AZ	85067	8007332285	
400	STATE EMPLOYEES HEALTH PLAN BLUE CROSS	4101 PERCIVAL RD.	COLUMBIA	SC	29219	8008682520	CLAIMS SHOULD BE SENT TO THE ATTN OF SARAH TOWNES AX-B10
401	BLUE CROSS AND BLUE SHIELD OF SC	4101 PERCIVAL RD.	COLUMBIA	SC	29219	8037883860	DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE.
401DN	BLUE CROSS AND BLUE SHIELD OF SC	4101 PERCIVAL RD.	COLUMBIA	SC	29219	8037883860	THIS CODE USED ONLY FOR DENTAL CLAIMS WHERE BCBS IS THE INSURANCE CARRIER
402	FEDERAL EMPLOYEE PLAN BLUE CROSS	I-20 AT ALPINE RD.	COLUMBIA	SC	29260	8037883860	
403	BLUE CHOICE/MEDICAID	PO BOX 6170	COLUMBIA	SC	29260	8772753256	MEDICAID HMO
404	BOB JONES UNIVERSITY	1700 WADE HAMPTON BLVD.	GREENVILLE	SC	29614	8643701800	
405	EMPLOYEE HEALTH GROUP PLAN	101 LYNHAVEN RD.	VIRGINIA BEACH	VA	23451		
406	TRAVELERS PLAN ADMINISTRATORS OF ARIZONA	PO BOX 52100	PHOENIX	AZ	85072	6028661066	CODE IN OPEN STATUS BY SCHA
407	CINERGY HEALTH INS.	1844 N. NOB HILL RD. #623	PLANTATION	FL	33322	8008471148	CODE ASSIGNED BY SCHA
408	LIFE INVESTORS INSURANCE COMPANY OF AMERICA	PO BOX 8043	LITTLE ROCK	AR	72203	5013760426	AKA AEGON
409	UPSTATE ADMINISTRATIVE SERVICES	PO BOX 6589	SYRACUSE	NY	132176589	3154221533	
410	SAFECO INSURANCE COMPANY	PO BOX 34699	REDMOND,	WA	981241699	2068678000	
411	INTERPLAN HEALTH GROUP	PO BOX 90613	ARLINGTON	TX	76006	8660511-47	CODE ASSIGNED BY SCHA
412	CONNECTICARE	PO BOX 546	FARRINGTON	CT	06034	8002517722	
413	ALLIED BENEFITS SYSTEM	PO BOX 909786	CHICAGO	IL	60690	8002882078	
414	NATIONAL TELEPHONE COOP. ASSN.	1 WEST PACK SQUARE, STE. 600	ASHEVILLE	NC	28801	8282529776	
415	WEYCO, INC.	PO BOX 30132	LANSING	MI	48909	5173497010	
415DN	WEYCO, INC.	PO BOX 30132	LANSING	MI	48909	5173497010	
416	COMPANION BENEFIT ALTERNATIVES	PO BOX 100185	COLUMBIA	SC	29202	8008681032	THIS CARRIER ASSIGNED BY SCHA NOT REQUESTED OR USED BY DHHS.
417	JULY PRODUCTS	5 GATEWAY CENTER STE. 60	PITTSBURG	PA	15222	8669008322	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
418	GUARDIAN INSURANCE COMPANY	PO BOX 8007	APPLETON	WI	549128007	8006854542	CODE ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
419	GEORGIA STATE HEALTH BENEFIT PLAN	PO BOX 38151	ATLANTA	GA	30334	8006266402	
420	CUNA MUTUAL INSURANCE GROUP	PO BOX 391	MADISON	WI	53701	6082385851	
421	PRIMARILY CARE	75 SOCKANOSSET CROSSRD., STE. 300	CRANSTON	RI	02920	4147975000	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
432	M-PLAN CARDINAL HEALTH	PO BOX 357	LINTHICUM	MD	210900357	8006752605	CODE ASSIGNED BY SCHA
433	COMPANION LIFE	PO BOX 100133	COLUMBIA	SC	29202	8037880500	
434	PIEDMONT HEALTH ALLIANCE	116 BONHAM CT.	ANDERSON	SC	29621	8643759661	
435	SEABURY AND SMITH COMPANY, INC.	PO BOX 2545	NASHVILLE	TN	37219	8005822498	
436	DAVIS-GARVIN AGENCY	#1 FERNANDINA CT.	COLUMBIA	SC	29212	8037320060	
437	NEW ERA LIFE INSURANCE CO	PO BOX 4884	HOUSTON	TX	772104884	2813687200	
438	MAMSI LIFE AND HEALTH INSURANCE CO	PO BOX 993	FREDRICKS	MD	21705	8002576458	
439	UNION SECURITY INSURANCE CO	PO BOX 981602	EL PASO	TX	79998	8004446254	USE 386 ASSURANT HEALTH
440	HEALTHNET	PO BOX 14702	LEXINGTON	KY	40512	8006417761	
441	FEDERAL MOGUL HEALTHCARE	PO BOX 1999	DETROIT	MI	48235	8005220041	
442	GE LIFE & ANNUITY ASSURANCE CO.	PO BOX 6700	LYNCHBURG	VA	24505	8002530856	
443	GATES HEALTH CARE PLAN	PO BOX 5887	DENVER	CO	80217	8007770595	
444	NATIONAL DISASTER MEDICAL SYSTEM						
445	SUPERMED	PO BOX 100234	COLUMBIA	SC	292023234	8003153143	WAS CAROLINA CARE PLAN ANOTHER PHONE # 800-232-3143
446	EMPLOYEE BENEFIT SERVICES	PO BOX 9888	SAVANNAH	GA	314120088	8035778051	USE CODE 345 EMPLOYEE BENEFIT SERVICES
447	HEALTH NET	PO BOX 14700	LEXINGTON	KY	405125225	9004387886	AKA HEALTH NET OF AZ. CODE ASSIGNED BY SCHA
448	ASSURANT HEALTH INSURANCE	PO BOX 42033	HAZELWOOD	MD	63042	8005537654	CODE ASSIGED BY SCHA
449	UNITED SERVICE ASSO. FOR HEALTHCARE	PO BOX 200848	ARLINGTON	TX	76006	8008721187	CODE ASSIGNED BY SCHA
450	EMPLOYEE BENEFITS TRUST	PO BOX 8788	WILMINGTON	DE	19899	8007522677	OPEN 6/06
451	ASSURE CARE	340 QUANRINGLE BLVD.	BOILING BROOK	IL	60440	8007597422	
452	GENERAL MILLS HEALTH CLAIMS SERVICES	PO BOX 59054	MINNEAPOLIS	MN	554590054	8004468182	
453	BLUE CROSS ANTHEM MEDICARE ADVANTAGE	2100 CORPORATE CENTER	NEWBURY PARK	CA	913201431	8006762583	CODE ASSIGNED BY SCHA
454	INTERNATIONAL UNION OF OPERATING ENGINEERS	166 WEST KELLY ST.	METUCHEN	NJ	08840	9085486662	
455	ALASKA TEAMSTER TRUST	520 E 34TH AVE., STE. 107	ANCHORAGE	AK	995034116	8004784450	CODE ASSIGNED BY SCHA
456	LIDLAW EMPLOYEE BENEFIT PLAN, INC.	4144 NORTH CENTRAL EXPRESSWAY	DALLAS	TX	75204	2148269090	CODE ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
457	LAQUINTA INN	PO BOX 2636	SAN ANTONIO	TX	782790064		CODE ASSIGNED BY SCHA
458	OBA MIDWEST	8160 SOUTH CASS AVE.	DARIEN	IL	60561	6309602035	WHEN CALLING THE ABOVE PHONE NUMBER, YOU ARE ASKED TO DIAL AN EXTENSION. DIAL EXTENSION 23.
459	GLASS MOTORS & PLASTIC (GMPA)	5245 BIG PINE WAY, SE 33907	FORT MYERS	FL	33907	8139366242	
460	MORRIS ASSOCIATES	PO BOX 50440	INDIANAPOLIS	IN	462500440	3175549000	
461	ECKERD HEALTH SERVICES	620 EPSILON DR.	PITTSBURGH	PA	15230	8005815300	USE CODE 712 TDI MANAGED CARE SERVICES
462	PICCADILLY INSURANCE EMPLOYEE BENEFITS DEPT.	PO BOX 2467	BATON ROUGE	LA	70821	5042968382	
463	TIM BAR CORP	PO BOX 449	HANOVER	PA	17331	7176324727	
464	INTERNATIONAL MEDICAL GROUP	407 N. FULTON ST.	INDIANAPOLIS	IN	46202	8006284664	
465	INTER CARE BENEFIT SYSTEMS	PO BOX 3559	ENGLEWOOD	CO	801553559	3037705710	
466	VALUE RX	PO BOX 421150	PLYMOUTH	MN	554420150	8009554879	USE CODE 333 EXPRESS SCRIPTS
467	FIRSERV HEALTH	PO BOX 182173	COLUMBUS	OH	432182173	8008482664	USE CODE 139
468	PHOENIX HEALTHCARE	PO BOX 150809	ARLINGTON	TX	76015	8003976241	
469	AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)	PO BOX 740819	ATLANTA	GA	30374	8005235880	
470	YODER BROTHERS	1001 LEBANON RD.	PENDLETON	SC	29670	8646468331	
471	CAREMARK	PO BOX 52188	PHOENIX	AZ	850722196	8008642352	
472	NATIONAL HEALTH CARE HEALTH BENEFITS PLAN(NHC)	PO BOX 1398	MURFREESBORO	TN	371331398	6158902020	
473	INTERNATIONAL MISSION BOARD (IMB)	PO BOX 6767	RICHMOND	VA	232300767	8042191585	CODE ASSIGNED BY SCHA
474	DIVERSIFIED PHARMACUETICAL	PO BOX 169052	DELUTH	MN	55816	8002338065	USE CODE 333 EXPRESS SCRIPTS
475	BENEFIT ASSISTANCE CORP.	PO BOX 950	HURRICANE	WV	25526	3045621913	
476	CENTRAL STATES, SOUTHEAST & SOUTHWEST	PO BOX 5116	DEPLAINES	IL	60017	8003235000	
476DN	CENTRAL STATES, SOUTHEAST & SOUTHWEST	PO BOX 5116	DEPLAINES	IL	60017	8003235000	
477	MEGA LIFE AND HEALTH INSURANCE COMPANY	PO BOX 982009	NORTH RICHLAND HILLS	TX	761828009	8005272845	
478	SMITH ADMINISTRATORS	PO BOX 163289	FORT WORTH	TX	76161	8008672582	
479	PRIMEXTRA	PO BOX 1088	TWINSBURG	OH	44087	8004334893	
480	COVENTRY HEALTH CARE OF THE CAROLINAS	PO BOX 7715	LONDON	KY	40742	8008891947	COVENTRY HEALTH CARE IS PARENT CO. OF SOUTHERN

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							HEALTH AND WELLPATH
481	BENOVATION	3481 CENTRAL PARKWAY, STE. 200	CINCINNATI	OH	45223	8006816912	CODE ASSIGNED BY SCHA
482	COVENTRY HEALTHCARE OF GEORGIA	PO BOX 7128	LONDON	KY	40742	8667321017	
483	COOPERATIVE BENEFITS ADMINISTRATORS	PO BOX 6249	LINCOLN	NE	68506	4024839250	
484	INTEGRITY BENEFITS NETWORK	PO BOX 4537	MARIETTA	GA	30061	7704281604	
485	PROVIDENT HEALTH PLAN	PO BOX 3125	PORTLAND	OR	972083125	8006283912	CODE ASSIGNED BY SCHA
486	PREFERRED CARE	PO BOX 22920	ROCHESTER	NY	146922920	8009993920	MEDICARE ADVANTAGE
487	PIEDMONT INS COMPANY	PO BOX 979	MARION	SC	29571	8434235541	
488	AMERICAN BENEFITS MANAGEMENT	8310 PORT JACKSON AVE. NORTHWEST	NORTH CANTON	OH	44720	3309665500	
489	SAVRX	PO BOX 8	FREEMONT	NE	68026	8003506714	
490	SHEET METAL LOCAL 20	PO BOX 42489	INDIANAPOLIS	IN	43242	8002482141	CODE ASSIGNED BY SCHA
491	VISION SERVICE PLAN	PO BOX 997100	SACRAMENTO	CA	958997100	8006227444	
492	LT11-LIFETRAC NETWORK	111100 WAYZATA BLVD.	MINNEAPOLIS	MN	55305		CODE ASSIGNED BY SCHA
493	CLAIMS ADMINISTRATIVE SERVICES OF INDIANA	PO BOX 8244	SOUTH BEND	IN	46660		CODE ASSIGNED BY SCHA
494	AVESIS PHARMACY NETWORK	3724 N 3RD ST., STE. 300	PHOENIX	AZ	85012	6022413400	
495	NATIONAL PRESCRIPTION ADMINISTRATORS	PO BOX 1981	EAST HANOVER	NJ	079361981	8005226727	BOUGHT OUT BY EXPRESS SCRIPTS CC333
496	AMERICAN VETERINARIAN MEDICINE ASSN.	PO BOX 909720	CHICAGO	IL	606049720	8006216360	
497	TEXAS INTERNATIONAL	PO BOX 11007	WINSTON SALEM	NC	27116	8663074711	
498	CAROLINA BENEFIT ADMINISTRATORS	PO BOX 3257	SPARTANBURG	SC	29304	8645736937	
499	EMPLOYEE BENEFIT CONSULTANTS	PO BOX 928	FINDLAY	OH	45839	8005587798	
500	DELTA DENTAL	PO BOX 1809	ALPHARETTA	GA	300232651	8005212651	
501	UNION FIDELITY INSURANCE COMPANY	4850 ST. RD.	TREVOSE	PA	19049-	8005236599	
502	HIP HEALTH PLAN	PO BOX 2803	NEW YORK	NY	101162803	8004478255	
503	AMERICAN SPECIAL RISK MANAGEMENT	509 SOUTH LENOLA RD. BLDG TWO	MOORESTOWN	NJ	08057	8003597475	
504	M CARE	PO BOX 130799	ANN ARBOR	MI	481130779	2156578920	CODE IN OPEN STATUS BY SCHA
505	ASSOCIATED ADMINISTRATORS	PO BOX 27806	BALTIMORE	MD	212857806	8006382972	
506	EMPLOYEE BENEFIT PLAN ADMINISTRATORS	PO BOX 2000	HAMPTON	NH	03842	8002587298	
507	CENTRAL STATES HEALTH & LIFE CO. OF OMAHA	PO BOX 34350	OMAHA	NE	68134	4023971111	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
508	GROUP HEALTH INC.	PO BOX 2832	NEW YORK	NY	10116	8006242414	
509	EQUITABLE LIFE AND CASUALTY	PO BOX 2460	SALT LAKE CITY	UT	84110	8003525150	
510	EQUITABLE PLAN SERVICES	PO BOX 720460	OKLAHOMA	OK	73172	8007492631	
511	CIGNA BEHAVIORAL HEALTH	PO BOX 46270	EDEN PRAIRIE	MN	55344	8003364091	
512	ST11-STRATEGIC HEALTH	9501 NE 2ND AVE.	MIAMI SHORES	FL	33138		CODE ASSIGNED BY SCHA
513	VALUE OPTIONS	PO BOX 1079	TROY	NY	121811079	8002880882	
514	JLT SERVICES (TPA FOR NY LIFE)	PO BOX 1511	LATHAM	NY	12110	8007933773	NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA
515	LIFE OF THE SOUTH INSURANCE COMPANY	PO BOX 45237	JACKSONVILLE	FL	32232	8006616385	THIS CODE ASSIGNED BY SCHA NOT A MEDICAID REQUEST
516	DIRECT REIMBURSEMENT BENEFIT PLANS	1111 ALDERMAN DR., STE. 420	ALPHARETTA	GA	30202	7706645594	
517	UNIFORM MEDICAL PLAN	PO BOX 34850	SEATTLE	WA	98124	8007626004	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
518	NAT'L ASBESTOS WORKERS MED FUND	4600 POWDER MILL RD.	BELTSVILLE	MD	20705	8003863632	
519	HEALTHSOURC ADMINISTRATORS	PO BOX 382617	BIRMINGHAM	AL	35238	8778939294	
520	NEW JERSERY CARPENTERS	PO BOX 7818	EDISON	NJ	088180846	8006243096	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
521	ALLIANCE PPO, INC.	PO BOX 934	FREDERICK	MD	21705	8002350123	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
522	NATIONAL AUTOMATIC SPRINKLER INDUSTRY	800 CORPORATE DR.	LANDOVER	MD	20785	3015771700	
523	APA PARTNERS, INC.	PO BOX 1506	LATHAM	NY	121108006	8008333650	
524	HEALTHFIRST	PO BOX 130217	TYLER	TX	75713	8004778957	CODE ASSIGNED BY SCHA TPA
525	CONSECO MEDICAL INSURANCE CO.	PO BOX 1205	ROCKFORD	IL	61105	8009470319	USE CODE 282 WASHINGTON NATIONAL
526	AULTCARE	PO BOX 6910	CANTON	OH	44706	8003448858	
528	KAISER PERMANENTE	PO BOX 190849	ALTANTA	GA	31119	8006111811	MEDICARE ADVANTAGE
529	ANTHEM HEALTH	3575 KROGER BLVD., STE. 400	DULUTH	GA	30316	8008881966	
530	UNIVERSAL BENEFITS CORPORATION	PO BOX 97	SCRANTON	PA	185040097	8007470622	CODE ASSIGNED BY SCHA
531	MARY BLACK HEALTHNETWORK	1690 SKYLYN DR., STE. 130	SPARTANBURG	SC	29307	8645733535	CODE IN OPEN STATUS BY SCHA
532	AMERICAN MEDICAL SECURITY	PO BOX 19032	GREENBAY	WI	543079032	8002325432	
533	PHYSICIANS CARE NETWORK	PO BOX 101111	COLUMBIA	SC	292111111	8883239271	
534	PROVANTAGE PRESCRIPTION BENEFIT MANAGEMENT SERVICE	PO BOX 1662	WAUKEHA	WI	53187	2627844600	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
535	CHP DIRECT/SUPERMED	PO BOX 1640	COLUMBIA	SC	292021640	8007731445	CODE IN OPEN STATUS BY SCHA
536	CLAIMSWARE MANAGEMED	PO BOX 6125	GREENVILLE	SC	29606	8642348200	
536DN	CLAIMSWARE MANAGEMED	PO BOX 6125	GREENVILLE	SC	29606	8642348200	
537	KAISER PERMANENTE-OHIO REGION	PO BOX 5316-9774	CLEVELAND	OH	441010316	8006348816	CODE ASSIGNED BY SCHA
538	PENN GENERAL SERVICES	PO BOX 72077	ATLANTA	GA	303581535	8004441535	CODE ASSIGNED BY SCHA
539	MEDICAL MUTUAL INSURANCE OF OHIO	PO BOX 94648	CLEVELAND	OH	44101	8003621279	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
540	LIBERTY NATIONAL LIFE INSURANCE COMPANY	PO BOX 2612	BIRMINGHAM	AL	35202	2053252722	
541	CHILDRENS REHAB SERVICES	PO BOX 4217	SPATANBURG	SC	293054217	8645962227	CODE ASSIGNED BY SCHA
542	THIRD PARTY ADMINISTRATORS/AMERICAN BENEFIT	1733 PARK ST.	NAPERVILLE	IL	60563	8006315917	
543	LONE STAR LIFE INSURANCE	PO BOX 709009	DALLAS	TX	753709009	2144476400	CODE ASSIGNED BY SCHA
545	MOLINA HEALTHCARE OF OHIO	PO BOX 22712	LONGBEACH	CA	90801	8006424148	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
546	RISK MANGEMENT SERVICES	PO BOX 6309	SYRACUSE	NY	13217	3154489228	
547	HARRINGTON HEALTH	PO BOX 30544	SALT LAKE CITY	UT	841300544	8002357160	CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED
548	COMPBENEFITS INSURANCE CO.	PO BOX 804483	CHICAGO	IL	606804106	8005940977	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
549	WAL-MART STORES GROUP HEALTH PLAN	922 W WALNUT STE. A	ROGERS	AR	72756 320	5016212929	USE CODE 401 BLUE CROSS BLUE SHIELD OF SC
550	EMPLOYEE SECURITY, INC	7125 THOMAS EDISON DR., STE. 105	COLUMBIA	MD	21046	8006381134	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
551	COOPERATIVE MANAGED CARE SERVICES LLC	PO BOX 502530	INDIANAPOLIS	IN	46250	8668734516	CODE IN OPEN STATUS BY SCHA
552	CORESOURCE INC	6100 FAIRVIEW RD.	CHARLOTTE	NC	28210	8003275462	
552DN	CORESOURCE INC	6100 FAIRVIEW RD.	CHARLOTTE	NC	28210	8003275462	
553	HEALTHSCOPE BENEFITS, INC..	PO BOX 8076	LITTLE ROCK	AR	72203	8008277026	
554	DIAMOND G EMPLOYEE BENEFIT TRUST	PO BOX 1298	GREENVILLE	TN	37744	4236396145	
555	PHILADELPHIA AMERICAN LIFE INSURANCE CO	PO BOX 4884	HOUSTON	TX	772104882	8005527879	CODE ASSIGNED BY SCHA
556	UNIFIED GROUP SERVICES	PO BOX 10	PENDLETON	IN	46064	7657781535	
557	AMERICORP INS. CO	PO BOX 3430	CARMEL	IN	46082	8666994186	
558	NATIONAL TRAVELERS LIFE INS. CO.	PO BOX 9197	DES MOINES	IA	50306	8002325818	INACTIVE 8/02
559	CAROLINA HOSPITAL SYSTEMS BENEFIT PLAN	PO BOX 100569	FLORENCE	SC	295010659	8436613875	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
560	ALLEN MEDICAL CLAIMS ADMINISTRATORS	PO BOX 978	FT. VALLEY	GA	310300978	8008255406	
561	PHOENIX MUTUAL LIFE INSURANCE COMPANY	ONE AMERICAN ROW	HARTFORD	CT	06115	8004512513	THIS CARRIER PURCHASED BY CC864 GE GROUP ADMINISTRATORS
562	HEALTH CLAIMS SERVICES, INC.	PO BOX 9615	DEERFIELD BEACH	FL	33442	8002223560	
563	ADMINISTRATIVE SERVICE CONSULTANTS	3301 E ROYALTON RD. BLDG D	BROADVIEW HEIGHTS	OH	44147		
564	MULTINATIONAL UNDERWRITERS	PO BOX 863	INDIANAPOLIS	IN	46206	8006052282	CODE ASSIGNED BY SCHA
565	UNITED BENEFITS	PO BOX 2480	DAYTONA BEACH	FL	321152480	8004344890	WAS POE & BROWN
566	-	-	-	-	-	-	
567	EASTERN BENEFIT SYSTEMS	200 FREEWAY DR .E.	EAST ORANGE	NJ	07018	8005240227	
568	CBCA ADMINISTRATORS	PO BOX 1272	MINNEAPOLIS	MN	55440	8884465710	WAS HEALTH RISK MANAGEMENT INC.
569	MARYLAND PHYSICIANS CARE	PO BOX 61778	PHOENIX	AZ	85082	8009538854	CODE IN OPEN STATUS BY SCHA
570	SAMBA HEALTH BENEFIT PLAN	11301 OLD GEORGETOWN RD.	ROCKVILLE	MD	20852	3019841440	CODE ASSIGNED BY SCHA
571	CORESOURCE, INC.	PO BOX 8215	LITTLE ROCK	AR	722218215	8886049397	CODE IN OPEN STATUS BY SCHA
572	HEALTH TRANS, LLC	8300 E MAPLEWOOD AVE.	GREENWOOD VILLAGE	CO	80111	8778398119	
573	ST JOHN'S CLAIMS ADMINISTRATION	PO BOX 14409	SPRINGFIELD	MO	65814	8778757700	
574	CITY OF AMARILLO GROUP HEALTH	PO BOX 15130	AMARILLO	TX	79105	8063784235	CODE IN OPEN STATUS BY SCHA
575	WISCONSIN ELECTRICAL EMPLOYEES	PO BOX 2430	BROOKFIELD	WI	53008	6082769111	CODE IN OPEN STATUS BY SCHA
576	SIOUX VALLEY HEALTH	PO BOX 91110	SIOUX FALLS	SD	57109	8007525863	
577	UNITED FIDELITY LIFE INSURANCE COMPANY	PO BOX 13487	KANSAN CITY	MO	64199	8163912134	OPEN 1/06
578	PROFESSIONAL ADMINISTRATORS, INC.	3751 MAGUIRE BLVD., STE. 100	ORLANDO	FL	32814	8007410521	
579	ANTHEM PRESCRIPTION MANAGEMENT	PO BOX 145433	CINCINNATI	OH	45250	8006620210	USE CARRIER A24
580	WORLD INSURANCE COMPANY	PO BOX 3160	OMAHA	NE	681030160	4024968000	
581	ALTA RX	PO BOX 30081	SALT LAKE CITY	UT	84130	8009985033	
582	USAA GENERAL INDEMNITY CO.	PO BOX 15506	SACRAMENTO	CA	958521506	8005318222	
583	ONE NATION BENEFIT ADMINISTRATORS	PO BOX 528	COLUMBUS	OH	43216	8008246796	NAME CHANGE WAS ANTHEM BENEFIT ADMINISTRATORS
584	GOLDEN RULE INSURANCE COMPANY	7440 WOODLAND DR.	INDIANAPOLIS	IN	46278	6189438000	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
585	PLUMBERS & STEAMFITTERS WELFARE FUND	1024 MCKINLEY ST.	PEEKSIILL	NY	10566	9147377220	
586	MCA ADMINISTRATORS (MANAGED CARE OF AMERICA)	MANOR OAK TWO, STE. 605 1910 COCHRAN RD.	PITTSBURGH	PA	15220	4129220780	WAS DIVERSIFIED GROUP ADMINISTRATORS
587	FUTURE SCRIPTS	PO BOX 419019 DEPT 382	KANSAS CITY	MO	64141	8886787012	
588	AUTOMATED BENEFIT SERVICES INC.	PO BOX 321223	DETROIT	MI	482321223	8002751896	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
589	COMBINED ADMINISTRATIVE SERVICES	PO BOX 4539	DALTON	GA	307194539	7062727391	CODE IN OPEN STATUS BY SCHA
590	PHYSICIANS HEALTH SERVICES	PO BOX 981	BRIDGEPORT	CT	06601	8008484747	
591	OLD AMERICAN INSURANCE COMPANY	PO BOX 418573	KANSAS CITY	MO	64141	8167534900	
592	ROBEY BARBER INSURANCE SERVICES	PO BOX 10100	TAMPA	FL	33679	8007497409	USE CODE A98 CORPORATE BENEFIT SERVICES DORMANT 8/02
593	CONTEC	525 LOCUS GROVE RD.	SPARTANBURG	SC	29303	8645038333	
594	WELLS FARGO FINANCIAL	206 EIGHTH ST.	DES MOINES	IA	50309	5152432131	WAS NORTHWEST FINANCIAL
595	AFLAC -AMERICAN FAMILY LIFE ASSO CO	1932 WYNNTON RD.	COLUMBUS	GA	31999	8009923522	
596	SECURE HORIZONS	PO BOX 659787	SAN ANTONIO	TX	782659787	8665798811	
597	MONARCH DIRECT	PO BOX 9004	SPRINGFIELD	MA	01101	8006289000	
599	NATIONAL ELEVATOR INDUSTRY HEALTH BENEFITS	PO BOX 477	NEWTOWN SQUARE	PA	190730477	8005234702	
603	OTHER INDIGENT (HOSPITAL CHARITY)			SC			
604	CHAMPVA	PO BOX 65024	DENVER	CO	802069024	3033317599	
606	VOCA.REHAB GENERAL						
607	WPS TRICARE FOR LIFE	PO BOX 7889	MADISON	WI	537077889	8667730404	
608	VOCATIONAL REHAB DISABILITY						
609	COMM FOR BLIND						
610	DHEC CANCER						
611	DHEC C. CHILDREN						
612	DHEC LOW RISK MATERNITY						
613	DHEC HIGH RISK MATERNITY						
614	TRICARE SOUTH REGION	PO BOX 7031	CAMDEN	SC	290207031	8004033950	INTERNET WWW.MYTRICARE.COM
615	DHEC STERILIZATION						
616	MEDICAID-OUT-OF-STATE						

APPENDIX 2 CARRIER CODES

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Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
617	MEDICARE RAILROAD (PGBA) PROFESSIONAL PART B	PO BOX 10066	AUGUSTA	GA	30999	8772887600	
618	MEDICARE PART A						
619	MEDICAID, SC						
620	MEDICARE PART B ONLY						
621	DEPT CORRECTIONS						
622	WORKMEN'S COMP						
623	CAROLINA MEDICARE PRIME HMO	201 EXECUTIVE CENTER DR.	COLUMBIA	SC	29210	8037507473	MEDICARE ADVANTAGE PLAN (IN STATE)
624	OTHER SPONSOR						
625	DHEC MIGRANT HEALTH						
626	DHEC SICKLE CELL						
627	DHEC HEART	-	-	-	-----		
628	DHEC HEMOPHILIA	-	-	-	-----		
629	DHEC FAMILY PLANNING	-	-	-	-----		
630	DHEC TB	-	-	-	-----		
631	SHRINERS	-	-	-	-----		
632	CRIME VICTIMS	-	-	-	-----		
633	VETERANS ADMINISTRATION	-	-	-	-		
635	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175	4023427600	MEDICARE INTERMEDIARY PART A
636	MUTUAL OF OMAHA	MUTUAL OF OMAHA PLAZA	OMAHA	NE	68175		MEDICARE INTERMEDIARY PART B
637	SELECT HEALTH/FIRST CHOICE	PO BOX 7120	LONDON	KY	40742	8882762020	MEDICAID HMO
638	UNISON HEALTH PLAN HMO	250 BERRYHILL RD.	COLUMBIA	SC	29210	8037985852	MEDICAID HMO
639	HEALTHFIRST HMO	255 ENTERPRISE BLVD., STE. 20	GREENVILLE	SC	29615	8644551100	MEDICAID HMO
642	TRICARE FOR LIFE	PO BOX 7890	MADISON	WI	537077890	8667730404	
643	BCBS OF TENNESSEE	730 CHESTNUT ST.	CHATTANOOGA	TN	37402	8772966189	MEDICARE INTERMEDIARY
644	BCBS OF GEORGIA	PO BOX 9907	COLUMBUS	GA	31908	8004412273	MEDICARE INTERMEDIARY
645	STERLING MEDICARE CHOICE HMO	PO BOX 70	LINTHIEUM	MD	21900	6152445600	
646	CIGNA-MEDICARE	PO BOX 671	NASHVILLE	TN	37202	6152445600	MEDICARE INTERMEDIARY
648	HUMANA GOLD CHOICE (PFFS)	PO BOX 7060	CAMDEN	SC	29020	8775115000	MEDICARE ADVANTAGE

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
650	ABBEVILLE COUNTY	-	-	-	-		
651	AIKEN COUNTY	-	-	-	-		
652	ALLENDALE COUNTY	-	-	-	-		
653	ANDERSON COUNTY	-	-	-	-		
654	BAMBERG COUNTY	-	-	-	-		
655	BARNWELL COUNTY	-	-	-	-		
656	BEAUFORT COUNTY	-	-	-	-		
657	BERKELEY COUNTY	-	-	-	-		
658	CALHOUN COUNTY	-	-	-	-		
659	CHARLESTON COUNTY	-	-	-	-		
660	CHEROKEE COUNTY	-	-	-	-		
661	CHESTER COUNTY	-	-	-	-		
662	CHESTERFIELD COUNTY	-	-	-	-		
663	CLARENDON COUNTY	-	-	-	-		
664	COLLETON COUNTY	-	-	-	-		
665	DARLINGTON COUNTY	-	-	-	-		
666	DILLON COUNTY	-	-	-	-		
667	DORCHESTER COUNTY	-	-	-	-		
668	EDGEFIELD COUNTY	-	-	-	-		
669	FAIRFIELD COUNTY	-	-	-	-		
670	FLORENCE COUNTY	-	-	-	-		
671	GEORGETOWN COUNTY	-	-	-	-		
672	GREENVILLE COUNTY	-	-	-	-		
673	GREENWOOD COUNTY	-	-	-	-		
674	HAMPTON COUNTY	-	-	-	-		
675	HORRY COUNTY	-	-	-	-		
676	JASPER COUNTY	-	-	-	-		
677	KERSHAW COUNTY	-	-	-	-		
678	LANCASTER COUNTY	-	-	-	-		
679	LAURENS COUNTY	-	-	-	-		

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
680	LEE COUNTY	-	-	-	-		
681	LEXINGTON COUNTY	-	-	-	-		
682	MARION COUNTY	-	-	-	-		
683	MARLBORO COUNTY	-	-	-	-		
684	MCCORMICK COUNTY	-	-	-	-		
685	NEWBERRY COUNTY	-	-	-	-		
686	OCONEE COUNTY	-	-	-	-		
687	ORANGEBURG COUNTY	-	-	-	-		
688	PICKENS COUNTY	-	-	-	-		
689	RICHLAND COUNTY	-	-	-	-		
690	SALUDA COUNTY	-	-	-	-		
691	SPARTANBURG COUNTY	-	-	-	-		
692	SUMTER COUNTY	-	-	-	-		
693	UNION COUNTY	-	-	-	-		
694	WILLIAMSBURG COUNTY	-	-	-	-		
695	YORK COUNTY	-	-	-	-		
696	OUT-OF-STATE GA	-	-	-	-		
697	OUT-OF-STATE NC	-	-	-	-		
698	OUT-OF-STATE OTHER	-	-	-	-		
701	UNI-CARE CHOICE HEALTH BENEFITS	PO BOX 51130	SPRINGFIELD	MA	01151	8002888630	
702	BOON CHAPMAN BENEFIT ADMINISTRATORS	PO BOX 9201	AUSTIN	TX	787669201	8002529653	CODE ASSIGNED BY SCHA
703	TUCKER COMPANY & ADMINISTRATORS	9140 ARROW POINT BLVD. #200	CHARLOTTE	NC	282738102	7045259666	
704	UNITED FOOD & COMMERCIAL WORKERS (UFCW)	1800 PHOENIX BLVD., STE. 310	ATLANTA	GA	30349	8002417701	
705	APS HEALTHCARE, INC.	PO BOX 1307	ROCKVILLE	MD	20849	8002218699	
706	PLUMBERS & PIPEFITTERS LOCAL NO. 421	PO BOX 840	MACON	GA	312020840	8887412673	
707	DILLON YARN MEDICAL BENEFITS	1019 TITAN RD.	DILLON	SC	29536	8437747353	
708	PERFORMAX	PO BOX 61505	KING OF PRUSSIA	PA	19406	8885547629	CODE NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA
709	MERCER ADMINISTRATION	701 MARKET ST., STE. 1100	ST LOUIS	MO	63101	8008687526	FORMERLY MARSH ADVANTAGE AMERICA
709DN	MARSH ADVANTAGE AMERICA	501 NORTH BRDWAY, STE. 500	ST LOUIS	MO	63102	8008687526	FORMERLY BENEFIT PLAN

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							SERVICES
710	21ST CENTURY HEALTH AND BENEFITS INC	PO BOX 5037	CHERRY HILL	NJ	08034	8005339323	
711	LABORERS DISTRICT COUNCIL OF GA AND SC	PO BOX 607	JONESBORO	GA	302370607	4044771888	
712	TDI MANAGED CARE SERVICES	620 EPSILON DR.	PITTSBURG	PA	15238	8005815300	CARRIER BOUGHT OUT BY PHARMACARE CC 740
713	HEALTH CARE CREDIT UNION ASSOC. HCCUA	PO BOX 260957	PLANT	TX	750260957	8663736366	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
714	STOWE ASSOCIATES	2872 WOODCOCK BLVD. #200	ATLANTA	GA	30341	8005337896	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
715	UNITED HEALTH & LIFE INSURANCE COMPANY	PO BOX 169050	DULUTH	MN	558168200	8005262414	USE CC113 UNITED HEALTHCARE
716	INDECS CORP	PO BOX 668	LYNDHURST	NJ	07071	8884463327	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
717	USA HEALTH CARE (MVP HEALTH CARE)	PO BOX 22920	ROCHESTER	NY	146922920	8009993920	CODE ASSIGNED BY SCHA
718	RX PRIME/CIGNA PHARMACY SERVICES	PO BOX 3598	SCRANTON	PA	185050598	8006225579	
719	FLORIDA HEALTH ALLIANCE	PO BOX 10269	JACKSONVILLE	FL	322470269	9043548335	
720	UNITED MINE WORKERS HEALTH & RETIREMENT FUND	RTE. 2 BOX 218A	BIG STONE GAP	VA	24219	8006549763	
721	EHD ADMINISTRATORS	PO BOX 83080	LANCASTER	PA	176083080		CODE ASSIGNED BY SCHA
722	AMERICAN REPUBLIC INSURANCE COMPANY	PO BOX 10	DES MOINES	IA	50301	8002472190	
723	CAROLINA CONTINENTAL INSURANCE	PO BOX 427	COLUMBIA	SC	29202	8032566265	
724	MUTUAL MEDICAL PLANS	PO BOX 689	PEORIA	IL	61652	8004484689	CODE ASSIGNED BY SCHA
725	DIALYSIS CLINIC, INC.	203 FREEMONT AVE.	SPARTANBURG	SC	29303	8645852046	
726	INSURANCE SERVICE AND BENEFITS	3218 HIGHWAY 67 STE. 218	MESQUITE	TX	75150	8008783157	
727	GUARANTEE MUTUAL LIFE CO.	8801 INDIAN HILLS DR.	OMAHA	NE	68114	8004624660	
728	GENERAL PRESCRIPTION PROGRAMS INC	305 MEDICINE BLVD.	NEW YORK	NY	10165	8003412234	
729	GROUP INSURANCE SERVICES (GIS)	PO BOX 2291	DURHAM	NC	27702	9194904391	CODE IN OPEN STATUS BY SCHA
730	GEORGIA HEALTHCARE PARTNERSHIP	PO BOX 16388	SAVANNAH	GA	314163088	8005666710	
731	ADOVA HEALTH	PO BOX 725549	ATLANTA	GA	31139	8664704959	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
732	HERTZ CLAIM MANAGEMENT	PO BOX 726	PARK RIDGE	NJ	07656	2013072177	
733	MOUNTAIN CLAIMS MANAGEMENT	PO BOX 1008	FRUITLAND	ID	83619	2084527979	CODE IN OPEN STATUS BY SCHA
734	STRATEGIC OUTBURSTING INC.	PO BOX 241508	CHARLOTTE	NC	28224	8888367764	CODE NOT REQUESTED BY

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							MEDICAID ASSIGNED BY SCHA
735	EATON BENEFIT PAYMENT OFFICE	PO BOX 16691	COLUMBUS	OH	43214	8002216036	
736	SPECTERA	2811 LORD BALTIMORE DR.	BALTIMORE	MD	212442644	8006383120	
737	UNITED CONCORDIA	PO BOX 69421	HARRISBURG	PA	17106	8008668499	
738	FHA-TPA DIVISION	PO BOX 327810	FT LAUDERDALE	FL	333329711	8037988698	CODE IN OPEN STATUS BY SCHA
739	BOLLINGER INC	PO BOX 727	SHORT HILLS	NJ	07078	8662670092	CODE ASSIGNED BY SCHA
740	PHARMACARE	PO BOX 52188	PHOENIX	AZ	850722196	8002376184	AS OF 1/1/08 CO. MERGED WITH CAREMARK (471) ADD NEW POLICIES WITH 471
741	SPENCER & ASSOCIATES INS.	1 S. LIMESTONE ST., STE. 301	SPRINGFIELD	OH	45502	8667669016	CODE ASSIGNED BY SCHA
742	MIDA DENTAL PLAN	2000 TOWN CENTER, STE. 2200	SOUTHFIELD	MI	48075	8009376432	
743	EMPLOYEE PLANS, INC.	PO BOX 2362	FT WAYNE	IN	468012362	2606257500	
744	COLUMBIA PHARMACY SOLUTIONS	PO BOX 30 COLUMBIA PLAZA	GREENSBURG	PA	15601	8007131983	
745	GROUP BENEFIT SERVICES	1312 BELLONE AVE.	LUTHERVILLE	MD	21093	8006386085	
746	MED-TAC CLAIMS	PO BOX 9110	NEWTON	MA	02160	8003479355	
747	PACIFICARE	PO BOX 6099	CYPRESS	CA	90630	8663169776	CODE ASSIGNED BY SCHA
748	HEALTH CARE SAVINGS, INC.	4530 PARK RD.	CHARLOTTE	NC	28209	-	CODE ASSIGNED BY SCHA
749	GERBER LIFE INSURANCE COMPANY	PO BOX 2088	GRAND RAPIDS	MI	49501	8002533074	
750	BENEFIT ADMINISTRATIVE SERVICES	PO BOX 4509	ROCKFORD	IL	61110	8159699663	
751	POLARIS BENEFIT ADMINISTRATORS	PO BOX 2010	WESTERVILLE	OH	43086-	8002340225	
751DN	POLARIS BENEFIT ADMINISTRATORS	PO BOX 1008	DELAWARE	OH	43015-	8002340225	
751RX	POLARIS BENEFIT ADMINISTRATORS	PO BOX 1008	DELAWARE	OH	43015-	8002340225	
752	HYGEIA CORPORATION	15500 NEW BARN RD.	MIAMI LAKES	FL	33014	8005912650	CODE ASSIGNED BY SCHA
753	HEALTHNET	PO BOX 2226	AUGUSTA	GA	309032226	9009778221	
754	1199 SEIU NATIONAL BENEFIT FUND	PO BOX 933	NEW YORK	NY	10108	8888191199	
755	TOTAL BENEFIT SERVICES INC	PO BOX 30180	NEW ORLEANS	LA	70190	800596 315	
756	MANUS INSURANCE COMPANY	6350 W ANDREW JACKSON HWY	TALBOTT	TN	37877	8009933401	
757	J C PENNEY LIFE INSURANCE COMPANY	PO BOX 869090	PLANO	TX	750860909	9728816000	
758	HEALTHCHOICE	PO BOX 24870	OKLAHOMA	OK	731270870	8004892974	CODE ASSIGNED BY SCHA
759	MEDIPLUS	PO BOX 9126	DES MOINES	IA	50309	8002472192	AKA TROA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
760	KEY BENEFIT ADMINISTRATORS	PO BOX 55230	INDIANAPOLIS	IN	46205	8003314757	
761	EMPLOYEE BENEFIT STRATEGIES	229 EAST MICHIGAN AVE., STE. 235	KALAMAZOO	MI	49007	8003257477	
762	ROYAL NEIGHBORS OF AMERICA	PO BOX 10850	CLEARWATER	FL	337578850	8778158857	CODE ASSIGNED BY SCHA
763	THE PROVIDENT	PO BOX 31499	TAMPA	FL	33631	8005257268	
764	CARE LINK HEALTH PLAN	PO BOX 7373	LONDON	KY	407427373	8003482922	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
765	DRIVERS CHOICE	PO BOX 25427	COLUMBIA	SC	29224	8777724642	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
766	PALMER & CAY/CARSWELL, INC.	PO BOX 1286	SAVANNAH	GA	31402	9122346621	
766DN	PALMER & CAY/CARSWELL, INC.	PO BOX 1286	SAVANNAH	GA	31402	9122346621	
767	THIELE KAOLIN CO.	PO BOX 1868	STATESBORO	GA	30459	4785523951	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
768	WISCONSIN PHYSICIANS SERVICES	1717 WEST BRDWAY ST.	MADISON	WI	53708	8889154158	
769	FEDEX FREIGHTWAYS	PO BOX 840	HARRISON	AR	72602	8008744723	
770	PEOPLES BENEFIT LIFE INSURANCE	PO BOX 484	VALLEY FORGE	PA	19493	8005237900	
771	PACIFIC FIDELITY LIFE INSURANCE CO (P.F.L.)	PO BOX 982009	N RICHLAND HILLS	TX	761828009	8176566040	USE CODE 477 MEGA LIFE
772	BENEFIT SYSTEMS INC	PO BOX 6001	INDIANAPOLIS	IN	462066001	8008243216	
773	PHYSICIANS MUTUAL INSURANCE COMPANY	PO BOX 2018	OMAHA	NE	681032018	8002289100	
774	DISNEY WORLDWIDE SERVICES	PO BOX 10130	LAKE BUENA VISTA	FL	33830	8003922978	
775	FIRST CHOICE BENEFITS MANAGEMENT	PO BOX 658	BELOIT	WI	535120658	8003035770	
776	GULF SOUTH ADMINISTRATORS	PO BOX 8570	METAIRIE	LA	700118570	8003662475	CODE IN OPEN STATUS BY SCHA
777	US HEALTH AND LIFE	PO BOX 37504	OAK PARK	MI	482370504	8002259674	THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA
778	DUKE BENEFIT SERVICES, INC.	3078 BRICKHOUSE CT.	VIRGINIA BEACH	VA	23452	757-485-25	CODE ASSIGNED BY SCHA
779	UNISYS	PO BOX 13500	TALLAHASSEE	FL	32317	8007677829	DORMANT 8/06
780	CORPORATE SYSTEMS ADMINISTRATION INC	PO BOX 4985	JOHNSON CITY	TN	376024985	8002752847	
781	MEDICAL CLAIMS MANAGEMENT CORP	PO BOX 12995	CHARLOTTE	NC	282202995	8003340609	
781DN	MEDICAL CLAIMS MANAGEMENT CORP	PO BOX 12995	CHARLOTTE	NC	282202995	8003340609	
782	HOUSING BENEFIT PLAN	PO BOX 542077	DALLAS	TX	753542077	8009372036	
784	PACIFIC HEALTH ADMINISTRATORS	PO BOX 620123	ORLANDO	FL	328620123	8007766070	CODE ASSIGNED BY SCHA
785	THE HARVEST INSURANCE CO.	PO BOX 956003	LAKE MARY	FL	327950856	8002530856	CODE ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
786	E S BEVERIDGE & ASSO., CIN.	PO BOX 636	MANSFIELD	OH	44901	8004413961	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
787	PACIFICARE SENIOR SUPPLEMENT PLAN	PO BOX 6072	CYPRESS	CA	906300072	8008513802	
788	ERISA DESIGN SYSTEMS ADM.(EDSA)	PO BOX 1557	BALTIMORE	MD	21203	8008203372	DORMANT 8/06
789	NATIONAL CASUALTY COMPANY	PO BOX 1250	ROCKFORD	IL	611051250	8002751896	CODE IN OPEN STATUS BY SCHA
790	NATIONAL TWIST DRILL COMPANY	3950 LAKE DR.	LORIS	SC	29569		DORMANT 8/06
791	LADD FURNITURE HEALTH PLAN	PO BOX 7405	GREENSBORO	NC	27417	8002886312	DORMANT 8/06
792	PIONEER LIFE INSURANCE COMPANY OF ILLINOIS	PO BOX 1250	ROCKFORD	IL	611051250	8159875000	USE CODE 282 WASHINGTON NATIONAL
793	ASSURITY LIFE INSURANCE CO.	PO BOX 80926	LINCOLN	NE	68501	8662897337	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
794	UNITED FAMILY LIFE INSURANCE COMPANY	PO BOX 2204	ATLANTA	GA	30371	4046593300	
795	REGIONAL MEDICAL ADMINISTRATORS INC.	PO BOX 4128	GLEN RAVEN	NC	272150901	3362267950	
796	LINECO	2000 SPRINGER DR.	LOMBARD	IL	60148	8003237268	CODE ASSIGNED BY SCHA
797	DOAN PET CARE GROUP	451 PROSPERITY DR.	ORANGEBURG	SC	29115	8003720004	DORMANT 8/06
798	INCENTUS	1710 FIRMAN	RICHARDSON	TX	75081	8005591322	USE CODE B44 AMERICA CHOICE HEALTH PLAN
799	GENWORTH FINANCIAL	PO BOX 8021	SAN RAFAEL	CA	949129974	8008764582	WAS G E FINANCIAL SERVICES
800	NEBCO (TENNECO)	PO BOX 97	SCRATNON	PA	185040097	8007177562	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
801	IMERICA LIFE AND HEALTH INS. CO	PO BOX 3287	ENGLEWOOD	CO	80155	8882738020	
802	CONSTITUTION LIFE INSURANCE CO	PO BOX 130	PENSACOLA	FL	325910130	8007896364	
803	FIRST CONTINENTAL LIFE INSURANCE	PO BOX 1911	CARMEL	IN	46032	8005381235	
804	PIEDMONT COMMUNITY HEALTHCARE INC.	PO BOX 14408	CINCINNATI	OH	452500408	8004007247	THIS NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
805	PENN TREATY NETWORK AMERICA (PTNA)	PO BOX 130	PENSACOLA	FL	325910130	8006357418	CODE ASSIGNED BY SCHA
806	NETWORK HEALTH PLAN	PO BOX 568	MENASHA	WI	54952	9207201300	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
807	OPTIMA HEALTH PLAN	PO BOX 5028	TROY	MI	460071199	8002291199	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
808	NEW MARKET DIMENSION	PO BOX 1338	COCKEYVILLE	MD	21031	8005706745	
809	OHIP CARPENTERS HEALTH & WELFARE FUND	8281 YOUNGSTOWN WARREN RD. #240	NILES	OH	44446	8003629354	CODE ASSIGNED BY SCHA
810	UNITED RESOURCE NETWORK	PO BOX 30758	SALT LAKE CITY	UT	84130	877-801-35	CODE ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
811	SPARTANBURG REGIONAL HEALTHCARE SYSTEM	PO BOX 1000	LANCASTER	SC	29721	877-629-00	CODE ASSIGNED BY SCHA
812	MAJOR LEAGUE BASEBALL BENEFIT PLAN	PO BOX 7003	PARKERSBURG	WV	261027003	8006692255	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
813	CENTURY PLANNER	9201 WATSON RD., STE. 350	ST. LOUIS	MO	631261509	8007762453	
814	HEALTHCOMP ADMINISTRATORS	PO BOX 45018	FRESNO	CA	93718	8004427247	
815	YOUNG LIFE BENEFIT PLAN	PO BOX 520	COLORADO SPRINGS	CO	80901	7193811950	THID CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
816	ARCADIAN MEMBER CARE	PO BOX 4946	COVINA	CA	91723	8005738597	
817	CITIZENS HEALTH	PO BOX 770	PUEBLO	CO	810020770		THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
818	PENNSYLVANIA EMPLOYEES BENEFIT TRUST FUND	150 SOUTH 43RD ST., STE. 1	HARRISBURG	PA	171115700	8006280174	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
819	PHYSICIANS HEALTH PLAN	PO BOX 2359	FORT WAYNE	IN	46801	8009826257	CODE ASSIGNED BY SCHA 8/30/07
820	MANAGE MED	PO BOX 6125	GREENVILLE	SC	29606	8009928088	CODE ASSIGNED BY SCHA SEE CARRIER CODE 536
821	ODS HEALTH PLAN ADVANTAGE	PO BOX 4030	PORTLAND	OR	972084030	8773370650	CODE ASSIGNED BY SCHA
822	MEDICAL MUTUAL	PO BOX 6018	CLEVELAND	OH	44101	8002582873	CODE ASSIGNED BY SCHA
823	-	-	-	-	-		
824	PEARCE INSURANCE	PO BOX 2437	FLORENCE	SC	29503	8887221668	THIS CODE NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA
825	UNISON ADVANTAGE	PO BOX 1138	MONROEVILLE	PA	151465138	8002904009	MEDICARE ADVANTAGE
826	WILLSE & ASSOCIATES, INC.	PO BOX 1196	BALTIMORE	MD	21203	4105470454	
827	J. SMITH LANIER	PO BOX 72749	NEWMAN	GA	30271	8882954864	
828	NATIONAL PHARMACEUTICAL SERVICES	PO BOX 407	BOYSTOWN	NE	68017	8005465677	
829	ADMINISTRATIVE SOLUTIONS	PO BOX 2490	ALPHARETTA	GA	30023	6783390211	
830	CONTRACTORS EMPLOYEE BENEFIT ADM. (CEBA)	9003 WATERFORD CENTER BLVD.	AUSTIN	TX	78758	8002477724	
831	CORPORATE BENEFIT SOLUTIONS, INC.	PO BOX 8215	LITTLE ROCK	AR	72221	8886049397	
832	CAMERON AND ASSOCIATES	6100 LAKE FOREST DR.	ATLANTA	GA	30328	8003879919	
833	MERCY HEALTH PLANS	PO BOX 4568	SPRINGFIELD	MO	658084568	8006472240	
834	DEFINITY HEALTH	PO BOX 9525	AMHERST	NY	14226	8663334648	BROUGHT OUT BY UNITED HEALTHCARE CARRIER 113
835	MANAGED PHARMACY BENEFITS	1100 NORTH LINDBERGH	ST. LOUIS	MO	63132	8006729540	THIS CARRIER BOUGHT OUT BY EXPRESS SCRIPTS.

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
836	HUMANA	1100 EMPLOYERS BLVD.	GREEN BAY	WI	543440620	8005584444	
837	HEALTH ADMINISTRATION SERVICES	PO BOX 6724208	HOUSTON	TX	77267	8008655440	
838	SHESFIELD, OLSON & MCQUEEN	PO BOX 16608	ST PAUL	MN	55116	8883308408	
839	CITIZENS SECURITY LIFE INS.	PO BOX 436149	LOUISVILLE	KY	402536149	5022442420	
840	AMERICAN INCOME LIFE INSURANCE COMPANY	PO BOX 2608	WACO	TX	76797	8177723050	
841	WATKINS ASSOCIATED INDUSTRIES	PO BOX 1738	ATLANTA	GA	30301	8003333841	CODE ASSIGNED BY SCHA
842	GARDNER AND WHITE INC	PO BOX 40619	INDIANAPOLIS	IN	462400619	3172579131	
842DN	GARDNER AND WHITE INC	PO BOX 40619	INDIANAPOLIS	IN	462400619	3172579131	
843	CORE MANAGEMENT RESOURCES GROUP	PO BOX 840	MACON	GA	31202	8887412673	
844	KEYSTONE HEALTH PLAN CENTRAL (KHP) CENTRAL	PO BOX 898880	CAMPBILL	PA	17089	8006222843	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
845	GEISINGER HEALTH PLAN GOLD	PO BOX 8200	DANVILLE	PA	178218200	8004989731	CODE ASSIGNED BY SCHA 6/14/07 HMO
846	SCRIPT CARE, INC.	6380 FOLSOM DR.	BEAUMONT	TX	77706	8008809988	
847	MAHONEY BENEFIT ADMINISTRATORS	PO BOX 7260	FORT LAUDERDALE	FL	33338	8002807093	
848	HERITAGE	PO BOX 1730	AUBURNDALE	FL	33823	8002822460	
849	E.O.S. HEALTH	PO BOX 27088	TEMPE	AZ	85285	8884568417	
850	ONENET PPO	PO BOX 934	FREDERICK	MD	217050934	8003423289	CODE ASSIGNED BY SCHA
852	EMPLOYERS MUTUAL	1000 RIVERSIDE AVE, STE. 400	JACKSONVILLE	FL	32257	8006972235	
853	COMPSYCH CORP.	PO BOX 8379	CHICAGO	IL	60680	8775955282	
854	BOYD CARE (BOYD BROTHERS TRANSPORTATION)	PO BOX 70	CLAYTON	AL	36016	3347751284	
855	UNIVERSITY HEALTH PLANS	PO BOX 830926 DEPT 003	BIRMINGHAM	AL	35283	8778780914	
856	TRANSAMERICA OCCIDENTAL LIFE	PO BOX 2101 TERMINAL ANNEX	LOS ANGELES	CA	90051	2137422111	
857	CORPORATE BENEFIT SERVICES INC	PO BOX 12954	CHARLOTTE	NC	28220	7043730447	
857DN	CORPORATE BENEFIT SERVICES INC	PO BOX 12954	CHARLOTTE	NC	28220	7043730447	
858	PREVEA HEALTH PLAN	PO BOX 7955	LAKE FOREST	IL	60045	8887111444	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
859	NEW ENGLAND GROUP TRUST	PO BOX 30466	TAMPA	FL	33630	8006541731	
860	MANAGED HEALTH NETWORK	PO BOX 209010	AUSTIN	TX	78720	8008352094	
861	SUPERIOR ESSEX	PO BOX 724907	ATLANTA	GA	31139	8772917920	
862	PERFORMAX	300 CORPORATE PARKWAY	AMHERST	NY	11226	8777776076	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
863	INSURANCE ADMINISTRATION CORP.	PO BOX 39119	PHOENIX	AZ	85069	8008433106	
864	GE GROUP ADMINISTRATORS	PO BOX 150809	ARLINGTON	TX	76015	8882558961	
865	AMERICAN HEARTLAND HEALTH ADMINISTRATORS	PO BOX 218967	HOUSTON	TX	77218	2813987770	DORMANT 8/06
866	OLYMPIC HEALTH MANAGEMENT	PO BOX 5348	BELLINGHAM	WA	98227	3607349888	
867	STATE OF NC COMP. HEALTH BENEFIT	PO BOX 30025	DURHAM	NC	27702	9194897431	
868	KANSAS CITY LIFE	PO BOX 219325	KANSAS CITY	MO	64121	8008745254	
869	EMPLOYEE BENEFIT MANAGEMENT SERVICES	PO BOX 21367	BILLINGS	MT	59102	8007773575	
870	FOUNDATION HEALTH	PO BOX 453219	SUNRISE	FL	33345	8004415501	
871	UNITED BEHAVIORAL HEALTH	PO BOX 169053	DULUTH	MN	55816	8008776003	CODE ASSIGNED BY SCHA
872	UNITED HEALTHCARE PLAN OF RIVER VALLED	3800 23RD AVE. #200	MOLINE	IL	61215	8002246602	CODE ASSIGNED BY SCHA THIS COMPANY BOUGHT OUT JOHN DEERE INS. CO. THIS WAS THE HMO FOR JOHN DEERE 6/29/07
873	MEDCO HEALTH	PO BOX 8190	MADISON	WI	537088190	8002217006	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY THE SCHA
874	HEALTH NET	PO BOX 14700	LEXINGTON	KY	40512	8887477823	THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA
875	AMERICAN SENTINEL	PO BOX 61140	HARRISBURG	PA	171061140	8006927338	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
876	HEALTHSOURCE OF NC INC	PO BOX 28087	RALEIGH	NC	27611	8008499000	USE CODE 134 CIGNA HEALTHCARE
877	CARTER-JONES LUMBER CO	WELFARE PLAN	FLORENCE	SC	295010659		CODE ASSIGNED BY SCHA
878	PENSION AND GROUP SERVICE/HRM CLAIM MANAGEMENT	PO BOX 4022	KALAMAZOO	MI	490034022	8002530966	
879	WELLPATH SELECT	PO BOX 7102	LONDON	KY	40742	8662083610	WELLPATH SELECT IS A PLAN UNDER THE PARENT CO. COVENTRY HEALTH CARE
880	OPTIMUM HEALTH PARTNERS	PO BOX 2243	GREENVILLE	SC	29602	8642134992	
881	UNITED HEALTHCARE OF NC	PO BOX 26303	GREENSBORO	NC	274386303	8009991147	CODE ASSIGNED BY SCHA
882	PRUDENTIAL HEALTHCARE SYSTEM OF NC	2701 COLTSGATE RD., STE. 100	CHARLOTTE	NC	28211		CODE ASSIGNED BY SCHA
883	SELECT HEALTH OF SOUTH CAROLINA INC	7410 NORTHSIDE DR., STE. 208	CHARLESTON	SC	29420	8435691759	CODE IN OPEN STATUS BY SCHA
884	HEALTH FIRST HEALTH PLANS	PO BOX 565001	ROCKLEDGE	FL	329565001	8007167737	CODE IN OPEN STATUS BY SCHA
885	JOHN ALDEN INSURANCE COMPANY	PO BOX 020270	MIAMI	FL	33102	8003284316	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
885DN	JOHN ALDEN INSURANCE COMPANY	PO BOX 020270	MIAMI	FL	33102	8003284316	
886	PLANNED ADMINISTRATORS INC	PO BOX 6927	COLUMBIA	SC	29260	8037540041	
886DN	PLANNED ADMINISTRATORS INC	PO BOX 6927	COLUMBIA	SC	29260	8037540041	
887	CNIC HEALTH SOLUTIONS	PO BOX 3559	ENGLEWOOD	CO	80155	8004267453	
888	SOUTHEASTERN BENEFIT PLANS INC.	335 ARCHDALE DR.	CHARLOTTE	NC	282174246	7045295400	
889	GROUP INSURANCE ADMINISTRATION INC	3350 PEACHTREE RD. NE STE. 1040	ATLANTA	GA	30326	8006210683	
889DN	GROUP INSURANCE ADMINISTRATION INC	3350 PEACHTREE RD. NE STE. 1040	ATLANTA	GA	30326	8006210683	
890	PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA	PO BOX 17368	WINSTON SALEM	NC	271167368	8009425695	
891	OPTIMUM CHOICE OF THE CAROLINAS INC	4 TAFT CT.	ROCKVILLE	MD	20850	8003438205	
892	INDEPENDENT HEALTH	PO BOX 9066	BUFFALO	NY	14231	8002471466	CODE ASSIGNED BY SCHA
893	KEYSTON HEALTH PLAN EAST	PO BOX 8339	PHILADELPHIA	PA	19101	8002273116	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
894	AMERIHEALTH MERCY HEALTH PLAN	PO BOX 7118	LONDON	KY	40742	8889917200	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
895	CONTINENTAL LIFE INS. OF TENNESSEE	PO BOX 1188	BRENTWOOD	TN	37024	6153771300	
896	OPTIMED HEALTH PLAN	902 CLINT MOORE RD., STE. 100	BOCA RATON	FL	33487	8004828770	
897	SOUTHERN BENEFIT ADM.	5305 VIRGINIA BEACH BLVD.	NORFOLK	VA	23502	7574618091	
898	ASSOCIATION & SOCIETY INS. CORP	PO BOX 2510	ROCKVILLE	MD	20847	8006382610	
899	AETNA HEALTH PLANS OF THE CAROLINAS INC	3 CENTERVIEW DR.	GREENSBORO	NC	27407	8004591466	HMO PLAN ONLY
900	KOHLER COMPANY	444 HIGHLAND DR.	KOHLER	WI	530441515	9204574441	
901	YORK PRESCRIPTION BENEFITS	1 CHURCH ST. 5TH FLOOR	NEW HAVEN	CT	06510	8887812707	DORMANT 8/06
902	M CARE	PO BOX 130799	ANN ARBOR	MI	481130779	8006588878	CODE ASSIGNED BY SCHA. THIS IS THE HMO TO CC 504 WHICH IS THE POS
903	ACORDIA NATIONAL	PO BOX 11064	CHARLESTON	WV	253391064	8004354351	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
904	BEST CHOICE HEALTH PLAN	PO BOX 21128	FORT LAUDERDALE	FL	33335	8008674446	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
905	BETTER BENEFITS	PO BOX 93929	SOUTHLAKE	TX	76092	8664163605	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
906	GROUP HEALTH ADMINISTRATOR INC	PO BOX 6244	CHARLOTTE	NC	282071018	8002225790	
907	CELTIC LIFE INSURANCE CO.	PO BOX 46337	MADISON	WI	53744	8007662525	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
909	PREFERRED HEALTH ALLIANCE CORP.	PO BOX 382048	BIRMINGHAM	AL	35238	8007228477	
909DN	PREFERRED HEALTH ALLIANCE CORP.	300 CORPORATE PKWY. STE. 3	BIRMINGHAM	AL	35242	2059691155	
910	AMERICAN ADMINISTRATIVE GROUP	PO BOX 5227	LISLE	IL	605325227	8003545112	WAS GALLAGER & BASSETT SERVICES
911	COMMUNITY HEALTH PARTNERS	PO BOX 5787	SPARTANBURG	SC	29304	8889628437	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
912	WELLS FARGO TPA-NC OFFICES	PO BOX 2857	FAYETTEVILLE	NC	28302	8003376288	
913	WELLNESS PLAN & ATLANTIC HEALTH PLAN	PO BOX 12980	CHARLOTTE	NC	28220	8007949355	DORMANT 8/06
915	MANAGED HEALTH RESOURCES	PO BOX 30742	CHARLOTTE	NC	28208	7043555200	
916	ELMCO, INC.	215 EAST CHURCH ST., STE. 200	ELMIRA	NY	14901	6077345773	DORMANT 8/06
919	AMERICAN HEALTH GROUP, INC.	PO BOX 1500	MAUMEE	OH	43537	8008615770	
920	HEALTHSMART PREFERRED CARE	PO BOX 53010	LUBBOCK	TX	794533010	8064732500	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
922	BLUE CHOICE HEALTHPLAN	PO BOX 6170	COLUMBIA	SC	292606170	8037868466	WAS COMPANION HEALTHCARE NAME CHANGE EFFECTIVE 7/1/05
923	WJ JONES ADMINISTRATIVE SERVICES INC	1979 MARCUS AVE.	LAKE SUCCESS	NY	11042	8008317783	DORMANT 8/06
928	DIRECT CARE AMERICA	PO BOX 2090C	STOW	OH	44224	8002665896	THIS CODES NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
929	NATIONAL HEALTH INSURANCE COMPANY	PO BOX 619999	DALLAS/FORT WORTH AIRPORT	TX	752619999	8002371900	
931	GOOD SAMARITAN PROGRAM	5151 WEST HWY 40	BEACHGROVE	IN	46140	3178942000	
932	ALTERNATIVE RISK MANAGEMENT	3275 NORTH ARLINGTON HGTS. STE. 401	ARLINGTON	IL	60004	8003921770	DORMANT 8/06
933	PREFERRED HEALTHCARE SYSTEMS	620 HOWARD AVE.	ALTOONA	PA	166014899		CODE ASSIGNED BY SCHA
934	ASSOCIATION & SOCIETY INS. CORP.	PO BOX 2510	ROCKVILLE	MD	20847	8006382610	
936	KEY BENEFITS-TRANSCOICE PLUS	PO BOX 1279	FORT MILL	SC	297161279	8005916764	CODE ASSIGNED BY SCHA
937	MVP HEALTH CARE	259 MONROE AVE.	ROCHESTER	NY	14607	8009503224	NAME CHANGE ONLY 4/09. WAS PERFERRED CARE
939	PREMIER HEALTH SYSTEMS	PO BOX 1640	COLUMBIA	SC	292021640	8032968999	CODE ASSIGNED BY SCHA
940	PRIVATE HEALTH CARE SYSTEMS (PHCS)	PO BOX 2914	DES PLAINES	IL	600172914	8005317662	CODE ASSIGNED BY SCHA 6/18/07
941	FIDELITY SECURITY LIFE INSURANCE CO	419 E MAIN ST.	MIDDLETOWN	NY	10940	8008267531	THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
942	PRINCIPAL FINANCIAL GROUP	PO BOX 39710	COLORADO SPRINGS	CO	80949	8002474695	
943	LIBERTY MUTUAL LIFE INSURANCE	5 HUTCHINSON DR.	DANVERS	MA	01923	8889994767	CODE IN OPEN STATUS BY SCHA
945	CAROLINA ATLANTIC MEDICAL SERVICES ORGANIZATION	PO BOX 22528	CHARLESTON	SC	29413	8008100906	DORMANT 8/06
946	FIRST HEALTH	PO BOX 1377	THOMASVILLE	GA	31799	8668478235	
948	PHILADELPHIA AMERICAN LIFE INS. CO.	PO BOX 2465	HOUSTON	TX	77252	8005527879	
951	AMERICAN GROUP ADMINISTRATORS	101 CONVENTION CENTER DR., STE. 200	LAS VEGAS	NE	89109	8008424742	
952	STARK TRUSS CO., INC.	PO BOX 2080C	STOW	OH	44224	8004564002	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
953	USA HEALTHCARE ORGANIZATION	7301 N. 16TH ST., STE. 201	PHOENIX	AZ	85020	8008723860	CODE ASSIGNED BY SCHA
954	MULTIPLAN	115 5TH AVE.	NEW YORK	NY	100031004	8005463887	CODE ASSIGNED BY SCHA
955	DESIGN SAVERS PLAN	2814 SPRING RD., STE. 122	ATLANTA	GA	30339	8006165709	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
958	ITPE-NMU HEALTH AND WELFARE FUND	PO BOX 13817	SAVANNAH	GA	31416	9123527169	
958DN	ITPE-NMU HEALTH AND WELFARE FUND	PO BOX 13817	SAVANNAH	GA	31416	9123527169	
960	HEALTH EOS	PO BOX 6090	DER PERE	WI	541156090	8004355694	CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID
961	CLARK COUNTY FIRE FIREFIGHTERS	PO BOX 27018	LAS VEGAS	NV	89126	8004584642	CODE ASSIGNED BY SCHA
962	VICARE PLUS	PO BOX 1710	SUFFOLK	VA	23439	8779344403	
963	OXFORD HEALTH PLANS	PO BOX 2083	NASHUA	NH	030612083	8882014111	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
964	PHARMACEUTICAL CARE NETWORK	9343 TECH CENTER DR.	SACRAMENTO	CA	95826	8007770074	
965	PROFESSIONAL BENEFIT ADMINISTRATORS, INC. (PBA)	PO BOX 4687	OAKBROOK	IL	605223755	6306553755	
966	CAPITOL ADMINISTRATORS OF THE SOUTHEAST	PO BOX 346	ALPHARETTA	GA	30009	8886506566	
967	UNDERWRITERS SAFETY AND CLAIMS	PO BOX 23507	LOUISVILLE	KY	40223	8006781536	
968	AMERICAN BENEFIT ADMINISTRATIVE SERVICES	PO BOX 0928	BROOKFIELD	WI	53008	6304161111	
969	WHP HEALTH INITIATIVE	2275 HALF DAY RD.	BANNOCKBURN	IL	60015	8002072568	
970	CONSOLIDATED WORKERS ASSOCIATION (CWA)	PO BOX 2647	CHINO HILLS	CA	91709	8009195514	CODE ASSIGNED BY SCHA
971	ATLANTA ADMINISTRATIONS	135 BEAVER ST.	WALTHAM	MA	02452	8005481256	
972	ASR CORP (ADMINISTRATION SYSTEM RESEARCH)	PO BOX 6392	GRAND RAPIDS	MI	49512	8009682449	
973	CAMBRIDGE INTERGRATED SERVICES GROUP INC.	PO BOX 1687	GRAND RAPIDS	MI	49501	8007669780	USE CARRIER 171 AON

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
974	COMMERCE BENEFIT GROUP	PO BOX 900	ELYRIA	OH	44036	8002239941	
975	NATIONAL MEDICAL HEALTH CARD	PO BOX 1170	FORT WASHINGTON	NY	11050	8006453332	
976	PARAGON BENEFITS, INC.	PO BOX 12288	COLUMBUS	GA	31917	7062776710	
977	ZENITH ADMINISTRATION	PO BOX 91014	SEATTLE	WA	98111	8004265980	DORMANT 8/06
978	LEGGETT & PLATT	PO BOX 7687	HIGH POINT	NC	27264	4173588131	
979	MEDICAL REIMBURSEMENT OF AMERICA	113 SEABOARD LANE	FRANKLIN	TN	37067	6159633826	THIS CODE IS USED BY SCHA NOT AN ACTIVE MEDICAID CODE
980	BENEFIT SUPPORT, INC.	PO BOX 2977	GAINSVILLE	GA	30503	8007774752	
981	UNITED PACIFIC LIFE INSURANCE CO.	PO. BOX 2996	PARKERSBURG	WV	26102	8008221805	DORMANT 8/06
982	OFFICE OF GROUP BENEFITS STATE OF LOUISIANA	PO BOX 44036	BATON ROUGE	LA	708044036	8002151093	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
983	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS	3901 E. WINSLOW AVE.	PHOENIX	AZ	85040	6022340497	
984	BF&M INSURANCE	PO BOX 5118	TAMPA	FL	33675	8772362338	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
985	BENESIGHT	PO BOX 340	PUEBLO	CO	81002	8003621116	
986	COMMON WEALTH BENEFIT ADMINISTRATORS	115 HANOVER ST.	ASHLAND	VA	23005	8005261677	
987	BANKERS FIDELITY LIFE INS CO	PO BOX 190240	ATLANTA	GA	311190240	4042665500	
988	MID WEST NATIONAL LIFE INS. CO.	PO BOX 982017	NORTH RICHLAND HILL	TX	76182	8007331110	
989	UNIVERA HEALTHCARE	PO BOX 23000	ROCHESTER	NY	14692	8772429464	CODE IN OPEN STATUS BY SCHA
990	SOUTHERN GROUP ADMINISTRATORS, INC.	200 SOUTH MARSHALL ST.	WINSTON SALEM	NC	27101	8003348159	
991	WEST PORT BENEFITS	PO BOX 66743	ST. LOUIS	MO	63166	8883065299	
992	CHESTERFIELD RESOURCES, INC.	PO BOX 1884	AKRON	OH	44309	8003210935	
993	MPI INTERNATIONAL, INC.	PO BOX 81913	ROCHESTER	MI	483081913	2488539010	
994	UNITED PROVIDER SERVICES	PO BOX 820277	FORT WORTH	TX	76182	8005198374	CARRIER BOUGHT OUT BY CC 740 PHARMACARE
995	MEDIMPACT	10680 TREENA ST.	SAN DIEGO	CA	92131	8007882949	
996	J.F. MOLLOY & ASSO.	PO BOX 68947	INDIANAPOLIS	IN	46268	8003313287	SEE CARRIER 942 PRINCIPAL FINANCIAL GROUP
997	GENWORTH FINANCIAL	PO BOX 10821	CLEARWATER	FL	33757	8778259337	CODE IN OPEN STATUS BY SCHA
998	CANADA LIFE ASSURANCE CO.	6201 POWERS FERRY RD., STE. 100	ATLANTA	GA	30348	8003332542	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
999	CIGNA HEALTHCARE OF SC/HEALTHSOURCE SC	PO BOX 190024	CHARLESTON	SC	294199024	8007203150	BOUGHT BY CIGNA HEALTHCARE CC 134
A01	THRIVENT FINANCIAL FOR LUTHERANS	4341 N. BALLARD RD.	APPLETON	WI	54919	8008474836	
A02	ALTERNATIVE BENEFITS PLANS, INC.	2920 BRANDYWINE RD., STE. 106	ATLANTA	GA	30341	8002417319	
A03	STARMARK	PO BOX 2942	CLINTON	IA	52733	8005221246	THIS CARRIER HANDLES GROUPS WITH LESS THAN 50 EMPLOYEES. SEE CC212 FFOR GROUPS OVER 50 EMPLOYEES.
A04	CONSULTEC PRESCRIPTION BENEFITS MANAGEMENT	9040 ROSWELL RD., STE. 700	ATLANTA	GA	303501853	8003654944	
A05	AMERICAN PUBLIC LIFE INSURANCE CO.	PO BOX 925	JACKSON	MS	39205	8002568606	
A06	COLONIAL PENN FRANKLIN LIFE INSURANCE COMPANY	1818 MARKET ST.	PHILADELPHIA	PA	191811250	8005234000	THIS CARRIER PART OF CONSECO INSURANCE GROUP
A07	CONTINENTAL LIFE INSURANCE CO. OF SOUTH CAROLINA	PO BOX 6138	COLUMBIA	SC	29260	8037824947	
A08	AMERICAN PHARMACY BENEFITS	PO BOX 27000	JACKSON HOLE	WY	83001	8003582722	
A09	RX AMERICA	221 N CHARLES LINDBERG DR.	SALT LAKE CITY	UT	84116	8007708014	
A10	AMERISCRIP	4301 DARROW RD. STE. 4200	STOW	OH	44224	8006816912	
A11	PREFERRED ADMINISTRATORS	PO BOX 18263	TAMPA	FL	336798263	8772767198	
A12	MOUNTAIN CLAIMS MANAGEMENT	PO BOX 1008	FRUITLAND	ID	83616	8669527979	
A13	HOLDEN & COMPANY	PO BOX 10411	SAVANNAH	GA	31412	8004043344	
A14	EB RX	2045 MIDWAY DR.	TWINSBURG	OH	44087	8008007153	
A15	MANAGED PRESCRIPTIONS SERVICES (MPS)	ONE CITY CENTRE STE. 1100	ST LOUIS	MO	631016922	8007596959	
A16	FCE BENEFIT ADMINISTRATOR	445 RECOLETA STE. 100	SAN ANTONIO	TX	78216	8008999355	
A17	NOVA HEALTHCARE ADMINISTRATORS	2680 GRAND ISLAND BLVD.	GRAND ISLAND	NY	140720308	8003333195	
A18	MSH MOBILITY BENEFITS	PO BOX 77	BEEBE PLAIN	VT	05823	8888421530	CODE ASSIGNED BY SCHA
A19	ISLAND GROUP ADMINISTRATION, INC`	3 TOILSOME LANE	EAST HAMPTON	NY	11937	8009262306	CODE ASSIGNED BY SCHA
A20	PROFESSIONAL CLAIMS MANAGEMENT	PO BOX 35276	CANTON	OH	443155276	8003258424	
A20DN	PROFESSIONAL CLAIMS MANAGEMENT	PO BOX 35276	CANTON	OH	443155276	8003258424	
A21	PC HEALTH PLAN ADMINISTRATION	PO BOX 1377	THOMASVILLE	GA	31799	8884261937	CODE ASSIGNED BY SCHA
A22	PIEDMONT ADMINISTRATORS	PO BOX 78030	GREENSBORO	NC	274270830	8008527040	
A23	SERV U PRESCRIPTION	PO BOX 23237	MILWAUKEE	WI	532230237	8007593203	
A24	WELLPOINT NEXT RX	PO BOX 9081	OXNARD	CA	930319081	8009627378	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
A25	BENESCRIP	PO BOX 921229	NORCROSS	GA	30092	8003453189	
A26	WISCONSIN EDUCATION ASSO.	PO BOX 8220	MADISON	WI	537088220	8002794000	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A27	HEALTHCARE SUPPORT	25 COLUMBIA HEIGHTS	BROOKLYN HEIGHTS	NY	112012482	8005544022	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A28	SHENANDOAH LIFE INSURANCE CO	PO BOX 12847	ROANOKE	VA	24029	8008485433	
A29	MERITAN HEALTH	PO BOX 80884	INDIANAPOLIS	IN	46280	8006064841	
A30	RMSCO, INC.	PO BOX 678	LIVERPOOL	NY	130880678	8772047086	
A30DN	RMSCO, INC.	PO BOX 678	LIVERPOOL	NY	130880678	8772047086	
A31	UNITY HEALTH INSURANCE	PO BOX 610	SAUK CITY	WI	535831374	8003623308	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A32	MAGELLEN BEHAVIORAL HEALTH	PO BOX 1659	MARYLAND HEIGHTS	MO	63043	8003592422	
A33	ALLIANT HEALTH PLANS, INC.	PO BOX 21109	ROANOKE	VA	24108	8002834927	
A34	WOODS & GROOM	2549 17TH ST.	COLUMBUS	IN	47202	8003683429	DORMANT 8/06
A35	FABRI-KAL CORPORATION	PO DRAWER C	PIEDMONT	SC	29773	8642991720	CODE IN OPEN STATUS BY SCHA
A36	FIELDCREST CANNON (CANNON MILLS)	PO BOX 5000	EDEN	NC	272895000	8002223693	
A37	UNITED BEHAVIORAL/DENTAL SYSTEMS	PO BOX 182286, RTE. 210052	COLUMBUS	OH	43218	8005575745	
A38	UNITED HEALTHCARE OF NC	PO BOX 2604	GREENSBORO	NC	274386304	8009991147	
A39	COMPLETE BENEFITS SOLUTIONS	PO BOX 3649	GREENVILLE	SC	29603	8662702316	
A40	STRATEGIC RESOURCE COMPANY	PO BOX 23759	COLUMBIA	SC	292243759	8887729682	
A41	CLAIMS MANAGEMENT SERVICES	PO BOX 10888	GREENBAY	WI	54307	8004727130	
A42	PRIMERICA LIFE INSURANCE COMPANY	3120 BRECKINRIDGE BLVD.	DULUTH	GA	30199	4043811000	
A43	PREMIER BENEFIT MANAGEMENT , INC.	7070-A KAIGHN AVE.	PENSAUKEN	NJ	08109	800-966-01	CODE ASSIGNED BY SCHA
A44	GLOBAL MEDICAL MANAGEMENT, INC	7901 SW 36TH ST., STE 100	DAVIE	FL	33328	9543706404	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A45	INTEQ GROUP	5445 LASIERRA DR., STE. 400	DALLAS	TX	75231	8009593953	
A46	STANDARD INSURANCE COMPANY	PO BOX 209	PORTLAND	OR	972070209	5033217000	
A47	STATESMAN NATIONAL LIFE INSURANCE COMPANY	3815 MONTROSE BLVD.	HOUSTON	TX	77006	7135266000	
A48	QUALMED OF OREGON	PO BOX 286	CLACKMAS	OR	970150286	8005685628	DORMANT 8/06
A49	ARIZONA FOUNDATION FOR MEDICAL CARE	PO BOX 2909	PHONEIX	AZ	850622909	6022318855	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A50	FEDERAL EMPLOYEES COMPENSATION ACT	PO BOX 8300	LONDON	KY	407428300	8663358319	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
A51	COAL MINE WORKERS COMP PROGRAM	PO BOX 8300	LONDON	KY	407428300	8663358319	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A52	ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMP	PO BOX 8300	LONDON	KY	407428300	8663358319	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A53	LONGSHORE & HARBOR WORKERS COMP PROGRAM	PO BOX 8300	LONDON	KY	407428300	8663358319	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A54	CENTURY HEALTHCARE	PO BOX 2256	GRAPEVINE	TX	76099	8884441995	NEIC 30018
A55	AETNA LIFE AND CASUALTY	PO BOX 36890	LOUISVILLE	KY	40232	8004233289	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A56	VULCAN MATERIALS COMPANY	PO BOX 530187	BIRMINGHAM	AL	352530187	8642772371	DORMANT 8/06
A57	AMERICAN GROUP ADMINISTRATORS, INC.	101 CONVENTION CENTER DR. STE 200	LAS VEGAS	NV	89109	8008424742	CODE ASSIGNED BY SCHA
A58	COMPREHENSIVE BENEFITS	PO BOX 8955	MELVILLE	NY	11747	8008283605	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A62	CORESOURCE INS.	PO BOX 83301	LANCASTER	PA	176083301	8002233943	CODE ASSIGNED BY SCHA
A63	CITIZENS INSURANCE	PO BOX 1627	ANDERSON	SC	29622	8643340090	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A64	ORION AUTO INSURANCE	PO BOX 118090	CHARLESTON	SC	29423	8003340090	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A65	STATE AUTO INSURANCE	PO BOX 199	GREER	SC	296520199	8002341878	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A66	SOUTHERN BENEFIT ADMINISTRATORS, INC.	PO BOX 1449	GOODLETTSVILLE	TN	37070	8008310420	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A67	CENTRAL PA TEAMSTERS HEALTH & WELFARE	PO BOX 15224	READING	PA	196125224	8003310420	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A68	HOLLINGSWORTH SACO LOWELL CORP.	PO DR.AWER 2327	GREENVILLE	SC	29602	8648593211	DORMANT 8/06
A69	KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA	PO BOX 7004	DOWNEY	CA	902427004	8003310420	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A70	NATIONAL EMPLOYEE BENEFIT ADMINISTRATORS	1920 N. FLORIDA MANGO RD.	WEST PALM BEACH	FL	33409	5614780095	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A71	GRAPHIC COMMUNICATIONS NAT'L HEALTH & WELFARE FUND	5 GATEWAY CTR, # 620	PITTSBURGH	PA	152221219	8009434248	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A72	BABB, INC.	850 RIDGE AVE.	PITTSBURGH	PA	15212	8002456102	
A73	CLAIMS TECHNOLOGY, INC.	100 CT. AVE., STE. 306	DES MOINES	IA	50309	8002458813	
A74	FIRST CAROLINA CARE, INC.	PO BOX 381686	BIRMINGHAM	AL	35238	8008113298	
A75	HEALTH COST SOLUTIONS	PO BOX 1439	HENDERSONVILLE	TN	37077	8882295020	WAS LIFECARE CENTERS OF AMERICA
A76	TOWER LIFE INS. CO.	310 S. MARY ST.	SAN ANTONIO	TX	78205	8006606077	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
A77	SISCO	PO BOX 389	DUDUQUE	IA	52004	8004574725	
A78	HIGHWAY TO HEALTH (HTH)	PO BOX 968	HORSHAM	PA	19044	8883502002	THIS CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID
A79	HEALTH SPECIAL RISK	4001 N. JOSEY LANE	CARROLLTON	TX	75007	9724926474	
A80	TOTAL SCRIPT	10901 WEST 120TH AVE., STE. 110	BROOMFIELD	CO	80021	8007522211	
A81	BENESYS	PO BOX 90082	LUBBOCK	TX	79402	3372341789	
A82	UNITED HEALTHCARE INDEMNITY	PO BOX 740801	ATLANTA	30	303740801	8008488406	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A83	GROUP RESOURCES INC	PO BOX 100043	DULUTH	GA	300969343	7706238383	
A84	EQUINOX PLANT	PO BOX 1658	ANDERSON	SC	29622	8642241671	USE CARRIER 795 REGIONAL MEDICAL ADMINISTRATORS
A85	MEGA LIFE STUDENT INSURANCE	PO BOX 809025	WESTON	FL	333269000	8002629175	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A86	BENEFIT MANAGEMENT CO	PO BOX 269000	WESTON	FL	333269000	8002629175	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A88	ST JOHNS CLAIMS ADMINISTRATION	PO BOX 14230	SPRINGFIELD	MO	65814	8778757700	CODE ASSIGNED BY SCHA
A89	SPECIAL INSURANCE SERVICES (SIS)	PO BOX 250349	PLANO	TX	750250349	8007676811	CODE ASSIGNED BY SCHA
A90	EMPLOYEE BENEFIT CLAIMS INC	9501 WEST DEVON	ROSEMONT	IL	60018	3126963660	
A91	STATES GENERAL LIFE INS. CO	115 WEST 7TH ST., STE. 1200	FORT WORTH	TX	761027012	8007828375	
A92	PROVIDENT AMERICAN LIFE & HEALTH INS.	PO BOX 29158	SHAWNEE MISSION	KS	66201915	8007535133	
A93	AMERICAN COLLEGE OF SURGEONS	PO BOX 2522	FORT WORTH	TX	761132522	8004331672	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A94	COLONIAL HEALTHCARE MEDICARE SUPPLEMENT	PO BOX 827	LANHAM	MD	207030827	8003449885	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A95	REYNOLDS & REYNOLDS	PO BOX 1272	DAYTON	OH	45401	8007363539	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
A96	HAMRICKS INC	742 PEACHOID RD.	GAFFNEY	SC	29340	8644877505	
A97	EMPLOYER PLAN SERVICES, INC.	2180 NORTH LOOP WEST, STE. 400	HOUSTON	TX	77018	8004476588	
A98	CORPORATE BENEFIT SERVICES OF AMERICA INC	PO BOX 738	HOPKINS	MN	55343	8007654224	
A99	ALLIED ADMINISTRATORS	911 BRDWAY	KANSAS CITY	MO	641051508	8164741200	DORMANT 8/06
B01	HEALTH PARTNERS	PO BOX 1289	MINNEAPOLIS	MN	554401289	8889222313	
B02	MILLENNIUM HEALTH GROUP, INC.	PO BOX 260130	PEMBROKE PINES	FL	330267130	8883054300	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B03	CHESAPEAKE LIFE INS. CO.	PO BOX 809025	DALLAS	TX	753809025	8007531000	THIS CODE NOT REQUESTED BY

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							MEDICAID. ASSIGNED BY SCHA
B04	CARITEN HEALTHCARE	PO BOX 22987	KNOXVILLE	TN	37933	8002840042	CODE IN OPEN STATUS BY SCHA
B05	FOCUS HEALTHCARE MANAGEMENT, INC.	720 COOL SPRINGS BLVD.	FRANKLIN	TN	37067	6157784000	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B06	SOUTHCARE HEALTHCARE PREFERRED	1100 CIRCLE 75 PARKWAY, STE. 1400	ATLANTA	GA	30339	8004702004	
B07	MAGNACARE NY WELFARE FUND-LOCAL 1181	PO BOX 1001	GARDEN CITY	NY	11530	7182745353	
B08	NEW WORLD SERVICES	PO BOX 1030	NILES	MI	49120	8006240698	
B09	MARINE CORPS ASSO.PLAN ADMINISTRATOR	PO BOX 21357	SANTA BARBARA	CA	931211357	8003685682	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B10	PILGRIM HEALTH & LIFE INSURANCE	PO BOX 897	ATLANTA	GA	30303	4046592100	CODE IN OPEN STATUS BY SCHA
B11	CBCA ADMINISTRATORS, INC.	PO BOX 1272	MINNEAPOLIS	MN	554400535	8884465710	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B12	JOHN HANCOCK MUTUAL LIFE INS.	JOHN HANCOCK PLACE, PO BOX 111	BOSTON	MA	02117	8007325543	
B13	WEB TPA	PO BOX 539508	GRAND PRAIRIE	TX	75053	8007582851	DORMANT 8/06
B14	A.C.S. CONSULTING SERVICES, INC.	PO BOX 2000	WINSTON SALEM	NC	271022000	3367592013	
B14DN	A.C.S. CONSULTING SERVICES, INC.	PO BOX 2000	WINSTON SALEM	NC	271022000	3367592013	
B15	HILLCREST BENEFIT ADMINISTRATORS	PO BOX 1516	MT. DORA	FL	32756	8007439264	
B16	PARTNER RX MANAGEMENT	PO BOX 12119	PHOENIX	AZ	85260	8006594112	
B17	ULTRA BENEFITS	PO BOX 763	WESTBORO	MA	01581	8668587223	
B18	LUMENOS	PO BOX 69309	HARRISBURG	PA	17106	8774957223	
B19	TUPPERWARE, INC	PO DRAWER 668	HEMINGWAY	SC	29554	8435582594	
B20	FMH BENEFIT SERVICES, INC.	PO BOX 25946	OVERLAND PARK	KS	66225	8009909058	
B21	PIONEER HEALTH	PO BOX 6600	HOLYOKE	MA	01041	8004234586	
B22	SOUTHERN HEALTH SERVICES	PO BOX 7704	LONDON	KY	40742	8006274872	
B23	FOX EVERETT, INC.	PO BOX 870	MONROE	NY	109500870	6017185230	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B24	CORPS CARE MANAGEMENT CLAIMS DEPT.	PO BOX 863	INDIANAPOLIS	IN	46206	8006052282	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B25	HEALTH AND WELFARE FUND LOCAL 218	PO BOX 115027	ATLANTA	GA	30310	4047555665	
B26	IMSCO HEALTH PLAN	PO BOX 697	BUCKEYSTOWN	MD	217170697	8009442833	IMSCO - INTERNATIONAL MANAGEMENT SERVICE CO.

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
B27	HEALTH FIRST (PPO)	PO BOX 17709	GREENVILLE	SC	29606	8642893000	
B28	DORMANT 8/91						
B29	US NOW INS. GROUP	PO BOX 260808	PLANTO	TX	75026	8006949888	
B30	SOUTHERN BENEFITS, SOUTHEASTERN PIPE TRADERS	PO BOX 1449	GOODLETTSVILLE	TN	370701449	8008314914	
B31	ALTERNATIVE INS RESOURCES	PO BOX 660787	BIRMINGHAM	AL	35266	8004514318	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B32	COMPREHENSIVE CARE SERVICES, INC.	PO BOX 64008	ST PAUL	MN	551640668	8663562425	DORMANT 8/06
B33	ALUMAX OF SOUTH CAROLINA, INC.	PO BOX 100	GOOSE CREEK	SC	29445	8435725241	DORMANT 8/06
B34	ATLANTA LIFE INSURANCE COMPANY	100 AUBURN AVE., NE	ATLANTA	GA	30303	4046592100	
B35	C & R CONSULTING INC.	1501 BRDWAY, STE. 1724	NEW YORK	NY	10036	2123959339	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B36	COMMONWEALTH INDEMNITY PLAN	PO BOX 9016	ANDOVER	MA	01810	8004429033	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B37	BENEFIT ADMINISTRATORS	PO BOX 21308	COLUMBIA	SC	29221	8778400936	
B37DN	BENEFIT ADMINISTRATORS	PO BOX 1957	BEATTYVILLE	KY	41311	8003258424	
B39	MEDICAL SAVINGS INSURANCE CO.	5835 WEST 74TH ST.	INDIANAPOLIS	IN	462781758	3173298222	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B41	VYTRA HEALTHCARE	PO BOX 9091	MELVILLE	NY	11747	8668089399	
B42	UMR	PO BOX 266	ONALASKA	WI	546568764	8002368672	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B43	HEALTH OPTION PROGRAM	PO BOX 1764	LANCASTER	PA	176081764	8007737725	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B44	AMERICAN CHOICE HEALTH PLAN, LLC	PO BOX 922043	HOUSTON	TX	77292	8006334226	
B44DN	AMERICAN CHOICE HEALTH PLAN, LLC	PO BOX 922009	HOUSTON	TX	77292	8005989799	
B45	ATLANTICARE	PO BOX 613	HAMMONTON	NJ	08037	8883282287	
B46	TOTAL CLAIMS SOLUTION (TCS)	PO BOX 10888	GREEN BAY	WI	54307	8003760110	
B47	LA-Z-BOY EAST GROUP HEALTH	901 N. DOUGLAS ST.	FLORENCE	SC	29503	8036692431	CODE ASSIGNED BY SCHA
B48	COMPREHENSIVE CARE SERVICES	PO BOX 64668	ST PAUL	MN	55164	8003652735	
B49	HEALTH NET	PO BOX 14702	LEXINGTON	KY	40512	8006417761	THIS CODE ASSIGNED INCORRECTLY BY SCHA. SEE CARRIER CODE 440
B50	MEMBER HEALTH	PO BOX 391180	CLEVELAND	OH	44139	8888685854	
B51	INNOVANT	PO BOX 8082	WAUSAU	WI	54402	8775592955	
B52	SOUTHERN PLANNED ADMINISTRATORS	PO BOX 218180	HOUSTON	TX	77218	2818291033	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
B53	NATIONAL FOUNDATION LIFE INSURANCE COMPANY	110 WEST 7TH ST., STE. 300	FORT WORTH	TX	76102	8002219039	
B54	NGS AMERICAN INC	PO BOX 7676	ST. CLAIR SHORES	MI	48080	8107797676	
B55	COMPLETE BENEFITS SOLUTIONS	PO BOX 3649	GREENVILLE	SC	29603	8662702316	THIS CODE INCORRECTLY ASSIGNED BY SCHA. SEE CARRIER CODE A39
B56	LINCOLN HERITAGE	PO BOX 10843	CLEARWATER	FL	335758843	8885868810	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B58	AUSA MASTERCARE	PO BOX 10408	DES MOINES	IA	503060408	8008825707	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B59	MARYLAND INDIVIDUAL PRACTICE ASSO.	PO BOX 930	FREDRICK	MD	21705	8009622174	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B60	STATE MUTUAL LIFE ASSURANCE COMPANY OF AMERICA	1100 31ST ST.	DOWNERS GROVE	IL	60515	8003233359	CODE IN OPEN STATUS BY SCHA
B61	STOWE-PHARR MILLS	100 MAIN ST.	MCADENVILLE	NC	28101	7048243551	CODE IN OPEN STATUS BY SCHA
B62	COX HEALTH SYSTEMS INS. CO	PO BOX 5750	SPRINGFIELD	MO	658015750	8005613265	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B63	GE PENSIONER HEALTH BENEFITS	PO BOX 740801	ATLANTA	GA	303740801	8008488406	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B64	UNITED MEDICAL RESOURCES INC.	PO BOX 145804	CINCINNATI	OH	45214	5136193000	
B65	CHRISTIAN CARE MEDI SHARE	PO BOX 674	STERLING	IL	61081	8156258595	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B66	KIRKE-VAN ORSDEL, INC.	PO BOX 9126	DES MOINES	IA	503069126	8002472192	USE CODE 759 MEDIPLUS PER SCHA
B67	MARSH AFFINITY SERVICES	PO BOX 5108	DES MOINES	IA	50306	8006502723	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B68	HUMANA GOLD CHOICE	PO BOX 202047	FLORENCE	SC	295022047	8775115000	THIS CODE INCORRECTLY ASSIGNED BY HOSP. ASSO. USE CODE 648 FOR THE MEDICARE ADVANTAGE PLAN 648
B69	AMERICAN INSURANCE ADMINISTRATORS	PO BOX 2348	COLUMBUS	OH	432162348	8009221245	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA.
B70	ELECTRICAL WELFARE TRUST FUND	4601 PRESIDENTS DR., #300	LANHAM	MD	20706	3017311050	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA.
B71	CHCS SERVICES, INC.	PO BOX 12467	PENSACOLA	FL	325912457	8888031780	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B72	INTEGRITY NATIONAL LIFE INS.	PO BOX 32350	LOUISVILLE	KY	40232	5024261843	CODE ASSIGNED BY SCHA
B73	SOUTHERN CALIFORNIA PIPE TRADES TRUST FUND	501 SHATTO PLACE, 5TH FLOOR	LOS ANGELES	CA	90020	2133856161	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
B74	STAR HRG	PO BOX 54150	PHOENIX	AZ	850784150	8002881474	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B75	HEALTH DESIGN PLUS	PO BOX 2584	HUDSON	OH	442362584	8008930777	
B76	INTERNATIONAL ASSO. BENEFITS	1747 PENNSYLVANIA AVE. NORTH WEST	WASHINGTON	DC	20006	8002751171	
B77	UNITED HEALTHCARE PLAN ADMINISTRATORS	PO BOX 121212	MARIETTA	GA	300670092	8005627079	USE CODE 985 BENESIGHT
B78	ARKANSAS BEST CORP. CHOICE BENEFITS	PO BOX 10048	FT SMITH	AR	72917	4797856178	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B79	SHASTA ADMINISTRATIVE SERVICES	PO BOX 5735	CINCINNATI	OH	45201	5136291800	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B80	IMB-SBC MEDICAL PLAN	PO BOX 1746	INDIANAPOLIS	IN	462061746		THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B81	HM BENEFITS ADMINISTRATORS, INC.	PO BOX 535078	PITTSBURGH	PA	152535078	8002792624	
B82	LIFEGUARD BENEFITS	PO BOX 93929	SOUTHLAKE	TX	76092	8664163617	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B83	STATE OF LOUISIANA EMPLOYEES	PO BOX 44036	BATON ROUGE	LA	70804	8002728451	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B84	HEALTH CARE CORPORATION	203 JANDERS RD.	CARY	IL	60013		CODE IN OPEN STATUS BY SCHA
B85	TUFTS HEALTHCARE	PO BOX 9185	WATERTOWN	MA	02471	8004238080	
B86	PREFERRED ONE ADMINISTRATIVE SERVICES	PO BOX 59212	MINNEAPOLIS	MN	55459	8009971750	
B87	HEALTH ALLIANCE	102 E. MAIN ST.	URBANA	IL	61801	8003227451	
B88	GETTYSBURG HEALTH ADMINISTRATORS	PO BOX 1169	FREDERICK	MD	21702	8004974474	
B89	WESTERN & SOUTHERN FINANCIAL GROUP	PO BOX 5735	CINCINNATI	OH	45201	5136291800	THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
B90	WESTERN FIDELITY INSURANCE	PO BOX 901010	FORT WORTH	TX	76101	8174517200	
B91	CHRISTIAN BROTHERS EMPLOYEE BENEFIT TRUST	1205 WINDHAM PARKWAY	ROMEOVILLE	IL	60446	8008070400	
B92	CARE SOURCE	ONE SOUTH MAIN	DAYTON	OH	45402	8004880134	
B93	WESTERN STATES ADMINISTRATION	PO BOX 8082	FRESNO	CA	937478082	2092514891	CODE ASSIGNED BY SCHA
B94	THE CAPELLA GROUP	PO BOX 200368	ARLINGTON	TX	76006	8884113888	
B95	HDR EMPLOYEE BENEFITS ADMINISTRATORS	PO BOX 5150	GREENVILLE	SC	29606	8004765150	CODE IN OPEN STATUS BY SCHA
B96	PENN TREATY & AMERICAN NETWORK	PO BOX 130	PENSACOLA	FL	32591	8006357418	
B97	NIPPON LIFE INSURANCE CO.	PO BOX 39710	COLORADO SPRINGS	CO	809493910	8009376542	
B98	AMERICAN PIONEER LIFE INSURANCE COMPANY	PO BOX 130	PENSACOLA	FL	32591	8005381053	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
B99	GROUP & PENSION ADMINISTRATORS, INC.	PO BOX 749075	DALLAS	TX	75374	8662063224	
C01	TERMINIX SERVICE	PO BOX 2627	COLUMBIA	SC	29202	8037721783	CODE ASSIGNED BY SCHA
C02	FOUNDATION BENEFITS ADMINISTRATORS	6300 BRIDGEPOINT PKWAY, BLDG 3 #400	AUSTIN	TX	78730	8883687910	
C03	TOTAL PLAN SERVICES, INC.	PO BOX 251369	PLANO	TX	75025	8009695238	
C04	MOTOR CITY WELFARE FUND	2075 W BIG BEAVER STE. 700	TROY	MI	48084	2488227044	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C05	STRATEGIC OUTSOURCING, INC. (SOI)	PO BOX 241508	CHARLOTTE	NC	28224	8888367764	
C06	MISSIONARY MEDICAL	PO BOX 45730	SALT LAKE CITY	UT	84145	8007771647	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C07	AMERIBEN SOLUTIONS	PO BOX 7186	BOISE	ID	83707	8007867930	
C08	MEDICAL DEVELOPMENT INTERNATION	19450 DEERFIELD AVE., STE. 400	LANSTOWNE	VA	20176	8008416188	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C09	HEALTH PLAN ADMINISTRATORS	PO BOX 2638	ROCKFORD	IL	61132	8156335800	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C10	ZAVATA	PO BOX 1208	AMERICUS	GA	31709	8008417735	WAS PARADIGM CARE PLAN
C11	BENEFIT MANAGEMENT SERVICES INC	PO BOX 1178	MATTHEWS	NC	28106	7048455608	
C11DN	BENEFIT MANAGEMENT SERVICES INC	PO BOX 1317	MATTHEWS	NC	28106	7048455608	
C12	BENICOMP, INC..	8310 CLINTON PARK DR.	FT WAYNE	IN	46825	8008377400	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C13	CENTRAL RESERVE LIFE OF NORTH AMERICA INSURANCE CO	17800 ROYALTON RD.	STRONGSVILLE	OH	441365197	8003213997	
C14	COASTAL LUMBER CO	PO BOX 1576	WALTERBORO	SC	29488	8435382876	CODE IN OPEN STATUS BY SCHA
C15	ADVANCE PCS	PO BOX 52188	PHOENIX	AZ	850722196	4803914600	SEE CARRIER 471
C16	CONSOLIDATED BENEFITS, INC	PO BOX 23686	COLUMBIA	SC	29224	8037365088	
C17	NATIONAL BENEFITS	110 GIBRALTAR RD.	HORSHAM	PA	19044	2154430404	
C18	EVOLUTIONS HEALTHCARE SYSTEMS	PO BOX 5001	NEW PORT RICHEY,	FL	34656	8008814474	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C19	TAYLOR BENEFIT RESOURCES, INC.	PO BOX 6580	THOMASVILLE	GA	31758	8883525246	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C20	SCREEN ACTORS GUILD-PRODUCERS HEALTH PLAN	PO BOX 7830	BURBANK	CA	915107830	8007774013	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C22	BOSTON MUTUAL LIFE INSURANCE COMPANY	120 ROYALL ST.	CANTON	MA	02021	6178287000	
C24	ENCOMPASS HEALTH MANAGMENT SYSTEM	6000 WEST TOWN PARKWAY STE. 350	DES MOINES	IA	50266	8005113389	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
C25	MEDICAL CLAIMS SERVICES	1 WALL ST., STE. 2A	RAVENSWOOD	WV	26164	8882250522	
C26	INTERACTIVE MEDICAL SYSTEMS, INC.	PO BOX 19108	RALEIGH	NC	27619	9198468400	
C27	SELECT BENEFIT ADMINISTRATORS	PO BOX 440	ASHLAND	WI	54806	8004973699	
C27DN	SELECT BENEFIT ADMINISTRATORS	PO BOX 440	ASHLAND	WI	54806	8004973699	
C28	BENEFIT PLAN MANAGEMENT	PO BOX 536	ROCKLYN	MA	02370	8776427500	
C29	TRUE CHOICE USA	PO BOX 251369	PLANO	TX	75025	8002519665	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C30	KEENAN AND COMPANY	PO BOX 11431	TORRANCE	CA	90510	8006533626	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C31	CONSUMER HEALTH SOLUTIONS	PO BOX 3492	SPARTANBURG	SC	29304	8645739541	THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C32	WELLS FARGO FINANCIAL	PO BOX 2801	CHARLESTON	WV	253302801	8004354351	WAS ACCORDIA NATIONAL BOUGHT OUT BY WELLS FARGO FINANCIAL AND NAME CHANGED EFFECTIVE 1/1/07
C32DN	WELLS FARGO	PO BOX 11064	CHARLESTON	WV	253321064	8004354351	
C33	THE DESTINY HEALTH PLAN	PO BOX 4628	OAKBROOK	IL	60522	8668269345	
C34	HTH WORLDWIDE INSURANCE SERVICES	PO BOX 39	MINNEAPOLIS	MN	554400039	8665108780	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C35	MUTUAL PROTECTIVE MEDICO LIFE INSURANCE COMPANIES	1515 S 75TH ST.	OMAHA	NE	68124	8002286080	SEE CODE C99
C36	NORTH AMERICAN INSURANCE COMPANY	PO BOX 44160	MADISON	WI	53744	6086621232	
C37	OLD SURETY LIFE INSURANCE CO	PO BOX 54407	OKLAHOMA CITY	OK	731541407	8002725466	
C38	STANDARD LIFE & ACCIDENT INSURANCE COMPANY	PO BOX 1800	GALVESTON	TX	775531800	8883501488	
C39	CONTINENTAL GENERAL INSURANCE COMPANY	PO BOX 247007	OMAHA	NE	681247007	4023973200	
C40	AVERA HEALTH PLANS	PO BOX 381506	BIRMINGHAM	AL	35238	8883222115	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C41	INSUREX BENEFITS ADMINISTRATORS, INC.	PO BOX 41779	MEMPHIS	TN	381741799	9017256435	
C41DN	INSUREX BENEFITS ADMINISTRATORS, INC.	PO BOX 41779	MEMPHIS	TN	381741799	9017256435	
C42	STANDARD CORPORATION	1400 MAIN ST., STE. 1300	COLUMBIA	SC	29201	8037716785	
C43	EMPLOYEE BENEFIT ADMINISTRATORS	PO BOX 5150	GREENVILLE	SC	29606	8642356474	
C44	S C MEDICAL ASSOCIATION-MEMBERS INSURANCE TRUST	PO BOX 11188	COLUMBIA	SC	29211	8037986207	
C45	TALL TREE ADMINISTRATORS	PO BOX 71747	SALT LAKE CITY	UT	841710747	8774534201	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C46	MEDCO HEALTH/PAID PRESCRIPTIONS	PO BOX 14711	LEXINGTON	KY	40512	8002727243	AS OF 8/1/02 MERCK-MEDCO

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
							AND THEIR SUBSIDIARY PAID PRESCRIPTIONS IS NOW MEDCO HEALTH.
C47	KANAWHA BENEFIT SERVICES	PO BOX 50098	KNOXVILLE	TN	379500098	8008221274	
C47DN	KANAWHA BENEFIT SERVICES	PO BOX 50098	KNOXVILLE	TN	379500098	8008221274	
C48	SOUTHERN ADMINISTRATIVE SERVICES	PO BOX 8069	COLUMBUS	GA	31908	8004268803	
C49	PENN WESTERN BENEFITS, INC	PO BOX 7834	GREENSBORO	NC	27417	3366659400	
C49DN	PENN WESTERN BENEFITS, INC	PO BOX 7834	GREENSBORO	NC	27417	3366659400	
C50	TENNESSEE BENEFIT ADMINISTATORS	PO BOX 3257	SPARTANBURG	SC	29304	901-685-89	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C51	YALE HEALTH PLAN	PO BOX 208217	NEW HAVEN	CT	065208217	2034320250	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C52	TPA OF GEORGIA	2900 CHAMBLEE-TUCKER RD. #3	ATLANTA	GA	303414128	7704517550	
C54	INTER-AMERICAS INS. CORP. (OUIDA)	PO BOX 9510	WICHITA	KS	672770510		THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C55	PLAN ADMINISTRATORS (MATURE AMERICAN)	734 15TH ST. NW STE. 500	WASHINGTON	DC	20005	2023936600	
C56	COMPDENT	1930 BISHOP LANE SUIT 132	LOUISVILLE	KY	40218	8006331262	
C57	WORLD TRAVEL PROTECTION	4600 WITMER INDUSTRIAL ESTATES #2	NIAGARA FALLS	NY	14305	8004564553	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C59	HUMANA CHOICE (PPO)	PO BOX 14605	LEXINGTON	KY	405784602	8004574708	MEDICARE ADVANTAGE (PPO)
C60	INSTILL HEALTH SYSTEMS (FFS)	PO BOX 7061	CAMDEN	SC	290207845	8774467845	MEDCIARE ADVANTAGE (FFS)
C61	INSTILL HEALTH SYSTEMS (PPO)	PO BOX 7061	CAMDEN	SC	290207845	8774467845	MEDICARE ADVANTAGE (PPO)
C62	BCBS OF SC MEDICARE BLUE PRIVATE (PFFS)	PO BOX 100133	COLUMBIA	SC	29202	8006053256	MEDICARE (FFS) MEDICARE ADVANTAGE
C63	BCBS OF SC MEDICARE BLUE&MEDICARE BLUE PLUS (PPO)	PO BOX 100133	COLUMBIA	SC	29202	8006053256	MEDICARE ADVANTAGE (PPO)
C64	BLUE CHOICE HEALTH PLAN (PPO)	PO BOX 6170	COLUMBIA	SC	29260	8772753256	MEDICARE ADVANTAGE (PPO)
C66	CATERPILLAR, INC.	PO BOX 62920	COLORADO SPRINGS	CO	809622920	3094942363	
C68	DENTAL BENEFIT PROVIDERS	PO BOX 389	ROCKVILLE	MD	20848	8004459090	
C71	JOHNS HOPKINS HEALTHCARE	PO BOX 0607	GLEN BURNIE	MD	21060	8002612393	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C72	ADVANCED INSURANCE ADMINISTRATION	125 MERRILL DR., STE. 2000	LITTLE ROCK	AR	72211	8882424800	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C73	UNION PACIFIC RAILROAD EMPLOYEES HEALTH	795 NORTH 400 WEST	SALT LAKE	UT	84103	8005470421	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
C74	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	PO BOX 220887	CHARLOTTE	NC	28222	7043643865	
C74DN	NATIONAL CLAIMS ADMINISTRATIVE SERVICES	PO BOX 220887	CHARLOTTE	NC	28222	7043643865	
C75	FLORIDA 1ST SERVICE ADMINISTRATORS, INC.	PO BOX 3607	WINTER HAVEN	FL	338853067	8002263155	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C76	SELF FUNDING ADMINISTRATORS	PO BOX 6596	ANNAPOLIS	MD	21401	8004248622	
C77	CARPENTERS HOSPITALIZATION PLAN	3611 CHESTER AVE.	CLEVELAND	OH	44114	8004213959	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C78	KAISER PERMANENTE	PO BOX 190849	ATLANTA	GA	31119	4042612590	
C79	BENEFIT ADMINISTRATIVE SYSTEM, LTD	PO BOX 17475 JOVANNA DR., STE. 1B	HOMEWOOD	IL	60430	7087997400	
C80	ELDER HEALTH (MHN/HMC)	PO BOX 4433	BALTIMORE	MD	21223	8887768851	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C81	UNITED PAYORS & UNITED PROVIDERS	2273 RESEARCH BLVD.	ROCKVILLE	MD	20850	8002474144	
C82	AMERICAN STANDARD LIFE & ACCIDENT INS. CO.	PO DR.AWER 3248, 224 NORTH INDEPENDENT	ENID	OK	73701	4052334000	CODE IN OPEN STATUS BY SCHA
C83	FREEDOM LIFE INSURANCE CO. OF AMERICA	PO BOX 24294	LOUISVILLE	KY	40224	8005281057	
C84	CENTRAL UNITED & CHRISTIAN MUTUAL LIFE INS. CO.	2727 ALLEN PARKWAY	HOUSTON	TX	770192115	7135290045	
C85	LOYAL AMERICAN LIFE INSURANCE COMPANY	PO BOX 559004	AUSTIN	TX	78755	8006336752	
C86	NATIONAL STATES INSURANCE COMPANY	PO BOX 27321, 1830 CRAIG PARK CT.	ST LOUIS	MO	63141	3148780101	
C87	SIHO INSURANCE SERVICES	PO BOX 1787	COLUMBUS	IN	47202	8008732022	
C88	ADVENTIST RISK MANAGEMENT	PO BOX 1928	GRAPEVINE	TX	76099	8006380589	
C89	NEW SOURCES BENEFITS	PO BOX 6305	SPARTANBURG	SC	29304	8004761555	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
C92	AMERICAN HEALTH CARE	2217 PLAZA DR., STE. 100	ROCKLIN	CA	95765	8008728276	
C92DN	AMERICAN HEALTH CARE	3001 DOUGLAS ST.	ROSEVILLE	CA	95661	8008728276	
C93	STUDENT ASSURANCE INSURANCE SERVICES	PO BOX 196	STILL WATER	MN	55085	8003282739	
C94	ERIN GROUP ADMINISTRATORS	PO BOX 7777	LANCASTER	PA	17604	8004333746	ANOTHER PHONE NUMBER 717-581-1300
C94DN	ERIN GROUP ADMINISTRATORS	PO BOX 7777	LANCASTER	PA	17604	8004333746	ANOTHER PHONE NUMBER 717-581-1300
C95	MIDWEST SECURITY	2700 MIDWEST DR.	ONALASKA	WI	54650	8002368672	
C96	MEDTRACK SERVICES	6310 LAMAR AVE., STE. 230	OVERLAND PARK	KS	66202	8007714648	
C97	GEM GROUP	1200 THREE GATEWAY CENTER	PITTSBURGH	PA	15222	8002428923	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
C98	MEDICAL BENEFIT ADM. OF MARYLAND, INC.	PO BOX 950	FORREST HILL	MA	60631	8885323467	
C99	MUTUAL PROTECTIVE MEDICO LIFE INS. CO.	1515 S. 75TH ST.	OMAHA	NE	68124	8002286080	CARRIER WAS PREVIOUSLY C35.
CAS	CASUALTY CASE	-	-	-	-		
CO9	EMPLOYEE BENEFITS TRUST	PO BOX 1431	WICHITA FALLS	TX	76307	8177617611	CODE ASSIGNED WITH LETTER O INSTEAD OF NUMERIC ZERO.
D01	INTERLINK HEALTH SERVICES	4950 NE BELNAP CT. #205	HILLSBORO	OR	97124	5036402000	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D02	INSURANCE ADMINISTRATOR OF AMERICA	PO BOX 5082	MT. LAUREL	NJ	08054	8009896739	
D03	PACIFIC SOURCE	PO BOX 7068	EUGENE	OR	97401	8006246052	
D04	LBA HEALTH PLANS, INC./PRIMARY SELECT	PO BOX 17098	OWINGS MILL	MD	211177098	8008158240	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D05	UPMC HEALTH BENEFITS, INC.	PO BOX 2999	PITTSBURGH	PA	15230	8773813764	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D06	SOUTHERN CALIFORNIA BAKERY & CONFECTIONARY	PO BOX 22041	COMMERCE	CA	90022	3237227171	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D08	BIG LOTS ASSOCIATE BENEFIT PLAN	PO BOX 9071	DUBLIN	OH	430170971	8772542363	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D09	JM FAMILY ENTERPRISES	8019 BAYBERRY RD.	JACKSONVILLE	FL	32256	8008920059	THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D11	ADVANCED BENEFIT SOLUTIONS	PO BOX 71490	PHOENIX	AZ	85050	8884191094	CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA MEDICARE SUPPLEMENTAL PLAN
D12	SECUREHORIZONS DIRECT PFFS	PO BOX 12466	PENSACOLA	FL	325912466	8882024340	MEDICARE ADVANTAGE PLAN PRIVATE FEE FOR SERVICE
D13	ARCADIAN	PO BOX 4946	COVINA	CA	91723	8007756490	CODE ORIGINALLY ASSIGNED AS MA IN ERROR USE CODE 816 FOR MA PLAN
D14	MEDICARE PLUS BLUE (BCBS OF MICHIGAN)	27000 ELEVEN MILE RD.	SOUTHFIELD	MI	48034	8002495103	ASSIGNED BY SCHA
D15	SECURITYCHOICE ENHANCED PLUS	PO BOX 795180	SAN ANTONIO	TX	78279	8884458916	CODE ASSIGNED MY SCHA
D16	AETNA MEDICARE OPEN PLAN	PO BOX 14079	LEXINGTON	KY	405124079	8006240756	MEDICARE ADVANTAGE
D17	WELLCARE	PO BOX 795184	SAN ANTONIO	TX	78279	8662352770	ASSIGNED BY SCHA (PFFS)
D18	COMMUNITY CARE SENIOR HEALTH PLAN	PO BOX 3249	TULSA	OK	741013249	8006428065	MEDICARE ADVANTAGE PLAN
D19	HEALTHFIRST 65 PLUS	PO BOX 5196	NEW YORK	NY	10274	8882601010	MEDICARE ADVANTAGE PLAN
D20	EXCELLUS MEDICARE BLUE CHOICE OPTIMUM	PO BOX 41915	ROCHESTER	NY	14604	8778839577	MEDICARE ADVANTAGE
D21	CARITEN SENIOR HEALTH	PO BOX 22885	KNOXVILLE	TN	37933	8656707790	MEDICARE ADVANTAGE PLAN

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
D22	SMART VALUE (BC OF GA) (PFFS)	PO BOX 3897	SCRANTON	PA	18505	8668659329	
D23	AMERICA'S HEALTH CHOICE MEDICAL PLANS,(HMO)	762 SOUTH US HWY. ONE PMB 224	VERO BEACH	FL	32962	8003089823	
D24	MOUNT CARMEL HEALTH PLAN (MCHP) MEDIGOLD (HMO)	PO BOX 6111	WESTERVILLE	OH	43086	8002403870	
D25	ELDER PLAN, INC. (HMO)	PO BOX 199100	BROOKLYN	NY	11219	7189218818	MEDICARE ADVANTAGE
D26	OXFORD MEDICARE ADVANTAGE (HMO)	PO BOX 7082	BRIDGEPORT	CT	06601	8002341228	MEDICARE ADVANTAGE
D27	SECURE HORIZONS PACIFICARE	PO BOX 25032	SANTA ANA	CA	927995032	7148253828	MEDICARE ADVANTAGE PLAN
D28	PYRAMID LIFE INSURANCE CO (PFFS)	PO BOX 958465	LAKE MARY	FL	327958465	4076281776	MEDICARE ADVANTAGE PLAN
D29	UNICARE LIFE & HEALTH INS. CO (PFFS)	233 S WACKER DR., STE. 3900	CHICAGO	IL	68606	3123247000	MEDICARE ADVANTAGE PLAN
D30	UNITED HEALTHCARE INS. CO (PPO)	PO BOX 150450	HARTFORD	CT	061150450	8607025000	MEDICARE ADVANTAGE PLAN
D31	LEON MEDICAL CENTER HEALTH PLAN	PO BOX 65-9006	MIAMI	FL	33265	3055595366	MEDICARE ADVANTAGE PLAN
D32	MEDICARE COMPLETE (UNITED HEALTH CARE)	PO BOX 659735	SAN ANTONIO	TX	782659735	8778423210	CODE ASSIGNED BY SCHA
D33	ADVANTRA FREEDOM	PO BOX 7154	LONDON	KY	407427154	8007135095	ASSIGNED BY HOSPITAL ASSOCIATION
D34	UNIVERSAL HEALTH CARE	PO BOX 3211	ST PETERSBURG	FL	33731	8666904842	CODE ASSIGNED BY SCHA
D36	HOP/PSERS HEALTH ADMINISTRATION UNIT	PO BOX 2921	CLINTON	IA	52733	8007737725	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D37	WEST VIRGINIA LOCAL 152 HEALTH & WELFARE	5 HOT METAL ST., STE. 200	PITTSBURGH	PA	15203	8668258152	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D38	AMERICAN INSURANCE ADMINISTRATORS	PO BOX 2348	COLUMBUS	OH	43216	8009221245	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D39	NEW YORK WELFARE FUND	101-49 WOOKHAVEN BLVD.	OZONE PARK	NY	11416	7188455800	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D40	MINNESOTA POWER HEALTH PLANS	30 W SUPERIOR ST.	DULUTH	MN	55802	8888128800	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D41	BLUEGRASS FAMILY HEALTH	PO BOX 22738	LEXINGTON	KY	40522	8007872680	CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA
D42	CARE IMPROVEMENT PLUS	PO BOX 4347	SCRANTON	PA	18505	8666862506	
D43	SOUTHEAST COMMUNITY CARE BY ARCADIAN HEALTH	PO BOX 4946	COVINA	CA	91723	8005738597	CODE ASSIGNED BY SCHA
D44	INDEPENDENT HEALTH	PO BOX 9066	BUFFALO	NY	14231	8666178585	MEDICARE ADVANTAGE HMO
D45	HIGHMARK SECURITY BLUE	120 5TH AVE.	PITTSBURGH	PA	15222309	8005473627	MEDICARE ADVANTAGE HMO
D46	GROUPHEALTH OPTIONS, INC	PO BOX 34585	SEATTLE	WA	98124	8887674670	CODE ASSIGNED BY SCHA 6/11/07
D47	TOUCHSTONE HEALTH PSO	PO BOX 33519	INDIANAPOLIS	IN	462030519	8887770204	

APPENDIX 2 CARRIER CODES

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Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
D48	AMERICAN CONTINENTAL INSURANCE CO	PO BOX 2368	BRENTWOOD	TN	37024	6153371300	
D51	AMERIGROUP COMMUNITY CARE	PO BOX 61010	VIRGINIA BEACH	VA	234661010	8006004441	MEDICAID HMO
D52	WELLCARE OF GEORGIA	PO BOX 31224	TAMPA	FL	33531	8662311821	
D53	SIERRA OPTIMA PLUS CLAIMS	PO BOX 15645	LAS VEGAS	NV	891145645	8882742207	
D54	GATEWAY HEALTH PLAN MEDICARE ASSURED	PO BOX 11560	ALBANY	NY	122110655	8006855209	MEDICARE ADVANTAGE
D55	TOTAL CAROLINA CARE, INC	1441 MAIN ST.	COLUMBIA	SC	29210	8664336031	MEDICAID HMO
D56	CITRUS HEALTH CARE, INC.	PO BOX 20547	TAMPA	FL	33622	8667691157	MEDICARE ADVANTAGE PLAN
D57	CIGNA MEDICARE ACCESS	PO BOX 22174	TEMPE	AZ	852852174	8005779410	MEDICARE ADVANTAGE PLAN
D58	BRAVO HEALTH MEDICARE ADVANTAGE	PO BOX 4433	BALTIMORE	MD	21223	8005561570	
D60	AMERIGROUP COMMUNITY CARE OF SC	PO BOX 31789	VIRGINIA BEACH	VA	234661789	8006004441	CODE ASSIGNED BY SCHA
D61	AMERICA'S 1ST CHOICE	PO BOX 210769	COLUMBIA	SC	29210	8663213947	MEDICARE ADVANTAGE PLAN
D62	SECURE HORIZONS DIRECT (UNITED HEALTHCARE)	PO BOX 31353	SALT LAKE CITY	UT	84131	8665798774	MEDICARE ADVANTAGE
D63	UNIVERA SENIOR CHOICE SECURE	PO BOX 23000	ROCHESTER	NY	15692	8006171114	CODE ASSIGNED BY SCHA
D64	EMPIRE HEALTHCHOICE ASSURANCE, INC.	PO BOX 100300 CLAIMS PROCESSING	COLUMBIA	SC	29204	8037888562	MEDICARE ADVANTAGE
D65	ANTHEM SENIOR ADVANTAGE	PO BOX 37690	LOUISVILLE	KY	402337180	8882909160	MEDICARE ADVANTAGE
D66	CHCCARES OF SOUTH CAROLINA	140 STONE RIDGE DR.	COLUMBIA	SC	29210	8668022474	MEDICAID HMO
D67	BLUE CROSS OF FLORIDA HEALTH OPTIONS	PO BOX 1798	JACKSONVILLE	FL	32231	8773522583	MEDICARE ADVANTAGE
D69	TOTAL CARE/HEALTHSPRING	PO BOX 20000	NASHVILLE	TN	372024070	8007437141	MEDICARE ADVANTAGE
D71	KEYSTONE 65	PO BOX 7799	PHILADELPHIA	PA	191017799	8002273116	MEDICARE ADVANTAGE
D75	WINDSOR MEDICARE EXTRA	PO BOX 269025	PLANTO	TX	750269025	8662705223	MEDICARE ADVANTAGE
D94	AMERIGROUP COMMUNITY CARE	PO BOX 61010	VIRGINIA BEACH	VA	234661010	8006004441	MEDICAID HMO
D99	MEDICARE ADVANTAGE						GENERIC MA CODE ASSIGNED BY SCHA
E12	CAROLINA CRESCENT	1201 MAIN ST., STE. 970	COLUMBIA	SC	29201	8032516630	HEALTHY KIDS CONNECTION
E37	SELECT HEALTH	PO BOX 7120	LONDON	KY	40742	8882762020	HEALTHY KIDS CONNECTION
E38	UNISON HEALTH PLAN	250 BERRYHILL RD.	COLUMBIA	SC	29210	8037985852	HEALTHY KIDS CONNECTION
E51	AMERIGROUP COMMUNITY CARE	PO BOX 61010	VIRGINIA BEACH	VA	234661010	8006004441	
E55	TOTAL CAROLINA CARE INC.	1441 MAIN ST.	COLUMBIA	SC	29210	8664336041	
E66	CHCCARE OF SOUTH CAROLINA	140 STONE RIDGE DR.	COLUMBIA	SC	29210	8668022474	
X01	BLUE CROSS & BLUE SHIELD OF MARYLAND, INC.	PO BOX 14115	LEXINGTON	KY	405124115	8005244555	

APPENDIX 2 CARRIER CODES

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Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
X0A	BLUE CROSS OF GEORGIA/COLUMBUS INC	PO BOX 9907	COLUMBUS	GA	319089907	8004412273	POLICIES SHOULD BE ADDED WITH XOB. BCBS OF OF GA.
X0ARX	BLUE CROSS OF GEORGIA/COLUMBUS INC	PO BOX 9907	COLUMBUS	GA	319089907	8004412273	DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE.
X0B	BLUE CROSS & BLUE SHIELD OF GEORGIA/ATLANTA INC	PO BOX 9907	COLUMBUS	GA	319086007	4048428000	FOR GEORGIA STATE EMPLOYEES USE CARRIER 419 GEORGIA STATE HEALTH BENEFIT PLAN
X0BDN	BCBS OF GEORGIA DENTAL	PO BOX 9201	OXNARD	CA	930319201	4048428000	
X0C	BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA	PO BOX 35	DURHAM	NC	27702	9194897431	
X0CDN	BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA	PO BOX 35	DURHAM	NC	27702	9194897431	
X0D	BLUE CROSS AND BLUE SHIELD OF FLORIDA	PO BOX 1798	JACKSONVILLE	FL	322310014	8007272227	
X0E	EMPIRE BLUE CROSS AND BLUE SHIELD	PO BOX 1407 CHURCH ST. STATION	NEW YORK	NY	10008	8003429816	
X0F	BLUE CROSS & BLUE SHIELD OF VIRGINIA	PO BOX 27401	RICHMOND	VA	23279	8009916061	
X0H	BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN	PO BOX 2025	MILWAUKEE	WI	53201	4142246100	
X0I	BLUE CROSS & BLUE SHIELD OF MARYLAND, INC.	PO BOX 9836	BALTIMORE	MD	21204	8005244555	USE CARRIER X01
X0J	PENNSYLVANIA BLUE SHIELD	PO BOX 890089	CAMP HILL	PA	17089	8006373493	
X0K	REGENCE BLUE CROSS BLUE SHIELD OF OREGON	PO BOX 1271	PORTLAND	OR	97207	5032255221	
X0KRS	REGENCE BCBS OF OREGON	PO BOX 12625 MAILSTOP S4P	SALEM OREGON	OR	97309	8884371508	RX PLAN ONLY MM CODE X0K
X0KRX	REGENCE BCBS OF OREGON	PO BOX 12625 MAILSTOP S4P	SALEM	OR	97309	8884371508	RX PLAN ONLY X0K IS MM PLAN
X0L	BLUE CROSS & BLUE SHIELD OF DELAWARE INC	PO BOX 1991	WILMINGTON	DE	19899	3024210260	
X0M	BLUE CROSS OF MASSACHUSETTS INC	PO BOX 986020	BOSTON	MA	022986020	8002535210	
X0N	BLUE CROSS AND BLUE SHIELD OF TEXAS	PO BOX 655730	DALLAS	TX	752655730	9726693900	
X0O	BLUE CROSS AND BLUE SHIELD OF ALABAMA	PO BOX 2294	BIRMINGHAM	AL	35298	8006762583	DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE.
X0P	BLUE CROSS & BLUE SHIELD OF TENNESSEE	801 PINE ST.	CHATTANOOGA	TN	37402	4237555920	
X0Q	BLUE CROSS & BLUE SHIELD OF MICHIGAN	600 LAFAYETTE EAST	DETROIT	MI	482262998	8004820898	
X0R	MEDICAL MUTUAL OF OHIO	2060 EAST 9TH ST.	CLEVELAND	OH	441151355	2166877000	
X0S	BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC.	PO BOX 1938	NEWARK	NJ	07102	8003552583	AKA HORIZON BCBS OF NEW JERSEY

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Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
X0SDN	BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC.	PO BOX 420	NEWARK	NJ	07102	8003552583	AKA HORIZON BCBS OF NEW JERSEY
X0T	BLUE CROSS OF ILLINOIS	PO BOX 1364	CHICAGO	IL	60690	3129387500	
X0TDN	BLUE CROSS OF ILLINOIS	PO BOX 1364	CHICAGO	IL	60690	3129387500	
X0U	BLUE CROSS & BLUE SHIELD OF KENTUCKY INC	9901 LINN STATION RD.	LOUISVILLE	KY	40223	5024232011	
X0V	BLUE SHIELD OF NORTHEASTERN NEW YORK	PO BOX 15013	ALBANY	NY	12212	5184534600	
X0W	BLUE CROSS OF CALIFORNIA	PO BOX 60007	LOS ANGELES	CA	90060	8888878969	
X0X	CENTRAL BENEFITS MUTUAL INSURANCE COMPANY	PO BOX 16526	COLUMBUS	OH	43216	6144645870	
X0Y	ANTHEM BLUE CROSS AND BLUE SHIELD	PO BOX 37010	LOUISVILLE	KY	40233	8006224822	
X0YRX	ANTHEM BLUE CROSS AND BLUE SHIELD	PO BOX 37010	LOUISVILLE	KY	40233	8006224822	
X0Z	BLUE CROSS & BLUE SHIELD OF MISSISSIPPI INC	PO BOX 1043	JACKSON	MS	39208	6019323800	
X1A	BLUE CROSS BLUE SHIELD OF NEW MEXICO	PO BOX 27630	ALBUQUERQUE	NM	87125	8007113795	
X1D	BLUE CROSS /BLUE SHIELD OF NATIONAL CAPITAL AREA	550 12TH ST. SW	WASHINGTON	DC	20024	2024798000	
X1E	BLUE CROSS OF PUERTO RICO	PO BOX 366068	SAN JUAN	PR	009366068	8097599898	
X1F	BLUE CROSS & BLUE SHIELD OF RHODE ISLAND	444 WESTMINSTER MALL	PROVIDENCE	RI	02901	4018317300	
X1G	INDEPENDENCE BLUE CROSS	1901 MARKET ST.	PHILADELPHIA	PA	19103	2152412400	
X1H	BLUE CROSS & BLUE SHIELD OF CONNECTICUT INC	PO BOX 504	NEW HAVEN	CT	06473	2032394961	
X1I	ARKANSAS BLUE CROSS AND BLUE SHIELD, INC	PO BOX 2181	LITTLE ROCK	AR	72203	5013782010	
X1J	BLUE CROSS & BLUE SHIELD OF WESTERN NEW YORK, INC.	PO BOX 80	BUFFALO	NY	142400080	8008880757	
X1K	BLUE CROSS & BLUE SHIELD OF MEMPHIS	85 NORTH DANNY THOMAS BLVD.	MEMPHIS	TN	38103	9015293111	
X1L	BLUE CROSS & BLUE SHIELD OF LOUISIANA	PO BOX 98029	BATON ROUGE	LA	708989029	5042915370	
X1M	BLUE CROSS & BLUE SHIELD OF KANSAS	1133 SOUTHWEST TOPEKA BLVD.	TOPEKA	KS	66629	7852914180	
X1N	MEDICAL SERVICE CORPORATION OF EASTERN WASHINGTON	PO BOX 3048	SPOKANE	WA	99220	5095364900	
X1O	WELLMARK BLUE CROSS BLUE SHIELD OF IOWA	PO BOX 5023	SIOUX FALLS	SD	57104	5152454500	USE CARRIER CODE X2A
X1P	BLUE CROSS & BLUE SHIELD OF MINNESOTA	PO BOX 64338	ST PAUL	MN	55164	8003822000	
X1Q	BLUE CROSS & BLUE SHIELD OF MAINE	2 GANNETT DR.	SOUTH PORTLAND	ME	041066911	2077751550	
X1R	HIGHMARK BLUE CROSS BLUE SHIELD	PO BOX 535053	PITTSBURGH	PA	152535053	4125447000	
X1S	COMMUNITY MUTUAL INSURANCE COMPANY	1351 WILLIAM HOWARD TAFT RD.	CINCINNATI	OH	45206	5132821016	CODE IN OPEN STATUS BY SCHA

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

Carr	TPL Name	Address Line	City	State	Zip	Phone Num	Carrier Comment
X1U	BLUE CROSS & BLUE SHIELD OF NEBRASKA	PO BOX 3248, MAIN P.O. STATION	OMAHA	NE	681800001	4023901820	
X1V	BLUE CROSS & BLUE SHIELD OF COLORADO	700 BRDWAY	DENVER	CO	80273	3038312131	
X1W	BLUE CROSS & BLUE SHIELD OF UTAH	PO BOX 30270	SALT LAKE CITY	UT	841300270	8013332100	
X1X	BLUE CROSS OF OHIO	PO BOX 956	TOLEDO	OH	43696	8003621279	
X1Y	BLUE SHIELD OF CALIFORNIA	PO BOX 7168	SAN FRANCISCO	CA	94120	4154455000	
X2A	WELLMARK BLUE CROSS BLUE SHIELD OF IOWA	PO BOX 5023	SIOUX FALLS	SD	57104	8005268995	
X2B	BLUE CROSS & BLUE SHIELD OF KANSAS CITY	PO BOX 419169	KANSAS CITY	MO	641416169	8008926048	
X2F	BLUE CROSS AND BLUE SHIELD OF THE ROCHESTER AREA	165 CT. ST.	ROCHESTER	NY	14647	7163253630	
X2G	BLUE CROSS & BLUE SHIELD CENTRAL NEW YORK, INC.	PO BOX 4809	SYRACUSE	NY	132214809	3154483801	
X2H	BLUE CROSS & BLUE SHIELD OF UTICA-WATERTOWN, INC.	12 RHOADS DR., UTICA BUSINESS DISTRICT	UTICA	NY	13501	3157984238	
X2J	BLUE CROSS & BLUE SHIELD OF NORTH DAKOTA	4510 13TH AVE. SW	FARGO	ND	581210001	8003682312	
X2K	CAPITAL BLUE CROSS	2500 ELMERTON AVE.	HARRISBURG	PA	17110	8009585588	
X2L	BLUE CROSS OF NORTHEASTERN PENNSYLVANIA	70 NORTH MAIN ST.	WILKES-BARRE	PA	18711	8008298599	
X2M	BLUE CROSS OF WASHINGTON AND ALASKA	PO BOX 327	SEATTLE	WA	98111	8003456784	
X2O	BLUE CROSS & BLUE SHIELD OF WEST VIRGINIA INC	PO BOX 1353	CHARLESTON	WV	25325	3043477709	
X2P	MOUNTAIN STATE BLUE CROSS & BLUE SHIELD, INC.	PO BOX 1948	PARKERSBERG	WV	26102	3044247700	
X2S	BLUE CROSS & BLUE SHIELD OF VERMONT	PO BOX 186	MONTPELIER	VT	05602	8022472583	
X2T	BLUE CROSS & BLUE SHIELD OF OKLAHOMA	PO BOX 3283	TULSA	OK	74102	9185603535	
X2U	BLUE CROSS & BLUE SHIELD OF MISSOURI	1831 CHESTNUT ST.	ST LOUIS	MO	63103	3149234444	AKA ALLIANCE BLUE CROSS BLUE SHIELD
X2V	BLUE CROSS OF IDAHO HEALTH SERVICE, INC.	PO BOX 7408	BOISE	ID	83707	2083447411	
X2W	BLUE CROSS & BLUE SHIELD OF ARIZONA, INC.	PO BOX 13466	PHOENIX	AZ	850023466	6028644100	
X2X	BLUE CROSS BLUE SHIELD OF HAWAII	PO BOX 44500	HONOLULU	HI	96801	8007764672	
X2Y	BLUE CROSS BLUE SHIELD OF MONTANA	PO BOX 5004	GREAT FALLS	MT	59403	4067914000	
X3A	UNITED TEACHERS ASSO. INS. CO.	PO BOX 30010	AUSTIN	TX	78755	8008808824	
X3B	TPA EXCHANGE	PO BOX 4363	ST AUGUSTINE	FL	32085	8885022789	
XOKRX	REGENCE BCBS OF OREGON RX PLAN	PO BOX 12625 MAILSTOP S4P	SALEM	OR	97309	8884371508	RX PLAN ONLY MM PLAN IS XOK
XOV	BLUE CROSS OF NORTHEASTERN NEW YORK INC	PO BOX 15013	ALBANY	NY	12212	5184385500	
XYZ	PRESCRIPTIONS SOLUTIONS	PO BOX 6037	CYPRESS	CA	90630	8007887871	

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

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APPENDIX 3 COPAYMENT SCHEDULE

SCHEDULE OF COPAYMENTS

Type of Services	Service	Amount
Physician Office Visits (Physician/Nurse Practitioner)	90801	\$2.00
	92002-92014	
	99201-99205	
	99212-99215	
	99241-99245	
	99271-99275	
Durable Medical Equipment	Services per day	\$3.00
Optometrist	92002-92014	\$2.00
	99201-99205	
	99212-99215	
	99241-99245	
	99271-99275	
Chiropractor	98940	\$1.00
	98941	
	98942	
Podiatrist	99201-99205	\$1.00
	99212-99215	
	99241-99245	
	99271-99275	
Home Health	36415	\$2.00
	S9128	
	S9129	
	S9131	
	T1021	
	T1028	
	T1030	
	T1031	
Federally Qualified Health Center (FQHC)	T1015	\$2.00
Rural Health Clinic (RHC)	T1015	\$2.00
Ambulatory Surgical Clinic	Services per day	\$2.00
Dentist	Services per day	\$3.00
Pharmacy (Copay will apply to ages 19 and above only)	Per prescription/refill	\$3.00
Inpatient Hospital	Per admission	\$25.00
Outpatient Hospital	Per claim (non-emergency)	\$3.00

APPENDIX 3 COPAYMENT SCHEDULE

SCHEDULE OF COPAYMENTS

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**PROVIDER MANUAL SUPPLEMENT
MANAGED CARE**

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MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Managed Care is a health care delivery model implemented by SCDHHS to establish a medical home for all Medicaid Managed Care eligible beneficiaries. The goals of a medical home include:

- Provide accessible, comprehensive, family-centered coordinated care
- Manage the beneficiary's health care, perform primary and preventive care services, and arrange for any additional needed care
- Provide beneficiaries access to a "live voice" 24 hours a day, 7 days a week, to ensure access to appropriate care
- Provide beneficiary education about preventive and primary health care, utilization of the medical home, and the appropriate use of the emergency room

The Division of Care Management administers the program for Medicaid beneficiaries by contracting with Managed Care Organizations (MCOs) and Care Services Organizations (CSOs) to offer health care services. CSOs support the Medical Homes Network (MHN) managed care health delivery model.

Managed care is not a new concept. Managed care has been a preferred health care delivery model in the private sector for decades. Enrolling in a managed care plan does not limit benefits, in fact, quite the opposite. All health plans offer, at a minimum, the same benefits offered under fee-for-service (FFS) Medicaid. In addition, all health plans offer enhanced benefits not available under the FFS Medicaid delivery model. These enhanced services may vary from plan to plan according to the contracted terms and conditions between SCDHHS and the managed care contractor.

Examples of enhanced benefits include:

- 24-hour nurse advice line
- Care coordination
- Health management programs (asthma, diabetes, pregnancy, etc.)
- No copayments
- Unlimited office visits
- Adult dental services

Providers, both in and out of network, should contact the MCO or the MHN Primary Care Physician (PCP) directly for assistance with benefits or prior authorization (PA) requirements before administering services to Medicaid-eligible beneficiaries enrolled in a managed care plan. **Providers should also check Medicaid eligibility and MCO or MHN enrollment prior to each authorization or delivery of services.**

The **Exhibits** section of this supplement provides contact information for MCOs and MHNs currently participating in the South Carolina Medicaid Managed Care program. Managed Care MCOs and MHNs are subject to change at any time. Providers are encouraged to visit the

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

SCDHHS Web site (<http://www.scdhhs.gov>) for the most current listing of health plans, the counties in which they are authorized to operate, and the number of managed care enrollees within a county.

This Managed Care supplement is intended to provide an overview of the Managed Care program. Providers should review the MCO and MHN Policy and Procedure Guides for detailed program-specific requirements. Both guides are located on the SCDHHS Web site (<http://www.scdhhs.gov>) within the Managed Care section.

SC MEDICAID MANAGED CARE CONTACT INFORMATION

For additional information, contact the Division of Care Management at the following address:

South Carolina Department of Health and Human Services
Division of Care Management
Post Office Box 8206
Columbia, SC 29202-8206
Phone: (803) 898-4614
Fax: (803) 255-8232

PROGRAM DESCRIPTIONS

Managed Care Organizations (MCOs)

A Managed Care Organization (MCO) is commonly referred to as an HMO (Health Maintenance Organization) in the private sector. MCOs are required to operate under a contract with SCDHHS to provide health care services to beneficiaries through a network of health care professionals, both primary and specialty care, as well as hospitals, pharmacies, etc. Primary care providers (PCP) must be accessible within a 30-mile radius, while specialty care providers, to include hospitals, must be accessible within a 50-mile radius. While MCOs will contract with providers within a specific county, enrolled members may seek treatment, or be referred to in-network providers in neighboring counties.

MCOs are responsible for providing core services to Medicaid-eligible individuals as specified in their contract with SCDHHS. The health care providers within the MCO network are not required to accept FFS Medicaid as most claims are filed to and processed by the MCO. Only services rendered on a FFS basis require providers be enrolled in SC Medicaid, as those claims are paid by SCDHHS. (Core services are discussed further in the **Core Benefits** section of this supplement.)

SCDHHS currently uses two contracts with MCOs: a “standard contract” and an “ethical contract”. All MCOs, with the exception of First Choice by Select Health, operate under the standard contract. First Choice by Select Health is owned by a Catholic organization and operates under the ethical contract.

An MCO must receive a Certificate of Authority from the SC Department of Insurance and must be licensed as a domestic insurer by the State to render Medicaid managed care services.

MANAGED CARE SUPPLEMENT

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SCDHHS performs a rigorous approval process for each managed care entity. A complete guide to the approval process is available on the SCDHHS Web site. MCO model contracts used by the Managed Care program are approved by the Centers for Medicare and Medicaid (CMS).

This section of the supplement only reflects the general Medicaid policies and procedures that govern Managed Care Organizations in South Carolina. A complete guide to the Medicaid MCO Managed Care program can be found on the SCDHHS Web site under *Benefits Plan > MC Information > Managed Care Organization (MCOs) > MCO Policy and Procedures Guide*. The guide will be referred to as the MCO Policy and Procedures Guide throughout this document.

MCOs currently approved by SCDHHS are listed in the **Exhibits** section of this supplement and on the SCDHHS Web site (<http://www.scdhhs.gov>).

Core Benefits

Managed Care Organizations are fully capitated plans that provide a core benefit package similar to the current FFS Medicaid plan. MCO plans are required to provide beneficiaries with “medically necessary” care at current limitations for all contracted services. Unless otherwise specified, service limitations are based on the State fiscal year (July 1 through June 30). While appropriate and necessary care must be provided, MCOs are not bound by the current variety of service settings. For example, a service may only be covered FFS when performed in an inpatient hospital setting, while the MCO may authorize the same service to be performed both in an inpatient and an outpatient hospital setting.

MCOs may offer SCDHHS-approved expanded benefits. These are benefits that go beyond the core package. Additions, deletions, or modifications to the expanded benefits made during the contract year must be approved by SCDHHS. These expanded benefits may include medical services which are currently non-covered by FFS and/or which are above current Medicaid limitations.

Providers should refer to the **Core Benefits** section of the MCO Policy and Procedures Guide on the SCDHHS Web site (<http://www.scdhhs.gov>) for a detailed explanation of core benefits and service limitations.

Services Outside of the Core Benefits

The South Carolina Medicaid program continues to provide and/or reimburse certain fee-for-service benefits. Providers rendering services that are not included in the MCO’s benefits package, but are covered under FFS Medicaid receive payment in accordance with the current Medicaid fee schedule. These services are filed to SC Medicaid for processing and payment. MCOs are responsible for the beneficiaries’ continuity of care by ensuring appropriate referrals and linkages to the Medicaid FFS providers. For specifics concerning services outside of the core benefits, please see the MCO Policy and Procedures Guide on <http://www.scdhhs.gov>.

MCO Program Identification (ID) Card

The Managed Care Organization shall issue an identification card to the beneficiary within 14 calendar days of the selection of a primary care provider, or the date of receipt of the beneficiary’s enrollment data from SCDHHS, whichever is later.

MANAGED CARE SUPPLEMENT

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To ensure immediate access to services, the provider shall accept the beneficiary's Medicaid ID card as proof of enrollment in their plan until the beneficiary receives his or her MCO ID card. However, providers must always verify eligibility and confirm participation in a managed care plan on the same day the service is being rendered.

The MCO ID card must include at least the following information:

- The MCO name
- The 24-hour telephone number for the beneficiary to use in urgent or emergency situations and to obtain any additional information
- The name of the primary care physician
- The beneficiary's name and Medicaid ID number
- The MCO's plan expiration date (optional)
- The Member Services toll-free telephone number

Claims Filing

Providers should file claims with the MCO for beneficiaries participating in a managed care program, unless the service rendered is not covered by the MCO and is, instead, paid on a FFS basis by SC Medicaid. Providers should contact the MCO for managed care billing requirements. Non-contracted providers treating beneficiaries should contact the MCO for billing requirements prior to rendering services for authorization to provide treatment as an out-of-network provider. An exception is services rendered in an emergency room. Even if the physician is not in-network with the MCO, the MCO cannot refuse to reimburse for covered emergency services. Specifics concerning emergency coverage are contained in Section 4, **Emergency Medical Services**, of the MCO contract.

Prior Authorizations and Referrals

Providers should contact the beneficiary's MCO for prior authorization requests. Services provided to Medicaid beneficiaries enrolled in an MCO may require prior authorization from the MCO, with the exception of services provided in a hospital emergency department. Each MCO may have different prior authorization requirements. Admission to a hospital through the emergency department **may** require authorization. Hospitals should always check with the beneficiary's MCO plan for their requirements. The physician component for inpatient services **always** requires prior authorization. Specialist referrals for follow-up care after a hospital discharge also require prior authorization.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Medical Homes Networks (MHNs)

Medical Homes Networks (MHNs) are Medicaid's Primary Care Case Management (PCCM) programs that link beneficiaries with a primary care provider (PCP). An MHN is a group of physicians who have agreed to serve as PCCM providers. They work in partnership with the beneficiary to provide and arrange for most of the beneficiary's health care needs, including authorizing services provided by other health care providers. They also partner with a Care Coordination Services Organization (CSO) to accept the responsibility for providing medical homes for beneficiaries and for managing beneficiaries' care. The CSO supports the physicians and enrolled beneficiaries by providing care coordination, disease management, and data management. All providers participating in an MHN must be enrolled SC Medicaid providers, as all services are paid on a fee-for-service (FFS) basis.

The outcomes of the medical home initiative are a healthier, better educated Medicaid beneficiary, and cost savings for South Carolina through a reduction of acute medical care and disease-related conditions. The MHN provides case managers, who assist in developing, implementing, and evaluating the predetermined care management strategies of the network.

MHNs are under contract with the CSO, who, in turn, contract with SCDHHS. Providers must be in good financial standing with SCDHHS. MHN contracts with SCDHHS must receive CMS approval. A sample of an MHN contract can be reviewed on the SCDHHS Web site, under *Benefits Plans > MC Information > Medical Homes Networks Program (MHN) > Sample MHN Contract*.

This section of the supplement only reflects the general Medicaid policies and procedures that govern Medical Homes Networks in South Carolina. The complete guide to the Medicaid MHN Managed Care program can be found on the SCDHHS Web site (<http://www.scdhhs.gov>). The guide will be referred to as the MHN Policy and Procedures Guide throughout this document.

The MHN is responsible for the following components and services:

- Formal Care Coordination and Case Management
- Service Utilization Management
- Beneficiary Education
- Disease Management
- Provider Education and Training
- Pharmacy Management (including, but not limited to, Benefit Management Oversight and Clinical Risk Identification)

A listing of the current Medical Homes Networks operating in South Carolina is provided in the **Exhibits** section of this supplement, or providers may contact the Division of Care Management at (803) 898-4614.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Core Benefits

Services provided under the MHN program are all paid on a FFS basis. As such, all claims are submitted to and processed by SCDHHS. Benefits offered in the MHN program mirror those offered in FFS with the following exceptions:

- All beneficiaries, regardless of age, receive unlimited ambulatory visits
- No copayment effective April 1, 2008

For additional information concerning core services and limitations, please refer to the MHN Policy and Procedures manual, or provider manuals for the applicable area (Physicians, Hospitals, etc.)

Prior Authorizations and Referrals

The PCP is contractually required to either provide medically necessary services or authorize another provider to treat the beneficiary via a referral. Even if a physician in the same practice, but at a different practice location with a different Medicaid “pay-to or group” Provider ID, treats a beneficiary, the services rendered still need a referral from the PCP. If a beneficiary has failed to establish a medical record with the PCP, the CSO, in conjunction with the PCP, shall arrange for the prior authorization (PA) on any existing referral. For a list of services that do not require authorization, refer to the **Exempt Services** section later in this supplement.

In some cases, the PCP may choose to authorize a service retroactively. All authorizations and consultations, including services authorized retroactively, are at the discretion of the PCP. The process for referring a beneficiary to a specialist can be made by telephone or in writing. The referral should include the number of visits being authorized and the extent of the diagnostic evaluation.

A PCP may authorize multiple visits for a specific course of treatment or a particular diagnosis. This prevents a provider to whom the beneficiary was referred from having to obtain a referral number for each visit so long as the course of treatment or diagnosis has not changed. The provider simply files the claims referencing the same referral number. It is the PCP’s responsibility to authorize additional referrals for any further diagnosis, evaluation, or treatment not identified in the scope of the original referral. If a specialist needs to refer the beneficiary to a second specialist for the same diagnosis, the beneficiary’s PCP must be contacted for a referral number.

A referral number is not required for services provided in a hospital emergency department or for an admission to a hospital through the emergency department. However, the physician component for inpatient hospital services does require a referral number. The hospital should contact the PCP for a referral number within 48 hours of the beneficiary’s admission. Specialist referrals for follow-up care after discharge from a hospital also require a referral from the PCP. In addition to the MHN’s authorization, prior approval may be required by SCDHHS to verify medical necessity before rendering some services. Prior authorizations are for medical approval only. Obtaining a prior authorization does not guarantee payment or ensure the beneficiary’s eligibility on the date of service.

MANAGED CARE SUPPLEMENT

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For a list of services requiring a referral number from the PCP, along with noted exceptions, please refer to the MHN Policy and Procedures Guide. Claims submitted for reimbursement must include the PCP's referral number.

Specific services sponsored by state agencies require a referral from that agency's case manager. The state agency's case manager should coordinate with the PCP and the MHN Care Coordinator to ensure the continuity of care. These services include, but are not limited to, the following:

- Audiologist Services
- High/Moderate Management Group Homes Services
- Occupational Therapist Services
- Physical Therapist Services
- Psychologist Services
- Speech Therapist Services
- Therapeutic Foster Care Services

Referrals for a Second Opinion

PCPs are required to refer a beneficiary for a second opinion at his or her request when surgery is recommended.

Referral Documentation

All referrals must be documented in the beneficiary's medical record. The CSO and the PCP shall review the monthly referral data to ensure that services rendered to the beneficiary were authorized and recorded accurately in the medical record. It is the PCP's responsibility to review the referral data for validity and accuracy, and to report inappropriate and/or unauthorized referrals to the CSO. The CSO is responsible for investigating these incidents and notifying SCDHHS if Medicaid fraud or abuse is suspected.

Exempt Services

Beneficiaries can obtain the following services from Medicaid MHN providers without obtaining a prior authorization from their PCP:

- Ambulance Services
- Dental Services
- Dialysis/End Stage Renal Disease Services
- Emergency Room Services (billed by the hospital)
- Family Planning Services
- Home- and Community-Based Waiver Services
- Independent Laboratory and X-ray ¹ Services
- Medical Transportation Services

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- Nursing Home Services
- Obstetrician and Gynecologist Services
- Optician Services
- Optometrist Services
- Pharmacy Services
- State Agency Services²
- Speech and Hearing Clinic Services

¹ FQHCs/RHCs that provide laboratory and x-ray services under a separate provider number (not the FQHC/RHC number) must enter a prior authorization number on the claim form or the claim will be rejected.

² Agencies exempt from prior authorization are the Department of Mental Health, the Continuum of Care, the Department of Alcohol and Other Drug Abuse, the Department of Disabilities and Special Needs, the Department of Juvenile Justice, and the Department of Social Services.

The above list is not all-inclusive. For a complete list of exempt services, refer to the MHN Policy and Procedures Guide on the SCDHHS Web site (<http://www.scdhhs.gov>). Some services still require a prescription or a physician's order. Physicians should refer to the appropriate Medicaid Provider Manual for more detailed information and/or requirements, or contact their program manager.

Primary Care Provider Requirements

The primary care provider is required to either provide services or authorize another provider to treat the beneficiary. The following Medicaid provider types may enroll as a primary care provider:

- Family Medicine
- General Practitioners
- Pediatricians
- Internal Medicine
- Obstetrics and Gynecology
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)

24-Hour Coverage Requirements

The MHN requires PCPs to provide access to medical advice and care for enrolled beneficiaries 24 hours per day, 7 days per week. A qualified medical practitioner must provide medical advice, consultation, and/or authorization or referral for services when appropriate within one hour of the beneficiary presentation or notification. PCPs must have at least one telephone line that is answered by office staff members during regular office hours.

MANAGED CARE SUPPLEMENT**MANAGED CARE OVERVIEW***Women, Infants, and Children (WIC) Program Referrals*

Federal law mandates coordination between Medicaid Managed Care programs and the WIC program. PCPs are required to refer potentially eligible beneficiaries to the local WIC program agency. The beneficiary must sign a WIC Referral Form and a Medical Records Release Form. Both forms are submitted to the local WIC agency for follow up.

For more information, providers should contact the local WIC agency at their county health department.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

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MANAGED CARE SUPPLEMENT

MANAGED CARE ELIGIBILITY

Individuals must apply for SC Medicaid as outlined in Section 1 of this manual. If the applicant meets the established eligibility requirements, he or she may be eligible for participation in the Managed Care program. Not all Medicaid beneficiaries are eligible to participate in the Managed Care program.

The following Medicaid beneficiaries are **not eligible** to participate in a **Managed Care Organization**:

- Dually eligible beneficiaries (Medicare and Medicaid)
- Beneficiaries age 65 or older
- Residents of a nursing home
- Participants in limited benefits programs such as Family Planning Waiver, Specified Low Income Beneficiaries, Emergency Service Only, etc.
- Home- and Community-Based Waiver participants
- Medically Complex Children's Waiver Program participants
- Hospice participants
- Beneficiaries covered by an MCO/HMO through third-party coverage
- Beneficiaries enrolled in another Medicaid managed care plan

The following Medicaid beneficiaries are **not eligible** to participate in a **Medical Homes Network**:

- Medically Complex Children's Waiver Program participants
- Individuals institutionalized in a public facility
- Participants in limited benefits programs such as Family Planning Waiver, Specified Low Income Beneficiaries, Emergency Services Only, etc.
- Beneficiaries enrolled in another Medicaid managed care program
- Beneficiaries covered by an MCO/HMO through third-party coverage

MCOs issue an identification card to eligible beneficiaries that contain phone numbers to assist both beneficiaries and providers with benefits, health plan eligibility, and authorization questions specific to the managed care plan. The MCO card also contains the name of the beneficiary's primary care provider, as well as his or her health plan Member ID. **A beneficiary must present both the South Carolina Healthy Connections Medicaid ID card and the MCO-issued card before receiving services.**

MHNs do not issue additional identification cards to eligible beneficiaries. The South Carolina Healthy Connections Medicaid ID card serves as both their SC Medicaid card and their MHN card.

MANAGED CARE SUPPLEMENT**MANAGED CARE ELIGIBILITY**

Providers should verify beneficiaries' eligibility through the Web Tool, a point-of-service (POS) terminal, or the Interactive Voice Response System (IVRS) prior to delivering services. When verifying coverage via the IVRS, the Managed Care program information is given at the end of the inquiry.

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

OVERVIEW

All managed care enrollment and disenrollment activities are handled through one single point of contact, South Carolina Healthy Connections Choices (SCHCC). SCHCC is responsible for processing the enrollment and disenrollment of Medicaid-eligible beneficiaries into a Managed Care plan. Beneficiaries may enroll online, by telephone, by mail, or by fax. The total Managed Care enrollment per full-time physician is limited to 2500 members, unless otherwise approved by SCDHHS.

Eligible SC Medicaid beneficiaries are encouraged to actively enroll with a Managed Care plan. Upon contacting SCHCC, Medicaid beneficiaries may currently select among the following Medicaid service delivery options:

- Managed Care Organization
- Medical Homes Network
- Fee-for-Service

SCHCC may be reached by calling (877) 552-4642, or via the SCHCC Web site: <http://www.SCchoices.com>. SCHCC should be contacted for assistance with enrollment, as well as transferring to, or disenrolling from, a health plan regardless of whether the beneficiary is in his or her 90-day choice period or lock-in period.

Not all Medicaid beneficiaries are eligible to participate in managed care. Beneficiaries who are eligible for participation are made aware of their eligibility via an outreach or enrollment mailing from SCHCC. An **enrollment packet** is mailed to beneficiaries who are required to make a plan choice. An **outreach packet** is mailed to beneficiaries who are eligible to participate in a managed care plan, but are not required to choose.

Beneficiaries receiving an enrollment packet are given at least 30 days to choose a plan. If the beneficiary does not choose a Managed Care plan within the allotted timeframe, the beneficiary is assigned to a Managed Care plan through SCHCC. (See **Enrollment Counselor Services** later in this supplement.)

Outreach and assignment is based on the beneficiary's payment category or Recipient Special Program (RSP) indicator, and is effective according to the published cut-off schedule.

If a Medicaid beneficiary enrolled in a managed care plan loses Medicaid eligibility, but regains it within 60-days, he or she will be automatically reassigned to the same plan and will forego a new 90-day choice period.

Beneficiaries cannot enroll directly with the MCO or the MHN. Beneficiaries must contact SCHCC to enroll in a Managed Care plan, or to change or discontinue their plan. A member can only change or disenroll without cause within the first 90 days of enrollment. If the beneficiary is approved to enroll in a Managed Care plan, or changes his or her plan, and is entered into the system before the established cut-off date, the beneficiary appears on the plan's member listing for the next month. If the beneficiary is approved, and entered into the system after the

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

established cut-off date, the beneficiary will appear on the plan's member listing for the following month.

ENROLLMENT PROCESS

Medicaid beneficiaries receive a managed care enrollment packet or an outreach packet by mail within two days of first becoming eligible for Medicaid, or 30 to 60 days prior to their annual Medicaid review. Beneficiaries enrolled in a managed care plan will also receive a reminder letter from their health plan prior to their annual review date.

Beneficiaries are always encouraged to respond to SCHCC's efforts so that plan assignment does not result. While enrollment is encouraged during annual review, FFS Medicaid beneficiaries may contact SCHCC to enroll at anytime. They do not need to wait to receive enrollment information. Beneficiaries enrolled in a managed care plan at the time of their annual review will remain in their health plan unless they contact SCHCC during their open enrollment (90-day choice period) to request a change.

When enrollment packets are mailed, beneficiaries have at least 30 days from the mail date to choose a health plan, to include an MCO, an MHN, or FFS. If a beneficiary fails to act on the initial enrollment packet, reminder letters and postcards are mailed and outbound calls are placed in an effort to encourage plan selection. **A minimum of five attempts is made to reach all beneficiaries.** If, after the multiple outreach efforts, a beneficiary still fails to respond, he or she will be assigned to a managed care plan. When assignment occurs, FFS is no longer an option.

The assignment process places beneficiaries into health plans available in the county where the beneficiary resides based on the following criteria:

- The health plan, if any, in which the beneficiary was previously enrolled
- The health plan, if any, in which family members are enrolled
- The health plan selected by a random assignment process if no health plan was identified

There are four easy ways for beneficiaries to enroll:

- Call SCHCC at (877) 552-4642
- Mail or fax the completed enrollment form contained in the enrollment packet
- Online at <http://www.SCchoices.com/>
- In person by meeting with a community enrollment counselor

A beneficiary is enrolled in a Managed Care plan for a period of 12 months. The beneficiary shall remain enrolled in the plan unless one of the following occurs:

- The beneficiary becomes ineligible for Medicaid and/or Managed Care enrollment
- The beneficiary forwards a written request to disenroll for cause
- The beneficiary initiates the disenrollment process during the annual re-enrollment period
- The beneficiary requests disenrollment within the first 90 days of enrollment

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

Enrollment of Newborns

Babies born to Medicaid-eligible mothers are automatically deemed Medicaid eligible. As such they are subject to being enrolled into a managed care plan. If, at the time of delivery, the mother is enrolled with an MCO, the baby will be automatically enrolled into the same MCO. If, however, the mother is enrolled with an MHN, or is FFS, the baby will revert to FFS Medicaid for the first year of life. Newborns in FFS are still eligible to enroll in managed care and may be enrolled at anytime by contacting SCHCC.

Babies automatically enrolled into the mother's MCO have a 90-day choice period following birth during which a change to their health plan may be made. Following the 90-day choice period, the newborn enters into his or her lock-in period and may not change health plans for the first year of life without "just cause". The newborn's effective date of enrollment into a managed care plan is the first day of the month of birth.

Providers should refer to the appropriate Medicaid provider manual for additional limitations when providing services to newborns.

Primary Care Provider Selection and Assignment

Upon enrolling into a managed care plan, all beneficiaries are "assigned" to a primary care provider (PCP). If the beneficiary calls SCHCC and chooses a health plan, he or she is asked to select a PCP at that time. If, however, SCHCC assigns the beneficiary to a health plan, the PCP "selection" is handled differently.

For beneficiaries assigned to an MCO, the MCO is responsible for assigning the PCP. For beneficiaries assigned to an MHN, SCHCC is responsible for assigning the PCP. After assignment, beneficiaries may choose to change their PCP. There is no lock-in period with respect to changing PCPs. Enrolled beneficiaries may change their PCP at any time, as often as necessary.

MCO members must call their designated Member Services area to change their PCP. MHN members may call either their Member Services area or speak with their current PCP to change their PCP.

The name of the designated PCP will appear on all MCO cards. Should an MCO member changes their PCP, he or she will be issued a new health plan card from the MCO indicating the PCP change.

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

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MANAGED CARE SUPPLEMENT

MANAGED CARE DISENROLLMENT PROCESS

OVERVIEW

All disenrollment requests are processed through the enrollment counselor, SCHCC. The beneficiary, the MCO, the MHN, or SCDHHS may initiate the disenrollment process. During the 90 days following the date of initial enrollment with the managed care plan, beneficiaries may disenroll or change plans without cause. Only one change may be requested during this period. Once a change has been requested, or the 90 days following the date of initial enrollment has expired, beneficiaries move into their “lock-in” period. Disenrollment requests made during the lock-in period are processed only for “just cause.” Please refer to the MCO or MHN Policy and Procedures Guide for additional information concerning just cause.

Disenrollment requests made during the lock-in period require the completion of a disenrollment request form, which may be obtained by contacting SCHCC. The form requires the beneficiary to provide information confirming his or her attempt to resolve any issues necessitating disenrollment. That information includes documenting the date and time of the call to the health plan to discuss his or her issues, as well as the person with whom the beneficiary spoke. Failure to provide all required information results in denial of the disenrollment request as all such requests must be reviewed by the SCDHHS Care Management staff.

Upon review by Care Management staff, the managed care plan is notified of the request to disenroll so that a plan representative may follow up with the beneficiary in an effort to address the concerns raised. Managed care plans are required to notify SCDHHS within 10 days of the follow-up results for all complaints or disenrollment requests forwarded to the plan. If just cause is not validated, disenrollment is denied and the beneficiary remains in the managed care plan. A beneficiary’s request to disenroll is honored if a decision has not been reached within 60 days of the initial request. The final decision to accept the beneficiary’s disenrollment request is made by SCDHHS.

If the beneficiary believes he or she was disenrolled in error, it is the beneficiary’s responsibility to contact SCHCC or the managed care plan for resolution. The beneficiary may be required to complete and submit a new enrollment form to SCHCC.

INVOLUNTARY BENEFICIARY DISENROLLMENT

A beneficiary may be involuntarily disenrolled from a managed care plan at any time deemed necessary by SCDHHS or the plan, with SCDHHS approval.

The plan’s request for beneficiary disenrollment must be made in writing to SCHCC using the applicable form, and the request must state in detail the reason for the disenrollment. The request must also include documentation verifying any change in the beneficiary’s status. SCDHHS determines if the plan has shown good cause to disenroll the beneficiary and informs SCHCC of their decision. SCHCC notifies both the plan and the beneficiary of the decision in writing. The plan and the beneficiary have the right to appeal any adverse decision. Managed care plans are

MANAGED CARE SUPPLEMENT**MANAGED CARE DISENROLLMENT PROCESS**

required to inform providers of those beneficiaries disenrolling from their programs. Providers should always check the Medicaid eligibility status of beneficiaries before rendering service.

The plan may not terminate a beneficiary's enrollment because of any adverse change in the beneficiary's health. An exception would be when the beneficiary's continued enrollment in the plan would seriously impair the plan's ability to furnish services to either this particular beneficiary or other beneficiaries.

For additional information, please review the involuntary disenrollment guidelines used by SCDHHS and the Managed Care plans in the **Disenrollment Process** section in the MCO or MHN Policy and Procedures Guide.

MANAGED CARE SUPPLEMENT

EXHIBITS

MANAGED CARE PLANS BY COUNTY

A map of the Managed Care plans by county is available on the SCDHHS Web site at <http://www.scdhhs.gov>, under the *Managed Care Plans* link. Not all MCOs are authorized to operate in every county of the state. Providers should refer to the map for SCDHHS-approved MCOs operating within their service area.

The **Exhibits** section provides the contact information and a card sample for each MCO currently operating in South Carolina.

CURRENT MEDICAID MEDICAL HOMES NETWORK (MHNS)

The following MHN is a participant in the South Carolina Medicaid Managed Care program. MHN beneficiaries should present their South Carolina Healthy Connections Medicaid Insurance card in order to receive health care services. No additional card is necessary. In most cases, referrals to specialty care providers from a PCP do require prior authorization and a prior authorization number from the PCP.

South Carolina Solutions

132 Westpark Blvd
Columbia, South Carolina 29210
(803) 612-4120 or (866) 793-0006
(803) 612-4152 or (888) 893-0018
<http://www.sc-solutions.org/>

CURRENT MEDICAID MANAGED CARE ORGANIZATIONS

South Carolina Medicaid Managed Care Organizations are required to issue a plan identification card to beneficiaries. Beneficiaries should present both the MCO-issued identification card and the Healthy Connections Medicaid Insurance card to obtain services. MCO cards contain important information on the beneficiary (name, plan number), the MCO (toll-free contact numbers), and the PCP.

SAMPLE MEDICAID MCO CARDS


The following card samples are used by MCOs that are currently authorized to operate in South Carolina. Not all MCOs are authorized to operate in every county of the state. Please consult the SCDHHS Web site at <http://www.scdhhs.gov> for the current list of authorized plans and counties.

MANAGED CARE SUPPLEMENT

EXHIBITS

Absolute Total Care

Centene Corporation
 (866) 433-6041
<http://www.absolutetotalcare.com>

	Rx: US Script 1-800-460-8988 BIN:008019
Name: Bob Q. Sample ID#: XXXXXXXXXX PCP Name : Dr. John Doe If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Absolute Total Care for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Absolute Total Care NurseWise toll-free at 1-866-433-6041, option 7, or TDD/TTY 1-866-912-3609. NurseWise is open 24 hours a day.	Effective Date: X/X/XXXX DOB: X/X/XXXX PCP Phone #:XXX-XXX-XXXX


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IMPORTANT MEMBER TELEPHONE NUMBERS		
24/7 Member Line: 1-866-433-6041 TDD/TTY: 1-866-912-3609 24/7 NurseWise®: 1-866-433-6041 , option 7 Prescription Drugs: 1-866-433-6041 Vision/Dental Questions: 1-866-433-6041 TDD/TTY: 1-866-912-3609		
Eligibility: 1-866-912-3604 (MR) Interactive Voice Response 1-866-433-6041 (Provider Services)		
<table style="width: 100%;"> <tr> <td style="width: 50%;"> Medical & Behavioral Health Claims </td> <td style="width: 50%;"> Absolute Total Care Attn: CLAIMS PO Box 3050 Farmington, MO 63640-3821 </td> </tr> </table>	Medical & Behavioral Health Claims	Absolute Total Care Attn: CLAIMS PO Box 3050 Farmington, MO 63640-3821
Medical & Behavioral Health Claims	Absolute Total Care Attn: CLAIMS PO Box 3050 Farmington, MO 63640-3821	
Healthy Connections Choices at 1-877-552-4642		

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BlueChoice

BlueChoice Health Plan of South Carolina
 (866) 781-5094
<http://www.bluechoicescmedicaid.com>

	Medicaid
MEMBER John Doe MEMBER ID ZCD1234567890	Group No. 023457 BIN No. 810075 Benefit Plan HIOPT Effective Date 01/01/08
PRIMARY CARE PROVIDER (PCP) MARY X. JONES, MD 1-999-335-1212	www.BlueChoiceSCMedicaid.com

(front)

Member: Show this card and your Medicaid card when you get covered services. See your Member Handbook to learn more about covered benefits. In an emergency, call 911. Or go to the nearest emergency room. You don't need an OK ahead of time. We will pay for these services. Ask the hospital to call your PCP right away. Providers: This card is for ID purposes and does not constitute proof of eligibility. In-state claims: File using payer code 00403. Out-of-state claims: File with local BlueCross and/or BlueShield Plus. Hospitals: For inpatient admissions, call 1-866-902-1689 within 24 hours or the first business day.	<table style="width: 100%;"> <tr> <td style="width: 50%;"> Customer Care Center: 1-866-781-5094 TTY Line: 1-866-773-9634 Prescription Drugs: 1-866-915-0327 24-Hour Nurse Help Line: 1-866-377-9710 TTY Line: 1-800-368-4424 For Current Eligibility: 1-866-757-8286 </td> <td style="width: 50%;"> BlueChoice Health Plan of South Carolina P.O. Box 100124 Columbia, SC 29202-3124 </td> </tr> </table> <p style="font-size: small;">BlueChoice Health Plan is a wholly owned subsidiary of Blue Cross Blue Shield of South Carolina. Both are independent licensees of the Blue Cross and Blue Shield Association. © BlueChoice, BlueCross and BlueShield are registered marks of the Blue Cross and Blue Shield Association. Administered by Well Point Partnership Plan, LLC</p> <p style="text-align: right; font-size: x-small;">8702 SC0014740 providers</p>	Customer Care Center: 1-866-781-5094 TTY Line: 1-866-773-9634 Prescription Drugs: 1-866-915-0327 24-Hour Nurse Help Line: 1-866-377-9710 TTY Line: 1-800-368-4424 For Current Eligibility: 1-866-757-8286	BlueChoice Health Plan of South Carolina P.O. Box 100124 Columbia, SC 29202-3124
Customer Care Center: 1-866-781-5094 TTY Line: 1-866-773-9634 Prescription Drugs: 1-866-915-0327 24-Hour Nurse Help Line: 1-866-377-9710 TTY Line: 1-800-368-4424 For Current Eligibility: 1-866-757-8286	BlueChoice Health Plan of South Carolina P.O. Box 100124 Columbia, SC 29202-3124		

(back)

MANAGED CARE SUPPLEMENT

EXHIBITS

First Choice by Select Health

Select Health of South Carolina, Inc.
 (888) 276-2020
<http://www.selecthealthofsc.com>



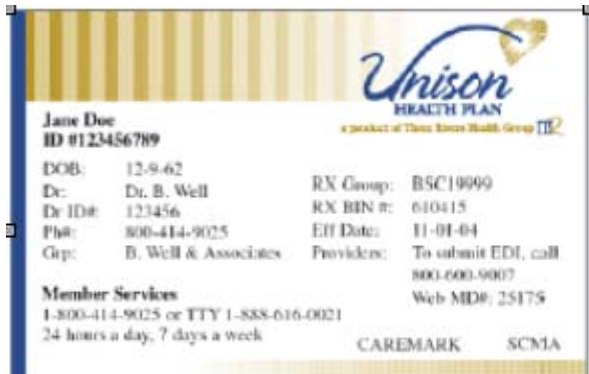
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Unison Health Plan

(800) 414-9025
<http://www.unisonhealthplan.com>



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MANAGED CARE SUPPLEMENT

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MANAGED CARE SUPPLEMENT

HEALTHY CONNECTIONS KIDS

HEALTHY CONNECTIONS KIDS

OVERVIEW

Healthy Connections Kids (HCK) is not a Medicaid program. It is the stand-alone State Children's Health Insurance Program (SCHIP) for children (under age 19) based upon the State Employee's Health Insurance program. The primary goal of the HCK program is to provide health insurance to children who would otherwise lack coverage. The program is administered through the Medicaid agency (SCDHHS), via the Department of Managed Care.

ENROLLMENT PROCESS

HCK applications are accepted at DHHS county offices using the standard Medicaid application. Upon review by the DHHS county office, if the child is under age 19 and income limitations are within 150% to 200% of the Federal Poverty Level (FPL), he or she is automatically considered for the HCK program. If approved, the member will be placed in Payment Category (PCAT) 99.

In addition to income limitations and age restrictions, HCK members must meet the following criteria:

- Proof of citizenship and SC residency
- Cannot be covered by other health insurance at the present, or within the last 3 months
- Must have a social security number (SSN), or must agree to apply for an SSN
- Countable resources (cash and bank accounts) of no more than \$30,000

Unlike Medicaid, HCK is a mandatory managed care program. The only health care delivery model available is a Managed Care Organization (MCO). All HCK members must participate in managed care, or lose their coverage. Upon being deemed HCK eligible, members are assigned to an MCO using the same guidelines as outlined in the **Enrollment Process** section of this supplement. The MCO will assign the PCP and issue a health plan benefits card. Not all MCOs participate in HCK at this time.

MCOs currently participating in HCK include:

- Absolute Total Care
- First Choice
- Unison

MANAGED CARE SUPPLEMENT

HEALTHY CONNECTIONS KIDS

TRANSFER REQUESTS

Given HCK is a mandatory managed care (MCO) program, HCK members may transfer to another MCO, but not disenroll. Disenrollment from participation with managed care would result in a loss of benefits.

All transfer requests are processed through the enrollment counselor, SCHCC. During the 90 days following the date of initial enrollment with the managed care plan, beneficiaries may change plans without cause. Only one change may be requested during this period. Once a change has been requested, or the 90 days following the date if initial enrollment has expired, beneficiaries move into their “lock-in” period. Transfer requests made during the lock-in period are processed only for “just cause” and require review and approval by the SCDHHS and the MCO.

HCK BENEFITS

HCK benefits are based upon the State Employee’s Health Insurance Plan with the exception of dental and vision services, which are based upon the Medicaid program. Services and claims are managed, authorized, and adjudicated by the MCO. Dental services are the only exception with claims for these services being adjudicated by the SCDHHS. Rendering providers, with the exception of dentists, must join the MCO, or risk non-payment of their claims.

Questions often arise concerning school-based, mental health and/or substance abuse services, and autism benefits. Within the Medicaid program, school-based services are carved out and paid FFS. Within the HCK program, school-based services are not carved out and are not reimbursed by the MCO. Therefore, schools are unable to submit claims for payment. Schools receive federal funds to provide services regardless of insurance coverage, or the family’s ability to reimburse.

Mental health and/or substance abuse services are the responsibility of the MCO. This includes services rendered by state agencies (*i.e.*, the Department of Mental Health, DAODAS, etc.). Providers who render these services must contract with and submit claims to the MCO for reimbursement.

Effective January 1, 2009, autism benefits were included in the HCK program. These benefits include Applied Behavioral Analysis (ABA) therapy.

For questions concerning benefits, HCK members should be directed to their plan’s Member Services area.

MANAGED CARE SUPPLEMENT

HEALTHY CONNECTIONS KIDS



SAMPLE HCK MCO CARDS

Absolute Total Care

Centene Corporation

(866) 433-6041

<http://www.absolutetotalcare.com>

 	Rx: US Script 1-800-460-8988 BIN:008019	
Name: Bob Q. Sample	Effective Date: X/X/XXXX	
ID#: XXXXXXXXXX	DOB: X/X/XXXX	
PCP Name : Dr. John Doe	PCP Phone #:XXX-XXX-XXXX	
If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Absolute Total Care for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Absolute Total Care NurseWise toll-free at (866) 433-6041, option 7, or TDD/TTY (866) 912-3609. NurseWise is open 24 hours a day.		

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IMPORTANT MEMBER TELEPHONE NUMBERS		
24/7 Member Line: (866) 433-6041 TDD/TTY: (866) 912-3609 24/7 NurseWise: (866) 433-6041, option 7 Prescription Drugs: (866) 433-6041 Vision/Dental Questions: (866) 433-6041 TDD/TTY: (866) 912-3609 Behavioral Health: (866) 534-5976 Eligibility: (866) 912-3604 (NR) Interactive Voice Response (866) 433-6041 (Provider Services)		
<table style="width: 100%;"> <tr> <td style="width: 50%;"> Behavioral Health Claims: Absolute Total Care Attn: CLAIMS PO Box 7001 Farmington, MO 63640-3811 </td> <td style="width: 50%;"> Medical Claims: Absolute Total Care Attn: CLAIMS PO Box 3050 Farmington, MO 63640-3821 </td> </tr> </table>	Behavioral Health Claims: Absolute Total Care Attn: CLAIMS PO Box 7001 Farmington, MO 63640-3811	Medical Claims: Absolute Total Care Attn: CLAIMS PO Box 3050 Farmington, MO 63640-3821
Behavioral Health Claims: Absolute Total Care Attn: CLAIMS PO Box 7001 Farmington, MO 63640-3811	Medical Claims: Absolute Total Care Attn: CLAIMS PO Box 3050 Farmington, MO 63640-3821	
Healthy Connections Choices at (877) 552-4642		

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First Choice by Select Health


Select Health of South Carolina, Inc.

(888) 276-2020

<http://www.selecthealthofsc.com>

	JOHN DOE ID 12345678 SEX M DOB 01/01/01 SCHIP ID# 1234567890 EFFECTIVE 01/01/02
PRIMARY CARE PROVIDER ABC Pediatrics PCP ID# 12345678 PHONE 843-555-1234 RABIN 100234 RXPON 01230000	 www.selecthealthofsc.com

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Members: 866.299.9594 TTY for hearing impaired: 866.765.9596. Call the Nurse Help Line anytime day or night with your health questions: 800.304.5438. Always carry your First Choice Kids ID card. Always make sure your doctor is a First Choice Kids provider. Go to an emergency room near you when you believe your medical condition may be an emergency. For all other non-emergency situations, call your primary care provider or our Member Services Department.
Providers: 866.299.9594 This card does not guarantee coverage or payment. Verify plan eligibility by calling First Choice Kids or checking the website listed on the front of this card. Except for emergency care, some medical services require prior authorization. For admissions following emergency treatment, secure prior authorization within one business day following admission. Mail medical claims to: P.O. Box 7120, London, KY 40742. Medical Claims Payer ID: 25285. Mail behavioral health claims to: Select Health of SC: MHSA, P.O. Box 6800, Harrisburg, PA 17112. Behavioral Health Claims Payer ID:
Pharmacy Prior Authorization: 866.610.2773 Pharmacy Claims Issues: 800.522.7487
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MANAGED CARE SUPPLEMENT

HEALTHY CONNECTIONS KIDS

Unison Health Plan

(800) 414-9025

<http://www.unisonhealthplan.com>

<★>

Unison Health Plan

<Christopher P. Citizen>
 ID: <010203040>

Plan: <Kids SCHIP>
 Issue Date: <01/01/2009>
 Electronic Payer #: <25175>
 Rx BIN: <610494 >
 PCN: <9999>
 Rx Grp: <ACUSC>

PCP: <Joseph Stephanopolous> <★>
 PCP ID: <000000123456>
 Prov. Grp: <Pacific Coast Medical Group>
 Ph: <412.123.4567>

South Carolina
 Healthy
 Connections **Kids**

Prescription Solutions

(front)

Member Services: 1.800.414.9025
 Hearing Impaired: 711
 Behavioral Health: 1.866.261.7692

In case of emergency, call 911 or go to the nearest emergency room.
 Contact your PCP as soon as possible.

This card is for identification only and is non-transferrable. It does not automatically guarantee eligibility for benefits or create any legal obligations.
 By using this card for services, you agree to the release of medical information, as stated in your member handbook.

FOR PROVIDERS ONLY
 Submit Claims to:
 Unison Administrative Services
 P.O. Box 1147
 Monroeville, PA 15146-5138
 Provider Services: 1.800.600.9007

Utilization Management:
 1.800.366.7304
 Pharmacy: 1.877.651.2217
 Eligibility: Call the IVR at
 1.888.586.4766

unisonhealthplan.com

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**PROVIDER MANUAL SUPPLEMENT
THIRD-PARTY LIABILITY**

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THIRD-PARTY LIABILITY SUPPLEMENT

INTRODUCTION

“Third-party liability” (TPL) refers to the responsibility of parties other than Medicaid to pay for health insurance costs. Medicaid is always the payer of last resort, which means that Medicaid will not pay a claim for which someone else may be responsible until the party liable before Medicaid has been billed. For the most part, this means providers are responsible for billing third parties before billing Medicaid.

Third parties can include:

- Private health insurance
- Medicare
- Employment-related health insurance
- Medical support from non-custodial parents
- Long-term care insurance
- Other federal programs
- Court judgments or settlements from a liability insurer
- State workers’ compensation
- First party probate-estate recoveries

Private health insurers and Medicare are the most common types of third party that providers are required to bill. For information on casualty cases and estate recovery, see Section 1 of your provider manual.

HEALTH INSURANCE RECORDS

Medicaid Insurance Verification Services (MIVS), Medicaid’s TPL contractor, researches third-party insurance information. Sources of information include providers, eligibility offices, long-term care workers, private insurers, other government agencies, and beneficiaries themselves.

It can take up to 25 days for a new policy record to be added to a beneficiary’s eligibility file and five days for corrections and updates of an existing record. New policy information and updates are added to the Medicaid Management Information System (MMIS) every working day.

ACCESS TO CARE

As a provider, your role in the TPL process begins as soon as you agree to treat a Medicaid-eligible patient. You should ask every patient and/or the patient’s responsible party about other insurance coverage.

According to 42 CFR 447.20(b), **you cannot refuse to treat a Medicaid patient simply because he or she has other health insurance.** You and the patient should work together to decide whether you will consider the individual a Medicaid patient or a private-pay patient. If you accept the individual as a Medicaid patient, you are obligated to follow Medicaid’s third-party liability guidelines and other policies. Remember, you agree to treat a patient as a Medicaid

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patient for an entire spell of illness; you cannot change a beneficiary's status in the midst of a course of treatment.

When you first accept a Medicaid beneficiary, and at every service encounter thereafter, you will check to see whether the patient is eligible for Medicaid. At the same time, you will check for any other insurers you may need to bill. You should also perform a Medicaid eligibility check again when entering a claim, as eligibility and TPL information are constantly being updated.

South Carolina Medicaid does not require you to obtain copies of other insurance cards from the beneficiary. You can obtain from South Carolina Medicaid all the information you need to file with another insurer or to code TPL information on a Medicaid claim, including policy numbers, policy types, and contact information for the insurer, as long as Medicaid has that information on file.

Health Insurance Premium Payment Project

The Health Insurance Premium Payment (HIPP) project allows SCDHHS to pay private health insurance premiums for Medicaid beneficiaries who may be at risk of losing the private insurance coverage. SCDHHS will pay such premiums if the payment is deemed cost effective; see Section 1 of your provider manual for more information on qualifying situations. Maintaining good communication with your patients will help you identify candidates for referral to the HIPP program.

Eligibility Verification

- **Medicaid Card:** Possession of a Medicaid card means only that a beneficiary was eligible for Medicaid when the card was issued. You must use other eligibility resources for up-to-date eligibility and TPL information.
- **IVRS:** Instructions for using the Interactive Voice Response System (IVRS) are included in Section 1 of your provider manual. Information about third-party insurers comes after basic eligibility information, so be sure to listen all the way through the response message.
- **Point-of-Sale Devices and Eligibility Verification Vendors:** Check with your vendor to see how TPL information is reported.
- **Web Tool:** The Eligibility Verification function of the South Carolina Medicaid Web-based Claims Submission Tool provides information about third-party coverage. See the Web Tool User Guide for instructions on checking eligibility.

REPORTING TPL INFORMATION TO MEDICAID

Providers are an important source of information from beneficiaries about third-party insurers. You can report this information to Medicaid in two ways: enter the information on claims submitted to Medicaid, or submit Health Insurance Information Referral Forms to Medicaid. When primary health insurance information appears on a claim form, the insurance information is passed to MIVS electronically for verification. This referral process is conducted weekly and contributes to timely additions and updates to the policy file.

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You may encounter the “CAS” carrier code when checking a beneficiary’s eligibility. This code represents an open casualty case. Medicaid does not cost avoid claims with casualty coverage. You may decide to bill Medicaid directly and forgo participation in the case, or you may take action with the liable party and not bill Medicaid. Timely filing requirements still apply even where there is a possible casualty settlement, so you must make your decision prior to the one-year Medicaid timely filing deadline.

Policy Numbers

Many insurance companies use Social Security numbers (SSNs) as policy numbers, but some are transitioning to policy numbers that do not rely on confidential information. You should use the number that appears on the beneficiary’s health insurance card.

SCDHHS has begun adding these new policy numbers to beneficiary records. If one of your claims is rejected for failure to file to a private insurer (edit 150) and you have already filed to that insurer, there may be a policy number discrepancy; you should code the claim with the beneficiary’s SSN. Edit codes and rejected claims are discussed in more detail below.

PHARMACY CLAIMS

TPL policies apply to all Medicaid services. Like other providers, pharmacists must bill all other potentially liable parties, including Medicare, before billing Medicaid. However, pharmacists’ billing procedures differ from those of other providers. Pharmacists do not use the carrier codes assigned by the SCHA; South Carolina Medicaid maintains separate carrier codes for pharmacy claims submission. The list of pharmacy carrier codes is available on the SCDHHS Web site (From <http://www.scdhhs.gov> click Providers, then Pharmacy, then Carrier Code Lists). These unique codes may also be found at <http://southcarolina.fhsc.com>.

Pharmacists receive two-character NCPDP edit codes rather than South Carolina Medicaid edit codes. Code 41 indicates that you need to file to a third-party payer, to include Medicare Parts B and D, if applicable.

Pharmacy services are generally cost-avoided; however, SCDHHS performs Pay & Chase billing for insurance resources that are Child Support Enforcement-ordered and in situations where the insurance company will not pay the Medicaid-assigned claim and instead makes payment to the subscriber. Pharmacists who file to primary plans but do not receive the insurance payment should report that fact to MIVS or SCDHHS so that Pay & Chase may be implemented instead of cost avoidance.

The point-of-sale contractor’s Pharmacy Provider Manual contains complete instructions on how to submit TPL information on Medicaid claims.

NURSING FACILITY CLAIMS

Nursing facilities are required to follow Medicaid’s TPL policies by billing other liable parties before billing Medicaid. The nursing facility claim form, the Turn Around Document, does not provide fields for coding TPL information. In order to have TPL payments calculated, you will report TPL payments and denials on a Health Insurance Information Referral Form and/or send the insurance EOB with an ECF.

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Health Insurance Information Referral Forms

The SCDHHS Health Insurance Information Referral Form is used to document third-party insurance coverage, policy changes, beneficiary coverage changes, carrier changes, and policy lapse information. You should fill out this form when you discover third-party coverage information that Medicaid does not know about, or when you have insurance documentation that indicates the TPL health insurance record needs an update.

A copy of the form is included in the Forms section of your provider manual, and samples appear at the end of this supplement. Send or fax the completed forms to:

Medicaid Insurance Verification Services
PO Box 101110
Columbia, SC 29211-9804
Fax: (803) 252-0870

COORDINATION OF BENEFITS

Health insurers adhere to “coordination of benefits” provisions to avoid duplicating payments. The health plan or payer obligated to pay a claim first is called the “primary” payer, the next is termed “secondary,” and the third is called “tertiary.” Together, the payers coordinate payments for services up to 100% of the covered charges at a rate consistent with the benefits.

Medicaid does not participate in coordination of benefits in the same way as other insurers. Medicaid is never primary, and it will only make payments up to the Medicaid allowable. However, you should understand how other companies coordinate payments.

COST AVOIDANCE VS. PAY & CHASE

South Carolina Medicaid is required by the federal government to reject claims for which another party might be liable; this policy is known as “cost avoidance.” Providers must report primary payments and denials to Medicaid to avoid rejected claims. The majority of services covered by Medicaid are subject to cost avoidance.

For certain services, Medicaid does not cost-avoid claims and will pursue recovery under a policy known as “Pay & Chase.” Medicaid remains the payer of last resort in all cases; however, under Pay & Chase it temporarily behaves like a primary payer.

Services that fall under Pay & Chase are:

- Preventive pediatric services
- Dental services
- Maternal health services
- Title IV – Child Support Enforcement insurance records
- Certain Department of Health and Environmental Control (DHEC) services under Title V

While providers of such services are encouraged to file with any liable third party before Medicaid, if they choose not to do so, SCDHHS will pay the claims and bill liable third parties directly through the Benefit Recovery program. More information on recovery appears later in

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this supplement. If you choose to bill both a third party and Medicaid, you must enter the TPL filing information on your Medicaid claim as outlined in this supplement – rendering Pay & Chase-eligible services does not exempt you from the requirement to correctly code for TPL.

Resources Secondary to Medicaid

Certain programs funded only by the state of South Carolina (*i.e.*, without matching federal funds) should be billed secondary to Medicaid. The TPL claim processing subsystem does not reject claims for resources that may pay after Medicaid. These resources are:

- BabyNet
- Best Chance Network
- Black Lung
- Commission for the Blind
- Community Health
- Crime Victims Compensation Fund
- CRS (Children’s Rehabilitative Services)
- Department of Corrections
- DHEC Cancer
- DHEC Family Planning (DHEC Maternal Child Health)
- DHEC Heart
- DHEC Hemophilia
- DHEC Migrant Health
- DHEC Sickle Cell
- DHEC TB
- Indian Health
- Other Indigent (hospital charity)
- Other Sponsor
- Ryan White Program
- State Aid Cancer Program
- Vaccine Injury Compensation
- Veterans Administration
- Vocational Rehabilitation Services

COPAYMENTS AND TPL

For certain services, Medicaid beneficiaries must make a Medicaid copayment. SCDHHS deducts this amount from what Medicaid pays the provider. Copayments are described in detail in Section 3 of your provider manual (if they apply to the services you provide).

Remember, as a Medicaid provider you have agreed to accept Medicaid’s payment as payment in full. You can never balance bill a beneficiary receiving Medicaid-covered services for anything other than the Medicaid copayment. (You may, however, bill a beneficiary for services that Medicaid does not cover.)

When a beneficiary has Medicare or private insurance, he or she is still responsible for the Medicaid copayment. However, if the sum of the copayment and the Medicare/third-party payment would exceed the Medicaid-allowed amount, you must adjust or eliminate the copayment. In other words, though you may accept a primary insurance payment higher than what Medicaid would pay, the beneficiary’s copayment cannot contribute to the excess revenue.

Medicaid beneficiaries with private insurance are **not** charged the copayment amount of the primary plan(s). When you accept a patient as a Medicaid patient, all Medicaid rules, including the Medicaid copayment rules, apply to that individual. These rules are federal law; they protect

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the Medicaid beneficiary by limiting his or her liability for payment for medical services. Medicaid determines payment in full and the patient's liability. Therefore, when you file a secondary claim with Medicaid, you can only apply the Medicaid copayment and cannot require the primary plan copayment as you would for a private pay patient.

DENIALS AND EOBs

When you bill a primary health insurer, you should obtain either a payment or a denial. You should also receive an Explanation of Benefits (EOB) that explains how the payment was calculated and any reasons for non-payment. Once you have received a reply from all potentially liable parties, if there are still charges that are not paid in full that might be covered by Medicaid, you may then bill Medicaid. This process is known as sequential billing.

Note that you must receive a *valid* denial before billing Medicaid. A request for more information or corrected information does not count as a valid denial.

POLICY TYPES

Each private policy listed in a patient's insurance record has an entry for "policy type," the most common of which is Health No Restrictions (HN). Another policy type you may encounter is HI, Health Indemnity; such policies pay per diem for hospital stays, surgeries, anesthesia, etc. HS, Health Supplemental, refers to policies that cover Medicare coinsurance and deductibles. Other policy types include Accident (HA) and Cancer (HC).

The policy type HN may be applied to a pharmacy carve-out, a mental health claim administrator, or a dental policy. The policy type does not provide specific information about the types of services covered, so you may have to take extra steps to determine whether to bill a particular carrier:

1. Ask the beneficiary. He or she should be able to tell you what kind of policy it is.
2. Look at the name of the carrier in the full list of carrier codes. The name may help you figure out the type of coverage (*e.g.*, ABC Dental Insurers).
3. Call your SCDHHS program representative. He or she can look up more details of the plan in the TPL policy file.

TIMELY FILING REQUIREMENTS

Providers must file claims with Medicaid within a year of the date of service. If a claim is rejected, you must resubmit the Edit Correction Form (ECF) within that year, and Void/Replacement adjustments must be made within that year as well – all activity related to the claim must occur within a year of the date of service in order for you to be paid.

Because of this timely filing requirement, you should bill third parties as soon as possible after service delivery. SCDHHS recommends that you file a claim with the primary insurer within 30 days of the date of service.

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Regardless of how long the third party takes to reply, providers must still meet Medicaid's timeliness requirements. Delays by other insurers are not a sufficient excuse for timeliness extensions.

Timely Filing	
Medicaid claims	One year
Medicare-primary claims	Two years or within six months from Medicare adjudication
Primary health insurance	30 days recommended

Late claim filing to the primary insurer and gaps in activity related to obtaining payment from a primary carrier are not reasonable practices. SCDHHS will not consider payment if a claim is not successfully adjudicated by the MMIS within the time frames above.

REASONABLE EFFORT

Providers occasionally encounter difficulties in obtaining documentation and payment from third parties and beneficiaries. For example, the third-party insurer may refuse to send a written denial or explanation of benefits, or a beneficiary may be missing or uncooperative. It is your responsibility as a provider to seek a solution to such problems.

“Reasonable effort” consists of taking logical, timely steps at each stage of the billing process. Such steps may include resubmitting claims, making follow-up phone calls, and sending additional requested information. Many resources are available to help you pursue third-party payments. Your program representative can work with you to explore these options.

Reasonable Effort and Insurance Companies

Below is a suggested process for filing to insurance companies. A flowchart based on this process can be found at the end of this supplement.

A. Send a claim to the insurance company.

If after **thirty days** you have received no response:

B. Call the company's customer service department to determine the status of the claim.

- **If the company has not received the claim:**
 1. Refile the claim. Stamp the claim as a repeat submission or send a cover note.
 2. Repeat follow-up steps as needed.
- **If the company has received the claim but considers the billing insufficient:**
 1. Supply all additional information requested by the company.
 2. Confirm that all requested information has been submitted.

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3. Allow thirty more days for the claim to be processed.
4. If there is no response within thirty days and all information has been supplied as requested, proceed as instructed below.
 - **If the company has received the claim, considers the billing valid, and has not suspended the claim:**
 1. Make a note in your files.
 2. Follow up with a written request for a response.

C. If after two more weeks you have still received no response:

1. Write to the company citing this history of difficulties. Copy the South Carolina Department of Insurance Consumer Division on your letter.

Remember, difficulties with insurance companies do not exempt you from timely filing requirements. It is important that you file a claim as soon as possible after providing a service so that, should you encounter any difficulty, you have time to pursue the steps described above.

Once the Department of Insurance has resolved an issue (which usually takes about 90 days), you should have adequate information to bill Medicaid correctly. Following all the steps above should take no more than 180 days, well within the Medicaid timely filing limit of one year.

Reasonable Effort and Beneficiaries

Difficulties can arise when a beneficiary does not cooperate with an insurer's request for information. For example, U.S. military beneficiaries must report changes in their status and eligibility to the Defense Eligibility and Enrollment Reporting System (DEERS); a delay by a beneficiary may delay a provider's response from the insurer. An insurer may also need a beneficiary to send in subrogation forms related to a hospitalization.

It is in your interest to contact the beneficiary, whether by phone, certified letter, or otherwise. You may offer to help the beneficiary understand and fill out forms. Be sure to document all your attempts at contact and inform the insurer of such actions.

Occasionally insurers will pay a beneficiary instead of a provider. If you know an insurance payment will be made to a patient, you should consider having the patient sign an agreement indicating that the total payment will be turned over to the provider, and that failure to cooperate with the agreement will result in the beneficiary no longer being accepted as a Medicaid patient.

Reasonable Effort Documentation Form

In cases where you have made all reasonable efforts to resolve a situation, you can submit a Reasonable Effort Documentation form. The form must demonstrate that you have made sustained efforts to contact the insurance company or beneficiary. This document is used only as a last resort, when all other attempts at contact and payment collection have failed.

Attach the form either to a claim filed as a denial or to an ECF. Attach copies of all documents that demonstrate your efforts (correspondence with the insurer and the Department of Insurance,

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notes from your files, etc.). If you are filing electronically, you must keep the Reasonable Effort Documentation form and all supporting documentation on file. A blank Reasonable Effort Documentation form can be found in the Forms section of your provider manual, and examples appear at the end of this supplement.

REPORTING TPL INFORMATION ON CLAIMS

When you file a claim that includes TPL information, you will report up to five pieces of TPL information, depending on the type of claim:

For each insurer:

1. The carrier code
2. The insured's policy number
3. A payment amount or "0.00"

For the whole claim:

4. A denial indicator when at least one payer has not made payment
5. The total of all payments by other insurers

Carrier Codes

Medicaid, in conjunction with the South Carolina Hospital Association (SCHA), assigns every third-party insurer a unique three-digit alphanumeric code. Among the SCHA carrier codes are a few five-digit codes created by SCDHHS to satisfy carrier-specific claim filing requirements; these are identified by the suffix DN (dental plans) or RX (pharmacy plans). SCHA carrier codes are used to identify insurers and other payers (including the Medicare Advantage plans) on dental, professional, and institutional claims. A complete list of carrier codes can be found in Appendix 2 of those provider manuals.

SCDHHS maintains an entirely separate list of five-digit carrier codes for pharmacy claims submission. The five-digit carrier codes for pharmacy claims submission may be found at <http://southcarolina.fhsc.com> or <http://www.scdhhs.gov>.

With very few exceptions, the alphanumeric carrier codes assigned by the SCHA are three digits, alpha-numeric-alpha. However, if you file hard copy, you may want to indicate a zero as Ø to ensure it is keyed correctly.

If you cannot find a particular carrier or carrier code in your manual, check the carrier code list on the SCDHHS Web site (From <http://www.scdhhs.gov> click Resource Library, then Forms, and scroll to the bottom). If an ECF lists a code that you cannot find among the carrier codes either in your manual or online, contact your program area for assistance.

If you are billing a company for which you cannot find a code, you may use 199, the generic carrier code. MIVS will then call you to ask about the new insurer. You may prefer to submit a Health Insurance Information Referral Form to MIVS while you have the carrier information easily accessible, as MIVS may call you up to one month after the claim has been processed.

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If you discover third-party coverage that Medicaid does not yet have on file, bill the third party and send a Health Insurance Information Referral Form to MIVS so that the insurance record may be put online. If Medicaid has already paid, you are responsible for refunding the insurance payment. Failure to report insurance that will likely be subsequently discovered may result in the claim being put into benefit recovery and recouped in a recovery cycle (see the section on recovery for more information).

To initiate Medicaid billing for a resident also covered by a third party payer, submit a claim to Medicaid and receive a rejection (edit code 156 for commercial insurance) for having failed to file with the other liable third parties. This establishes your willingness to accept a resident as a Medicaid beneficiary. It also shows that you intend to adhere to Medicaid's timely filing requirements.

When you receive an ECF for the claim, attach all EOBs and return the ECF to the Medicaid Claims Control System (MCCS); they will route it to the Medicaid TPL department for processing. If you are subsequently paid by a third party, use Form 205 to refund part or all of your Medicaid payment. Mark "health insurance" as the reason for the refund, supply the insurance information, and attach a check for the amount being refunded.

Remember that claims in recovery have timely filing requirements. SCDHHS suggests that as soon as you receive a 156 edit and/or discover that a resident has third-party coverage, you check your records and bill the third party for previous claims for the current calendar year and for one year prior for which Medicaid should not have paid primary. If you wait for the next recovery cycle, you may run into timely filing deadlines. All previously paid claims that were not filed with the insurance company or third parties are subject to recovery by Medicaid.

Should MIVS mail you a letter of recovery, make sure you follow all procedures and timelines as required. Your Nursing Facility program representatives will be able to assist you in completing all requirements from MIVS in order to avoid a take-back or to reverse a previous take-back.

If you have any other questions or concerns about third-party liability issues, call your Nursing Facility program representative. Because nursing home billing cycles are often longer than those of other providers, it is essential that you contact SCDHHS early in the TPL billing process, before timely filing requirements become a concern.

The Nursing Facility Services Provider Manual contains complete billing instructions for nursing facilities. Please see also the following sections of this supplement: Eligibility Verification, Reporting TPL Information to Medicaid, Cost Avoidance vs. Pay & Chase, Timely Filing Requirements, and Reasonable Effort.

PROFESSIONAL, INSTITUTIONAL, AND DENTAL CLAIMS

The CMS-1500, UB-04, and ADA claim forms have space to report two payers other than Medicaid. If there are three or more insurers, you will need to code your claim with the payers listed that pay primary and secondary. When your claim receives edit 151, you may write in the carrier code, policy number, and amount paid in the third occurrences of fields 24, 25, and 26 of the ECF, and submit the ECF to MCCS. Claims submitted electronically will be processed automatically with up to ten primary payers. You may also submit the ECF and all the EOBs to

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the Division of Third-Party Liability; however, that is no longer required and may slightly delay claim payment.

Professional Paper Claims

The CMS-1500 has two areas for entering other insurers: block 9 (fields 9a, 9c, and 9d) and block 11 (fields 11, 11b, and 11c). If there is only one primary insurer, you can use either block. If there are two insurers, use both blocks.

CMS-1500 TPL Fields

<p>9a Other Insured’s Policy or Group Number Enter the policy number.</p>	<p>11 Insured’s Policy Group or FECA Number Enter the policy number.</p>
<p>9c Employer’s Name or School Name If the insurance has paid, indicate the amount paid in this field. If the insurance has denied payment, enter “0.00” in this field.</p>	<p>11b Employer’s Name or School Name If the insurance has paid, indicate the amount paid in this field. If the insurance has denied payment, enter “0.00” in this field.</p>
<p>9d Insurance Plan Name or Program Name Enter the three-digit carrier code.</p>	<p>11c Insurance Plan Name or Program Name Enter the three-digit carrier code.</p>

10d Reserved for Local Use
Enter the appropriate TPL indicator for this claim.

The valid TPL indicators are:

- 1** Insurance denied
- 6** Crime victim
- 8** Uncooperative beneficiary

If either insurer denied payment, you will put the TPL indicator “1” in field 10d. “6” is used to alert SCDHHS to potential criminal proceedings and restitution. “8” is used in conjunction with the Reasonable Effort Documentation form to show that you have been unable to contact a beneficiary from whom you need information and/or payment.

29 Amount Paid
Enter the total amount paid from all insurance sources.
This amount is the sum of 9c and 11b.

Complete instructions for filling out CMS-1500 claim forms can be found in Section 3 of provider manuals for professional services. Sample CMS-1500s with TPL information appear at the end of this supplement.

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Institutional Paper Claims

Unlike other claim types, the UB claim form has a section for listing all parties being billed, **including Medicaid**. Medicaid's carrier code, 619, must be entered on all UB claims submitted to Medicaid.

Fields 50, 54, and 60 are the main fields for coding TPL information.

- Identify all other payers, with the primary payer on line A.
- For each payer other than Medicaid, enter the three-digit carrier code in field 50 and the corresponding payment in field 54.
- For denials, enter the carrier code in field 50 and "0.00" in field 54. Then, enter occurrence code 24 and the date of denial in item 31, 32, 33, or 34.
- You are not required to enter a provider number for payers other than Medicaid, though doing so will not affect your claim.
- Enter Medicaid (619) on line B or C. If you are using a Medicaid legacy provider number, it must appear on the same line as the Medicaid carrier code. Leave field 54 of the Medicaid line blank; there will never be a prior payment.
- Enter the patient's 10-digit Medicaid ID number on the lettered line (A, B, or C) that corresponds to the Medicaid line in fields 50 – 54. Enter the other policy numbers on the same lettered line as the code and payment for that carrier.

UB-04 TPL Fields

	50 PAYER	51 PROVIDER NO	54 PRIOR PAYMENTS
A	618/620 (Medicare carrier code)		\$33.01
B	401 (BCBS carrier code)		\$255.39
C	619 (Medicaid carrier code)	123456	

60 CERT.-SSN-HIC.-ID NO.
ABQ1111222
123456789-1212
1234567890

If one claim spans multiple claim forms, fields 50, 51, and 54 must be completed in exactly the same way on each page of the claim.

Complete instructions for filling out UB claim forms can be found in the Hospital Services and Psychiatric Hospital Services provider manuals, and a sample UB-04 with TPL information appears at the end of this supplement.

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Dental Paper Claims

The 2006 ADA claim form provides space for entering up to two insurers other than Medicaid.

ADA Claim TPL Fields

<p>4 Other Dental or Medical Coverage? Mark "Yes" or "No."</p>	<p>12 Name, Address, City, Etc. If private insurance company or Medicare denial is listed on the claim with a zero payment, write 0.00 and put the number "1" in this field. If you have received a payment, put the amount paid to you in this field.</p>
<p>8 Policyholder/Subscriber Identifier Enter the private insurance or Medicare policy number if you have billed either one.</p>	<p>15 Policyholder/Subscriber Identifier Enter the private insurance or Medicare policy number if you have billed either one.</p>
<p>9 Plan/Group Number Enter the three-digit carrier code of the private insurance company or Medicare.</p>	<p>16 Plan/Group Number Enter the three-digit carrier code of the private insurance company or Medicare.</p>
<p>11 Other Insurance/Benefit Plan Name Etc. If private insurance company or Medicare denial is listed on the claim with a zero payment, write 0.00 and put the number "1" in this field. If you have received a payment, put the amount paid to you in this field.</p>	

35 Remarks
 Enter the total amount received from other insurance sources (sum of fields 11 and 12). If the private insurance or Medicare denies payment, put in \$0.00.

The Dental Services provider manual contains sample claims and complete instructions for filling out dental claim forms, and a sample ADA claim form appears at the end of this supplement.

Web-Submitted Claims

The Web Tool User Guide contains instructions for entering TPL information for all claim types using the Web Tool. The basic steps are the same as for paper claims.

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REJECTED CLAIMS

If you file a claim to Medicaid for which you should have first billed a third-party insurer, your claim will be rejected unless 1) the policy has not yet been uploaded to the MMIS, or 2) the service is in Pay & Chase. The Edit Correction Form will supply information you need to file with the third-party payer.

Insurance Edits

There are six edit codes indicating that a claim has not been filed to other insurers:

- 150: TPL coverage verified/filing not indicated on claim
- 151: Multiple insurance policies/not all filed – call TPL
- 155: Possible, not positive, insurance match/other errors
- 156: TPL verified/filing not indicated on claim
- 157: TPL coverage; no amount other sources on claim
- 953: Buy-in indicated – possible Medicare payer

If you receive one of these edit codes and have not filed a claim with all third parties listed on the ECF, you must do so. **Whenever you receive one of these edits, your subsequent attempts to obtain Medicaid payment must have at least one TPL carrier code and policy number even when there is no primary payment.** If a policy has lapsed by the time a claim is processed, SCDHHS will be unable to correctly identify the claim as TPL-related unless you enter the TPL information.

TPL information appears on the ECF to the right of the Medicaid claims receipt address under the heading “INSURANCE POLICY INFORMATION.” The insurance carrier code, the policy number, and the name of the policyholder are all listed on the ECF, while the carrier’s address and telephone number may be found in Appendix 2 of your provider manual or on the SCDHHS Web site.

Because of timely filing requirements, you should file with the primary insurer as soon as possible.

If you have already filed a claim with all third parties listed on the ECF, check to see that all the information you entered is correct. Compare the carrier code and policy number you entered on the claim to what appears on the ECF. Enter the correct information on the ECF.

You can also refile a claim instead of returning an ECF. If you choose to refile a claim that was rejected for any reason, you must re-enter all TPL information.

Other TPL-related edit codes include:

- 316:** Third party code invalid
- 317:** Invalid injury code
- 390:** TPL payment amount not numeric
- 400:** TPL carrier and policy number must both be present
- 401:** Amount in other sources, but no TPL carrier code

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- 555:** TPL payment is greater than payment due from Medicaid
- 557:** Carrier payments must equal payments from other sources
- 565:** Third-party payment, but no third-party ID
- 690:** Amount from other sources more than Medicaid amount
- 732:** Payer ID number not on file
- 733:** Insurance information coded, but payment or denial indicator missing
- 953:** Buy-in indicated on CIS – possible Medicare

Resolution instructions for these edit codes can be found in Appendix 1 of your provider manual. Sample corrected ECFs appear at the end of this supplement.

CLAIM ADJUSTMENTS AND REFUNDS

If you are paid by a third-party insurer after you have been paid by Medicaid, you should initiate a claim adjustment if you wish to refund the original paid claim in full. You must use the Void/Replacement rather than the Void Only option. Unless there is a replacement claim, new TPL information will not be available to MIVS for investigation and addition to the policy file in the MMIS.

If the refund is for an amount less than the original Medicaid payment, contact MIVS for a manual TPL debit or send a refund check for the appropriate amount. Complete instructions for filing adjustments are in Section 3 of your provider manual, and sample Adjustment Form 130s appear at the end of this supplement. Please remember that hospital providers, pharmacists, and nursing facilities do not use the Form 130.

If you submit a refund to SCDHHS and subsequently discover that it was in error, SCDHHS must receive your credit adjustment request within 90 days of the refund.

Remember: you should not send a check when you make a claim-level adjustment. However, if you need to send a reimbursement check for any reason, fill out the Form for Medicaid Refunds (Form 205 – see the Forms section of your provider manual) and send it with the check to the following address:

SCDHHS
Cash Receipts
PO Box 8355
Columbia, SC 29202

RECOVERY

“Recovery” refers to all situations where Medicaid or the provider pursues third parties who are liable for claims that Medicaid has already paid. Recovery categories include Retro Medicare, Retro Health, and Pay & Chase.

MIVS is responsible for mailing recovery invoices and posting benefit recovery responses. If you have questions about recovery, please contact them directly. See the contact list at the end of the supplement.

THIRD-PARTY LIABILITY SUPPLEMENT

Retro Medicare

SCDHHS invoices institutional and professional medical providers at the beginning of each quarter for retroactive Medicare coverage (Retro Medicare). You will receive a letter indicating that your account will be debited approximately six weeks later. The letter identifies Medicare-eligible beneficiaries, claim control numbers, and dates of service, as well as the check date of the automated adjustment and an “own reference number” to identify the debit(s).

You are expected to file the affected claims to Medicare within the quarter of the invoice. After filing to Medicare, you have the option of filing a claim to Medicaid for consideration of an additional payment toward the coinsurance and deductible. Requests for reconsideration of the debit must be received within 90 days of the debit.

If Medicare has denied, you may submit a claim to Medicaid. Provider adjustments will not be submitted for payment in order to eliminate the possibility of duplicate payments. Certain claims for patients with Medicare Part B only, when it is impossible to file them within the one-year timely filing limit, may be an exception.

Despite the extended timely filing deadlines for Medicare-primary claims (six months from Medicare payment or two years from the date of service), you may encounter difficulties with timely filing when Medicare does not make a payment and a claim is in Retro Medicare. If a claim sent to Medicaid is denied with edit 509 for being more than two years after the date of service or six months after the Medicare remittance date, mail or fax the ECF to MIVS. If the patient is Part B-only and a UB claim form has received edit 510, the ECF should be forwarded or faxed to MIVS. If MIVS determines that the late filing is valid, they will make a credit adjustment.

The computer logic that selects the dates of service for claims pulled into Retro Medicare is based upon the CMS guidelines for Part B timely filing, which are as follows:

A Medicare Part B claim must be filed no later than the end of the calendar year following the year in which the service was furnished, with one exception: the time limit on filing claims for service furnished in the last three months of a year is the same as if the services had been furnished in the subsequent year. Thus, the time limit on filing claims for services furnished in the last three months of the year is December 31 of the second year following the year in which the services were rendered. This is best illustrated by the following table.

Medicare Part B Timely Filing

Date of Service in:	Timely Filing Date	Months to File*
Jan	Dec 31: Service year plus 1 year	23
Feb	Dec 31: Service year plus 1 year	22
Mar	Dec 31: Service year plus 1 year	21
Apr	Dec 31: Service year plus 1 year	20
May	Dec 31: Service year plus 1 year	19
June	Dec 31: Service year plus 1 year	18
July	Dec 31: Service year plus 1 year	17
Aug	Dec 31: Service year plus 1 year	16
Sep	Dec 31: Service year plus 1 year	15

THIRD-PARTY LIABILITY SUPPLEMENT

Oct	Dec 31: Service year plus 2 years	26
Nov	Dec 31: Service year plus 2 years	25
Dec	Dec 31: Service year plus 2 years	24

* The number of full months remaining after the month in which the service was rendered

South Carolina Medicaid is responsible for attempting to recover all claims that can be filed within timely filing limits. As a result, and because of the Medicare Part B timely filing schedule, “old” claims may be pulled into recovery because the provider is still able to file them to Medicare.

Please note that the computer logic also reviews the procedures on the claims and does not pull into recovery procedure codes that are not Medicare covered.

Retro Health and Pay & Chase

SCDHHS invoices institutional providers each quarter for Retro Health and Pay & Chase claims. Providers are expected to file the claims to the primary medical plan within the quarter of the invoice and to respond to the recovery letter upon receiving the primary adjudication.

Approximately four months after the recovery letter, providers are notified of any claims for which there has been no response. Again, six months after the initial invoice, providers are notified of non-response. At the end of nine months from the initial invoice, claims for which there was no response are automatically debited. Requests for reconsideration of the debit must be received within 90 days of the debit. SCDHHS will not reconsider requests after the one-year cycle.

Retro Health Example

January 2005	Initial invoice
May 2005	Second letter
July 2005	Third letter
September 2005	Notification: Automated debit on last check date of the month
December 2005	Deadline for reconsideration

You should submit claims promptly to the primary carriers to avoid receiving timely filing denials from the primary health plans for cost avoidance and for recovery. If you fail to meet timely filing requirements and thus fail to meet a primary carrier’s deadline, this is not an acceptable denial; however, when an insurer’s timely filing deadline for a date of service is within approximately six weeks of an invoice in Retro Health or possibly before the Medicaid invoice, SCDHHS will accept the insurer’s denial and stop a subsequent debit of the Medicaid paid claim from your account.

Insurers occasionally recoup payments made to providers who have put the insurance payment on a Medicaid secondary claim or who have refunded the Medicaid primary payment under Retro Health or Pay & Chase. When the provider submits proof of return of the primary

THIRD-PARTY LIABILITY SUPPLEMENT

payment, SCDHHS will consider reinstating payment by manual adjustment when the request is received within 90 days of the primary plan request to the provider.

CONCLUSION

Medicaid's ability to fund health care for low-income people relies in part on the success of its cost avoidance measures. For providers, third-party liability responsibilities can be summarized as follows:

- Bill all other liable parties before billing Medicaid.
- Make reasonable, good-faith efforts to get responses from insurers and beneficiaries.
- Code TPL information correctly on claims and ECFs.

THIRD-PARTY LIABILITY SUPPLEMENT

TPL RESOURCES

Your SCDHHS program representative is your first source for questions about third-party liability. Listed below are some other resources:

SCDHHS Web site: <http://www.scdhhs.gov>

- Carrier codes
- Provider manuals
- Edit codes and resolutions

Provider Outreach Web site: <http://www.scmemoaidprovider.org>

- Web Tool User Guide and Addenda

Medicaid Insurance Verification Services

PO Box 101110
Columbia, SC 29211-9804
(803) 252-7070 Main Number
(803) 933-1752 Provider Recovery Specialists
(803) 933-1825 Health Insurance Premium Payment Project
(803) 252-0870 Fax

South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
PO Box 100105
Columbia, SC 29223
<http://www.doi.sc.gov/>

SCDHHS Division of Third-Party Liability

(803) 898-2630

SCDHHS Casualty Department

(803) 898-2977

SCDHHS Health Insurance Department

(803) 898-2907

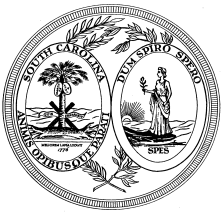
SCDHHS Estate Recovery Department

PO Box 100127
Columbia, SC 29202
(803) 898-2932

THIRD-PARTY LIABILITY SUPPLEMENT

SAMPLE FORMS

Form	Page
Health Insurance Information Referral Form: Carrier change	21
Health Insurance Information Referral Form: Coverage ended	22
Reasonable Effort Documentation Form: Failure to respond – beneficiary	23
Reasonable Effort Documentation Form: Failure to respond – insurer	24
Reasonable Effort Flowchart	25
Adjustment Form 130: Won appeal to primary	26
Adjustment Form 130: Retroactive private coverage and subsequent private payment	27
UB-04: Medicare paid; private insurer denied	28
Dental: Two private insurers paid	29
CMS-1500: Two private insurers; one paid, one denied	30
CMS-1500: Medicare and private insurer paid	31
ECF: Correction to add carrier payment	32
ECF: Correction to add carrier denial and note about policy lapse	33



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM**

Provider or Department Name: Acme Dental Clinic Provider ID or NPI: 1234560000

Contact Person: Richard Roe Phone #: 803-555-5555 Date: 03/01/08

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 25 DAYS

Beneficiary Name: John Doe Date Referral Completed: 02/28/08

Medicaid ID#: 9999999999 Policy Number: DH123456

Insurance Company Name: National Dental Insurance Group Number: QWE1234

Insured's Name: Jane Doe Insured SSN: 123-45-6789

Employer's Name/Address: South Carolina State Library, 1500 Senate Street, Columbia, SC, 29201

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIVS SHALL WORK WITHIN 5 DAYS

- a. beneficiary has never been covered by the policy – close insurance.
- b. beneficiary coverage ended - terminate coverage (date) _____
- c. subscriber coverage lapsed - terminate coverage (date) _____
- d. subscriber changed plans under employer - new carrier is GloboChem
- new policy number is A1111111110
- e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
(name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.

Submit this information to Medicaid Insurance Verification Services (MIVS).

Fax:	or	Mail:
803-252-0870		Post Office Box 101110 Columbia, SC 29211-9804

III NEW POLICY NUMBERS FOR INSURANCE IN THE MMIS WITH THE SUBSCRIBER SSN

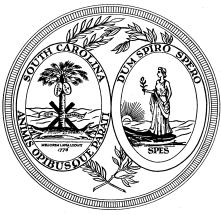
(SCDHHS is collecting new unique policy numbers and plans to replace existing insurance records through MMIS online modification as computer resources are available.)

Medicaid Beneficiary ID: _____ SSN: _____

Carrier Name/Code: _____ New Unique Policy Number: _____

Submit this information to South Carolina Department of Health and Human Services (SCDHHS).

Fax:	or	Mail:
803-255-8225		Post Office Box 8206, Attention TPL Columbia, SC 29202-8206



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM**

Provider or Department Name: ABC Family Practice Provider ID or NPI: 8888888888

Contact Person: Betty Medicine, MD Phone #: 803-555-1111 Date: 03/01/08

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 25 DAYS

Beneficiary Name: Jim Smith Date Referral Completed: 02/29/08

Medicaid ID#: 2222222222 Policy Number: AZ999999999999

Insurance Company Name: OmniCorp Insurers Group Number: 390-OP-777777

Insured's Name: N/A Insured SSN: 777-77-0000

Employer's Name/Address: Retired

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIVS SHALL WORK WITHIN 5 DAYS

a. beneficiary has never been covered by the policy – close insurance.

b. beneficiary coverage ended - terminate coverage (date) 12-31-2007

c. subscriber coverage lapsed - terminate coverage (date) _____

d. subscriber changed plans under employer - new carrier is _____
- new policy number is _____

e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
(name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.

Submit this information to Medicaid Insurance Verification Services (MIVS).

Fax: 803-252-0870 **or** **Mail:** Post Office Box 101110
Columbia, SC 29211-9804

III NEW POLICY NUMBERS FOR INSURANCE IN THE MMIS WITH THE SUBSCRIBER SSN

(SCDHHS is collecting new unique policy numbers and plans to replace existing insurance records through MMIS online modification as computer resources are available.)

Medicaid Beneficiary ID: _____ SSN: _____

Carrier Name/Code: _____ New Unique Policy Number: _____

Submit this information to South Carolina Department of Health and Human Services (SCDHHS).

Fax: 803-255-8225 **or** **Mail:** Post Office Box 8206, Attention TPL
Columbia, SC 29202-8206



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REASONABLE EFFORT DOCUMENTATION**

PROVIDER Acme Orthopedic **DOS** 01/01/07

NPI or MEDICAID PROVIDER ID 1234567890

MEDICAID BENEFICIARY NAME Jane Doe

MEDICAID BENEFICIARY ID# 1111111111

INSURANCE COMPANY NAME Jones Health Insurance

POLICYHOLDER Jane Doe

POLICY NUMBER 987654321J

ORIGINAL DATE FILED TO INSURANCE COMPANY 01/15/07

DATE OF FOLLOW UP ACTIVITY 02/16/07

RESULT:

Called insurer to check claim status. Insurer needs bene to fill out subrogation forms

FURTHER ACTION TAKEN:

Called beneficiary on 02/16/07, 02/18/07, and 02/28/07. No answer and no answering machine. No other contact info on file w/ Medicaid or insurer.

DATE OF SECOND FOLLOW UP 03/05/07

RESULT:

Sent certified letter offering to help bene fill out forms. Bene refused letter. Called insurer 8/10/05; they will not act without forms.

I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE FROM THE PRIMARY INSURER.

Mary Orthoped 03/12/07
(SIGNATURE AND DATE)

ATTACH A COPY OF FORM TO THE APPROPRIATE CLAIM OR ECF AND FORWARD TO YOUR MEDICAID CLAIMS PROCESSING POST OFFICE BOX.



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REASONABLE EFFORT DOCUMENTATION**

PROVIDER Dr. Betty Smith **DOS** 03/05/07

NPI or MEDICAID PROVIDER ID 1231231230

MEDICAID BENEFICIARY NAME John Jones

MEDICAID BENEFICIARY ID# 9999999999

INSURANCE COMPANY NAME Global Health

POLICYHOLDER John Jones

POLICY NUMBER 8888888888

ORIGINAL DATE FILED TO INSURANCE COMPANY 03/07/07

DATE OF FOLLOW UP ACTIVITY 04/06/07

RESULT:

Called insurer. They received claim and have not suspended it. Sent follow-up letter requesting a response on 04/10/07.

FURTHER ACTION TAKEN:

04/27/07: No response from insurer. Called again; they could not find claim. Resubmitted on 04/29/07.

DATE OF SECOND FOLLOW UP 05/30/07

RESULT:

Called insurer; no action on claim. Notified Dept. of Insurance 05/31/07. Case is still open; Dept. of Ins. advised that we file with Medicaid now, as decision may take some time.

I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE FROM THE PRIMARY INSURER.

Betty Smith 06/03/07
(SIGNATURE AND DATE)

ATTACH A COPY OF FORM TO THE APPROPRIATE CLAIM OR ECF AND FORWARD TO YOUR MEDICAID CLAIMS PROCESSING POST OFFICE BOX.

How to Obtain a Response from an Insurance Company

A Suggested Third-Party Filing Process

Send a claim to the insurance company within 30 days of the service.

Allow **30 days** for a reply.

If you have received no response, call the company's customer service department to determine the status of the claim.

The company has not received the claim.

Re-file the claim. Stamp the claim as a repeat submission or send a cover note.

The company has received the claim, considers the billing valid, and has not suspended the claim

Make a note in your files and follow up with a written request for a response.

Allow **two more weeks.**

The company has received the claim but considers the billing insufficient.

Supply all additional information requested by the company.

Confirm with the company that all requested information has been submitted.

Remember:

- Keep detailed records.
- Call your DHHS program representative if you need help.

If you have received no reply, write to the company citing this history of difficulties. Copy the SC Department of Insurance Consumer Division on your letter.

South Carolina Department of Health and Human Services - Claim Adjustment Form 130

Provider Name: (Please use black or blue ink when completing form)

Johnson DME Supply

Provider Address :

111 Oak Lane

Provider City , State, Zip:

Anywhere, SC 22222-2222

Total paid amount on the original claim:

\$1244.00

Original CCN:

5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 A

Provider ID:

A B C 1 2 3

NPI:

1 2 3 4 5 6 7 8 9 0

Recipient ID:

2 2 2 2 2 2 2 2 2 2

Adjustment Type:

Void Void/Replace

Originator:

DHHS MCCS Provider MIVS

Reason For Adjustment: (Fill One Only)

- Insurance payment different than original claim
- Keying errors
- Incorrect recipient billed
- Voluntary provider refund due to health insurance
- Voluntary provider refund due to casualty
- Voluntary provider refund due to Medicare
- Medicaid paid twice - void only
- Incorrect provider paid
- Incorrect dates of service paid
- Provider filing error
- Medicare adjusted the claim
- Other

For Agency Use Only

Analyst ID:

[Empty Analyst ID boxes]

- Hospital/Office Visit included in Surgical Package
- Independent lab should be paid for service
- Assistant surgeon paid as primary surgeon
- Multiple surgery claims submitted for the same DOS
- MMIS claims processing error
- Rate change
- Web Tool error
- Reference File error
- MCCS processing error
- Claim review by Appeals

Comments:

Insurer denied claim -- decided equipment wasn't medically necessary. We filed to Medicaid, but then appealed to primary insurer. We won the appeal.

Signature: Jane Doe

Date: 04/01/07

Phone: (555) 555-5555

South Carolina Department of Health and Human Services - Claim Adjustment Form 130

Provider Name: (Please use black or blue ink when completing form)

Dr. Joe Jones

Provider Address :

123 Main Street

Provider City , State, Zip:

Somewhere, SC 22222-0000

Total paid amount on the original claim:

\$230

Original CCN:

8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 A

Provider ID:

[Empty boxes for Provider ID]

NPI:

9 8 7 6 5 4 3 2 1 0

Recipient ID:

7 7 7 7 7 7 7 7 7 7

Adjustment Type:

Void Void/Replace

Originator:

DHHS MCCS Provider MIVS

Reason For Adjustment: (Fill One Only)

- Insurance payment different than original claim
- Keying errors
- Incorrect recipient billed
- Voluntary provider refund due to health insurance
- Voluntary provider refund due to casualty
- Voluntary provider refund due to Medicare
- Medicaid paid twice - void only
- Incorrect provider paid
- Incorrect dates of service paid
- Provider filing error
- Medicare adjusted the claim
- Other

For Agency Use Only

Analyst ID:

[Empty boxes for Analyst ID]

- Hospital/Office Visit included in Surgical Package
- Independent lab should be paid for service
- Assistant surgeon paid as primary surgeon
- Multiple surgery claims submitted for the same DOS
- MMIS claims processing error
- Rate change
- Web Tool error
- Reference File error
- MCCS processing error
- Claim review by Appeals

Comments:

Beneficiary just learned that her new private insurance is retroactively effective. We filed with and were paid by the insurer.

Signature: *Mary Smith*

Date: 06/03/07

Phone: (803) 555-5555

1 ABC MEDICAL CENTER 111 OAK LANE ANYWHERE SC 22222-0000		2		3a PAT. CNTL # DOE1234	4 TYPE OF BILL 111	
				b. MED. REC. # 654321-654321		
				5 FED. TAX NO. 00-0000000	6 STATEMENT COVERS PERIOD FROM 030907	7 THROUGH 031007

8 PATIENT NAME a JANE DOE	9 PATIENT ADDRESS a 222 MAPLE STREET
------------------------------	---

b COLUMBIA	c SC	d 22222-2222	e
------------	------	--------------	---

10 BIRTHDATE 01011960	11 SEX F	12 DATE 030907	13 HR 2	14 TYPE 7	15 SRC 01	16 DHR 01	17 STAT 01	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE 80	30	31	32	33	34	35	36	37
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31 OCCURRENCE DATE 24 033107	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
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38 MEDICAID PO BOX 1458 COLUMBIA SC 29202-1458	39 VALUE CODES AMOUNT a 02 00 00	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 206	ICU/INTERMEDIATE	975.00	031007	5	4875 00		
2 270	MED/SURG SUPPLY		031007	104	1636 23		
3 350	CT SCAN		030907	2	1821 00		
4 450	EMERG ROOM		030907	1	591 00		

0001	PAGE 1 OF 1	CREATION DATE	042907	TOTALS	8923 00	0
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50 PAYER NAME A 618 MEDICARE B 199 ACME HEALTH C 619 MEDICAID	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS 6000 00 0 00	55 EST. AMOUNT DUE	56 NPI 9876543210	57 OTHER PRV ID
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58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID 12345678999 99911111111AZX 1234567890	61 GROUP NAME	62 INSURANCE GROUP NO.
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63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
----------------------------------	----------------------------	------------------

66 DX 288.8	67	A	B	C	D	E	F	G	H	68
69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	a	b	c	73
74 PRINCIPAL PROCEDURE CODE 4131	DATE 031007	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75	76 ATTENDING NPI	QUAL	FIRST	
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	76 ATTENDING NPI	QUAL	FIRST		
80 REMARKS	81CC a B3 12121212	b	c	d	76 ATTENDING NPI	QUAL	FIRST			

ADA Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)

- Statement of Actual Services Request for Predetermination/Preauthorization
 EPSDT/Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE

4. Other Dental or Medical Coverage? No (Skip 5-11) Yes (Complete 5-11)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) 7. Gender M F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number 10. Patient's Relationship to Person Named in #5
 Self Spouse Dependent Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY) 14. Gender M F 15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above 19. Student Status
 Self Spouse Dependent Child Other FTS PTS

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY) 22. Gender M F 23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MISSING TEETH INFORMATION

34. (Place an 'X' on each missing tooth)	Permanent																Primary										32. Other Fee(s)	33. Total Fee
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J		
																	T	S	R	Q	P	O	N	M	L	K		

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X _____
 Patient/Guardian signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X _____
 Subscriber signature Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)

48. Name, Address, City, State, Zip Code

49. NPI 50. License Number 51. SSN or TIN

52. Phone Number () - 52A. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment Provider's Office Hospital ECF Other 39. Number of Enclosures (00 to 99)
 Radiograph(s) Oral Image(s) Model(s)

40. Is Treatment for Orthodontics? No (Skip 41-42) Yes (Complete 41-42) 41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment Remaining 43. Replacement of Prosthesis? No Yes (Complete 44) 44. Date Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from Occupational illness/injury Auto accident Other accident

46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X _____
 Signed (Treating Dentist) Date

54. NPI 55. License Number

56. Address, City, State, Zip Code 56A. Provider Specialty Code

57. Phone Number () - 58. Additional Provider ID

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>																																																	
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)</small>										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567890																																																	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, John A.										3. PATIENT'S BIRTH DATE MM DD YY 01 01 1947					SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>																																												
5. PATIENT'S ADDRESS (No., Street) 123 Windy Lane										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)																																												
CITY Anytown					STATE SC					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>					CITY					STATE																																							
ZIP CODE 29999					TELEPHONE (Include Area Code) ()					Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					ZIP CODE					TELEPHONE (Include Area Code) ()																																							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER 012345678																																							
a. OTHER INSURED'S POLICY OR GROUP NUMBER A111111111122										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>																																							
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)										b. EMPLOYER'S NAME OR SCHOOL NAME 10.00																																							
c. EMPLOYER'S NAME OR SCHOOL NAME 0.00										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME 400																																							
d. INSURANCE PLAN NAME OR PROGRAM NAME 134										10d. RESERVED FOR LOCAL USE 1										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>																																							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on File										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED																																																	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																							
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 295 32										23. PRIOR AUTHORIZATION NUMBER																																																	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #										1										ZZ 1212121212																																							
01 31 07 01 31 07 11 99999										20.00 1 NPI										1234567890																																							
25. FEDERAL TAX I.D. NUMBER SSN EIN 55555555 <input type="checkbox"/> <input checked="" type="checkbox"/>										26. PATIENT'S ACCOUNT NO. DOE1234										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 20.00										29. AMOUNT PAID \$ 10.00										30. BALANCE DUE \$ 10.00									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED										32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.										33. BILLING PROVIDER INFO & PH # (555) 5555555 ABC Clinic 111 Main Street Anytown, SC 22222-2222																																							
																				a. 1234567890										b. ZZ1212121212																													

CARRIER PATIENT AND INSURED INFORMATION PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>																								
1. MEDICARE <input checked="" type="checkbox"/> (Medicare #) MEDICAID <input checked="" type="checkbox"/> (Medicaid #) TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input checked="" type="checkbox"/> (SSN or ID) FECA BLK LUNG <input type="checkbox"/> (SSN) OTHER <input type="checkbox"/> (ID)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567890																								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, John A.										3. PATIENT'S BIRTH DATE MM DD YY 01 01 1947					SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>																			
5. PATIENT'S ADDRESS (No., Street) 123 Windy Lane										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)																			
CITY Anytown					STATE SC					CITY					STATE																			
ZIP CODE 29999					TELEPHONE (Include Area Code) ()					ZIP CODE					TELEPHONE (Include Area Code) ()																			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER 111222333A														
a. OTHER INSURED'S POLICY OR GROUP NUMBER 012345678										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>														
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										b. EMPLOYER'S NAME OR SCHOOL NAME 10.00														
c. EMPLOYER'S NAME OR SCHOOL NAME 5.00										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME 620														
d. INSURANCE PLAN NAME OR PROGRAM NAME 400										10d. RESERVED FOR LOCAL USE										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>														
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																																		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on File DATE										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED																								
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY														
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.					17b. NPI					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY														
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.														
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 295 32										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.										23. PRIOR AUTHORIZATION NUMBER														
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #										24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #										24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #														
1 01 31 07 01 31 07 11 99999 2000 1 ZZ 1212121212										1 01 31 07 01 31 07 11 99999 2000 1 ZZ 1212121212										1 01 31 07 01 31 07 11 99999 2000 1 ZZ 1212121212														
25. FEDERAL TAX I.D. NUMBER SSN EIN 55555555 <input type="checkbox"/> <input checked="" type="checkbox"/>										26. PATIENT'S ACCOUNT NO. DOE1234					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ 20 00					29. AMOUNT PAID \$ 15 00					30. BALANCE DUE \$ 5 00				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE										32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.										33. BILLING PROVIDER INFO & PH # (555) 5555555 ABC Clinic 111 Main Street Anytown, SC 22222-2222 a. 1234567890 b. ZZ1212121212														

CARRIER PATIENT AND INSURED INFORMATION PHYSICIAN OR SUPPLIER INFORMATION

RUN DATE 06/01/2007 000001204
REPORT NUMBER CLM3500

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES
EDIT CORRECTION FORM
HIC - 60 PRAC SPEC - 12
DOC IND N

CLAIM CONTROL #999999999999999999A
PAGE 1136 ECF 1136 PAGE 1 OF 1
EMC Y
ORIGINAL CCN:
ADJ CCN:

ANALYST ID
SIGNON ID
TAXONOMY:
1 2 3 4 5 6 7 8 9
PROVIDER RECIPIENT P AUTH TPL INJURY EMERG PC COORD ---- DIAGNOSIS ----
ID ID NUMBER CODE PRIMARY SECONDARY
ABC123 1111111111 485 787.91
NPI: 1234567890

EDITS
INSURANCE EDITS
00-150
CLAIM EDITS
LINE EDITS

10 RECIPIENT NAME - DOE, JANE 11 DATE OF BIRTH 01/25/1992 12 SEX F

13 14 15 16 17 18 19 20 21 22
RES ALLOWED LN DATE OF SERVICE PLACE PROC CODE INDIVIDUAL CHARGE PAY UNITS
NDC
.00 1 05/07/07 11 85025 000 ABC123 29.50 1.000

** AGENCY USE ONLY **
** APPROVED EDITS **
** REJECTED LINE EDITS **

NPI: 1234567890 TAXONOMY: 1212121212
2 / /
NPI: TAXONOMY:
3 / /
NPI: TAXONOMY:
4 / /
NPI: TAXONOMY:
5 / /
NPI: TAXONOMY:
6 / /
NPI: TAXONOMY:

24 25 26 27
INS CARR POLICY INS CARR
NUMBER NUMBER PAID TOTAL CHARGE
01 401 1231231230 5.00 28 AMT REC'D INS 29.50
02 29 BALANCE DUE 29.50
03 30 OWN REF # DOE12345

5.00
24.50

RESOLUTION DECISION _R_

ADDITIONAL DIAG CODES:

RETURN TO: MEDICAID CLAIMS RECEIPT
P. O. BOX 1412
COLUMBIA, S.C. 29202-1412
PROVIDER: ABC HEALTH PROVIDER
PO BOX 00000
ANYWHERE, SC 00000-0000
INSURANCE POLICY INFORMATION
401 1231231230
DOE JOHN

"PLEASE NOTE: EDIT CORRECTION FORMS RETURNED TO DHHS WITH NO CORRECTIVE ACTION WILL BE DISREGARDED"
* INDICATES A SPLIT CLAIM

RUN DATE 06/01/2007 000001204
REPORT NUMBER CLM3500

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES
EDIT CORRECTION FORM

CLAIM CONTROL #999999999999999999A
PAGE 1136 ECF 1136 PAGE 1 OF 1

ANALYST ID
SIGNON ID

HIC - 60 PRAC SPEC - 12
DOC IND N

EMC Y
ORIGINAL CCN:
ADJ CCN:

TAXONOMY:		SFL ZIP:		PRV ZIP:			DOC IND N	
1	2	3	4	5	6	7	8	9
PROVIDER ID	RECIPIENT ID	P AUTH NUMBER	TPL	INJURY CODE	EMERG	PC COORD	----- DIAGNOSIS ----- PRIMARY SECONDARY	

EDITS
INSURANCE EDITS
00-150

ABC123 111111111
NPI: 1234567890

1

485 787.91

CLAIM EDITS

LINE EDITS

10 RECIPIENT NAME - DOE, JANE 11 DATE OF BIRTH 01/25/1992 12 SEX F

13	14	15	16	17	18	19	20	21	22
RES	ALLOWED	LN NO	DATE OF SERVICE	PLACE	PROC CODE	INDIVIDUAL PROVIDER	CHARGE IND	PAY	UNITS

 ** AGENCY USE ONLY **
 ** APPROVED EDITS **
 ** REJECTED LINE EDITS **

.00	1	05/07/07	11	85025	000	ABC123	29.50	1.000	
NPI: 1234567890	2	TAXONOMY: 1212121212							
NPI:	3	TAXONOMY:							
NPI:	4	TAXONOMY:							
NPI:	5	TAXONOMY:							
NPI:	6	TAXONOMY:							

!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
 ! CLAIMS/LINE PAYMENT INFO !
 ! EDIT PAYMENT DATE !
 !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Sample Only

24	25	26	27	28	29	30
INS CARR NUMBER	POLICY NUMBER	INS CARR PAID	TOTAL CHARGE	AMT REC'D INS	BALANCE DUE	OWN REF #
401	9999999999	0.00	29.50	.00	29.50	DOE12345

RESOLUTION DECISION _R_

ADDITIONAL DIAG CODES:

RETURN TO:
 MEDICAID CLAIMS RECEIPT
 P. O. BOX 1412
 COLUMBIA, S.C. 29202-1412

PROVIDER:
 ABC HEALTH PROVIDER
 PO BOX 00000
 ANYWHERE, SC 00000-0000

INSURANCE POLICY INFORMATION
 401 9999999999
 DOE JOHN

(No longer covered by this insurance.)

"PLEASE NOTE: EDIT CORRECTION FORMS RETURNED TO DHHS WITH NO CORRECTIVE ACTION WILL BE DISREGARDED"
* INDICATES A SPLIT CLAIM