

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Change Control Record	1	<ul style="list-style-type: none"> <li>Updated Forms section to change descriptions for dates 01-01-18 and 03-01-18</li> </ul>
10-01-18	5	1	Updated Administration
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	3	6 31-32 32	<ul style="list-style-type: none"> <li>Updated CMS-1500 Form, Field 26</li> <li>Updated Retro Health Insurance</li> <li>Updated Retro Medicare</li> </ul>
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> <li>Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952</li> <li>Updated CARC for 786</li> <li>Updated Resolution for 906 and 907</li> </ul>
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> <li>Updated Retro Health and Pay &amp; Chase</li> <li>Updated TPL Resources</li> </ul>

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Date	Section	Page(s)	Change
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
03-01-18	Forms	-	<ul style="list-style-type: none"> <li>• Updated SCDHHS letterhead on Fax Cover Sheet</li> <li>• Updated SCDHHS letterhead on MTCM Prior Authorization Request</li> </ul>
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	Forms	-	Updated SCDHHS letterhead on Fax Cover Sheet and MTCM Prior Authorization Request
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	5	4	Corrected formatting
07-01-17	Forms	-	Updated Fax Cover Sheet and MTCM Prior Authorization Request
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
04-01-17	Forms	-	<ul style="list-style-type: none"> <li>• Updated Interim Medicaid Targeted Case Management Transition Form w/ Instructions</li> <li>• Fax Cover Sheet</li> </ul>

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>MTCM Prior Authorization Request</li> </ul>
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
12-01-16	3	7	<ul style="list-style-type: none"> <li>Updated Diagnostic Codes</li> <li>Updated Place of Service Key</li> </ul>
12-01-16	4	1	Updated Procedure Codes
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5-6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	Appendix 1	67	Updated edit code 979
09-01-16	Appendix 2	-	Updated carrier codes
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	5	- 1 3	<ul style="list-style-type: none"> <li>Updated hyperlinks throughout section</li> <li>Updated Administration section</li> <li>Updated Procurement of Forms section</li> </ul>
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	2	ii, 29	Corrected header/heading

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Date	Section	Page(s)	Change
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Forms	-	Added Freedom of Choice - Spanish and MTC Parent Caregiver Guardian Agreement to Participate - Spanish
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: <ul style="list-style-type: none"> <li>• South Carolina Medicaid Program <ul style="list-style-type: none"> <li>◦ Program Description</li> <li>◦ SC Healthy Connections Medicaid Card(s)</li> </ul> </li> <li>• Records/Documentation Requirements <ul style="list-style-type: none"> <li>◦ General Information</li> <li>◦ Signature Policy</li> </ul> </li> <li>• Medicaid Program Integrity <ul style="list-style-type: none"> <li>◦ Program Integrity</li> </ul> </li> <li>• Appeals</li> </ul>
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	Forms	-	<ul style="list-style-type: none"> <li>• Revised MTCM Prior Authorization Request</li> <li>• Revised MTC Parent Caregiver Guardian Agreement to Participate</li> <li>• Added interactive features to Freedom of Choice form</li> </ul>
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	2	9-10 27	<ul style="list-style-type: none"> <li>• Revised Beneficiary Eligibility</li> <li>• Revised Prior Authorization Process (excludes State Agencies)</li> </ul>
11-01-15	Appendix 1	19, 44-47	<ul style="list-style-type: none"> <li>• Revised edit code 507, 821, 837, 838, 839</li> </ul>
10-01-15	1	7 10	<ul style="list-style-type: none"> <li>• Updated to add SCDHHS alerts</li> <li>• Updated Provider Participation</li> </ul>

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Date	Section	Page(s)	Change
10-01-15	2	1 3-10 11 31 45-46 47-50 26-28  41 43	<ul style="list-style-type: none"> <li>• Updated the following sections:               <ul style="list-style-type: none"> <li>◦ Overview</li> <li>◦ Entire section</li> <li>◦ Freedom of Choice</li> <li>◦ Coordination of Care</li> <li>◦ MTCM Billable Activities</li> <li>◦ MTC Non-Billable Activities</li> </ul> </li> <li>• Added Prior Authorization Process (excludes State Agencies)</li> <li>• Added Beneficiary Advance Notice</li> <li>• Renamed Billing Frequency to Service Unit Contact Time and updated section</li> </ul>
10-01-15	Forms		Added the following documents: <ul style="list-style-type: none"> <li>• Fax Cover Sheet</li> <li>• MTCM Prior Authorization Request</li> <li>• MTC Parent Caregiver Guardian Agreement to Participate</li> </ul>
10-01-15	Appendix 1	1  1 All  4, 20, 23, 27, 43	<ul style="list-style-type: none"> <li>• Updated general instructions</li> <li>• Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System               <ul style="list-style-type: none"> <li>◦ Added note to general instructions</li> <li>◦ Replaced ICD-9 with ICD-CM throughout section</li> </ul> </li> <li>• Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792</li> </ul>
09-01-15	3	6-7 13-14  21	<ul style="list-style-type: none"> <li>• Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System:               <ul style="list-style-type: none"> <li>◦ Diagnostic Codes</li> <li>◦ CMS-1500 Claim From Completion Instructions, field 21</li> </ul> </li> <li>• Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool</li> </ul>
09-01-15	Appendix 1	5, 14	<ul style="list-style-type: none"> <li>• Added edit codes 270 and 271 and updated edit</li> </ul>

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Date	Section	Page(s)	Change
			code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
06-01-15	3	6-7	Updated Diagnostic Codes
03-13-15	3	12 21	<ul style="list-style-type: none"> <li>• Updated CMS-1500 Claim Form Completion Instructions</li> <li>• Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
03-01-15	5	1	Updated Correspondence and Inquiries
03-01-15	Appendix 2		Updated carrier codes
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	2-4 25-26	<ul style="list-style-type: none"> <li>• Updated Copayment policy</li> <li>• Added Claim Reconsideration policy</li> </ul>
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	Appendix 1	70	Updated edit code 989
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	<ul style="list-style-type: none"> <li>• Updated edit code 079, 637, 719, 820, 821, 908, 909</li> <li>• Added new edit code 790</li> </ul>

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Date	Section	Page(s)	Change
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	Appendix 1	51, 69 24, 48-51, 58	<ul style="list-style-type: none"> <li>• Deleted edit codes 845 and 969</li> <li>• Updated edit codes 537, 837-839, 843, 844, and 892</li> </ul>
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-03-14	2	All	Updated entire section
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	5	1  5	<ul style="list-style-type: none"> <li>• Replaced reference to county office listing with the Where To Go for Help web address</li> <li>• Removed DHHS county office listing</li> </ul>
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	1	6, 23, 25  29-31 32 33 37 39  41-44	<ul style="list-style-type: none"> <li>• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>• Updated the following sections: <ul style="list-style-type: none"> <li>○ Program Integrity</li> <li>○ Recovery Audit Contractor</li> <li>○ Beneficiary Oversight</li> <li>○ Fraud</li> <li>○ Referrals to the Medicaid Fraud Control Unit</li> <li>○ Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)</li> </ul> </li> </ul>
04-01-14	2		Updated the following sections:

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Date	Section	Page(s)	Change
		3 6 7-8	<ul style="list-style-type: none"> <li>• Individuals with Intellectual and Related Disabilities</li> <li>• Individuals with Head and Spinal Cord Injuries and Similar Disorders</li> <li>Deleted MTCM Screening/Precertification</li> </ul>
04-01-14	3	1-30 6-17 17 19	<ul style="list-style-type: none"> <li>• Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>• Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> <li>• Updated Trading Partner Agreement</li> <li>• Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
04-01-14	5	10	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> <li>• Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms</li> <li>• Removed note on CMS-1500 (02/12) version claim form</li> <li>• Removed CMS-1500 (08/05) version claim form(s)</li> <li>• Removed Sample Edit Correction Form</li> <li>• Updated Sample Remittance Advice</li> </ul>
04-01-14	Appendix 1	35 -	<ul style="list-style-type: none"> <li>• Added edit code 527</li> <li>• Entire section: <ul style="list-style-type: none"> <li>◦ Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>◦ Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> </ul> </li> </ul>
04-01-14	TPL Supplement	5 6-8	<ul style="list-style-type: none"> <li>• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form: <ul style="list-style-type: none"> <li>◦ Timely Filing Requirements</li> <li>◦ Reasonable Effort</li> </ul> </li> </ul>



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Date	Section	Page(s)	Change
		9-10 10-11  13-14 15-16 22-23 30-31	<ul style="list-style-type: none"> <li>o Nursing Facility Claims</li> <li>o Professional, Institutional, and Dental Claims</li> <li>o Rejected Claims</li> <li>o Recovery</li> <li>o Sample Forms – Reasonable Effort</li> <li>o Sample Forms – ECF (deleted)</li> </ul>
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	2	9 13 29  38 44 45 49	<ul style="list-style-type: none"> <li>• Updated the following sections:               <ul style="list-style-type: none"> <li>o Freedom of Choice</li> <li>o Timeframes</li> <li>o Transitioning to a Community Setting (formerly Transitional Case Management)</li> <li>o MTCM Non-Billable Activities</li> <li>o Staff Qualifications</li> <li>o MTCM Training</li> </ul> </li> <li>• Deleted Quality Assurance section</li> </ul>
02-01-14	4	1	Deleted procedure code T2023
02-01-14	5	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11  6, 23, 25  1-2 4  6  26 29-30 32 32	Updated to reflect the following bulletins: <ul style="list-style-type: none"> <li>• Managed Care Organizational Changes dated November 15, 2013</li> <li>• Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013</li> </ul> Updated the following sections: <ul style="list-style-type: none"> <li>• Eligibility Determination</li> <li>• South Carolina Health Connections Medicaid card</li> <li>• South Carolina Web-based Claims Submissions Tool</li> <li>• Retroactive Eligibility</li> <li>• Program Integrity</li> <li>• Recovery Audit Contractor</li> <li>• Beneficiary Explanation of Medical Benefits Program</li> </ul>
01-01-14	3	-	Updated entire section to reflect the following bulletins: <ul style="list-style-type: none"> <li>• Discontinuation of Edit Correction Forms</li> </ul>

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Date	Section	Page(s)	Change
			(ECFs)s dated December 3, 2013 <ul style="list-style-type: none"> <li>• Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>• Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	5	1 3-4	Updated the following sections <ul style="list-style-type: none"> <li>• Correspondence and Inquiries</li> <li>• Procurement of Forms</li> </ul>
01-01-14	Forms		<ul style="list-style-type: none"> <li>• Added CMS-1500 (02/12) version claim form</li> <li>• Added note to CMS-1500 (05/85) version claim form</li> <li>• Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms</li> <li>• Replaced logo on DHHS Form 259</li> </ul>
01-01-14	Appendix 1		Updated to reflect the following bulletins: <ul style="list-style-type: none"> <li>• Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>• Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>• Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		<ul style="list-style-type: none"> <li>• Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> </ul>
12-01-13	2	-  1 3-8 10 12-19 20-27 30	<ul style="list-style-type: none"> <li>• Change TCM to MTCM throughout document</li> <li>• Updated the following sections:               <ul style="list-style-type: none"> <li>○ Philosophy</li> <li>○ Coverage</li> <li>○ Freedom of Choice</li> <li>○ Service Description</li> <li>○ Documentation Requirements</li> <li>○ Transitional Case Management</li> </ul> </li> </ul>

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Date	Section	Page(s)	Change
		32-33 34-35 36-38 39-41 42-43 44-45 46 48	<ul style="list-style-type: none"> <li>o Concurrent MTCM</li> <li>o Billing Frequency</li> <li>o MTCM Billable Activities</li> <li>o MTCM Non-Billable Activities</li> <li>o Provider Qualifications</li> <li>o Staff Qualifications</li> <li>o Provider Responsibilities</li> <li>• Added Quality Assurance</li> </ul>
12-01-13	5	12	Updated Orangeburg mailing address zip codes
11-01-13	5	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	5	12 13	<ul style="list-style-type: none"> <li>• Updated Orangeburg office and mailing address</li> <li>• Updated York County office address</li> </ul>
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	<ul style="list-style-type: none"> <li>• Updated CARCs/RARCs throughout section</li> <li>• Added edit codes 110 and 725</li> <li>• Deleted edit code 961</li> <li>• Revised edit codes 720, 749, 750, 758, and 759</li> </ul>
10-01-13	MC Supplement	20	<ul style="list-style-type: none"> <li>• Added WellCare MCO Medicaid card and contact information</li> </ul>
09-01-13	2	11	<ul style="list-style-type: none"> <li>• Revised MTCM Contact</li> </ul>
09-01-13	5	8 10 13	<ul style="list-style-type: none"> <li>• Updated Darlington County zip code</li> <li>• Updated Laurens County phone number</li> <li>• Updated York County office address</li> </ul>
08-01-13	5	13	<ul style="list-style-type: none"> <li>• Updated York County physical address</li> </ul>
08-01-13	Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> <li>• Updated resolution for edit code 007</li> <li>• Updated RARC and resolution for edit codes 820 and 821</li> <li>• Deleted edit codes 954, 955, and 956</li> </ul>
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	5	8  11	<ul style="list-style-type: none"> <li>• Updated Colleton county office telephone number</li> <li>• Deleted Newberry County PO Box address</li> </ul>

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Date	Section	Page(s)	Change
06-01-13	5	12	<ul style="list-style-type: none"> <li>• Updated Richland county office telephone number</li> </ul>
06-01-13	Appendix 1	5, 11, 15, 33, 40, 30	<ul style="list-style-type: none"> <li>• Updated resolutions for edit codes 107, 219, 339, 673, 720</li> <li>• Deleted edit code 577</li> </ul>
04-01-13	1	6	Corrected the URL for <a href="http://MedicaideLearning.com">MedicaideLearning.com</a>
04-01-13	Appendix 1	2, 20, 25, 28, 4, 39, 52, 53, 57, 59, 73, 50, 51, 67, 69	<ul style="list-style-type: none"> <li>• Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052</li> <li>• Updated CARCs for edit codes 460, 544, 569</li> <li>• Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960</li> <li>• Added edit codes 820, 821</li> <li>• Updated edit code 935, 938, 939</li> </ul>
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	2	1, 8, 14, 16, 18, 25-26, 33-35, 4, 33, 13, 28, 29, 33-35, 12, -	<ul style="list-style-type: none"> <li>• Updated the following sections: <ul style="list-style-type: none"> <li>◦ Philosophy</li> <li>◦ Beneficiary Eligibility</li> <li>◦ MTCM Covered Activities (formerly Allowable MTCM Activities)</li> <li>◦ Provider Qualifications, bullet #3</li> <li>◦ Staff Qualifications</li> <li>◦ Requirements</li> <li>◦ Coordination of Care</li> <li>◦ Activity Note, bullet # 5</li> </ul> </li> <li>• Changed references to MR/RD to ICF-IID (Intellectual Disabilities)</li> <li>• Change the frequency for MTCM contacts, reformulation, and periodic and progress summary reviews</li> <li>• Added MTMC to Non-Billable Activities heading</li> <li>• Deleted Care Planning heading</li> <li>• Changed Medicaid case manager/case management to Medicaid Targeted case manager/case management throughout document</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-13	5	10	Deleted Jasper County PO Box address
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
03-01-13	Appendices and Supplement	-	Added a cover page
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
01-01-13	2	- 3-8 11 17 19 21 23-31 35-37 41 41	<ul style="list-style-type: none"> <li>• Change TCM to MTCM throughout document</li> <li>• Updated the following sections: <ul style="list-style-type: none"> <li>◦ Coverage (entire section)</li> <li>◦ Frequency of MTCM Contacts</li> <li>◦ Home and Community Based Services (HCBS) Waiver Programs</li> <li>◦ Provider Qualifications</li> <li>◦ Staff Qualifications</li> <li>◦ Documentation Requirements (entire section)</li> <li>◦ Non-Billable Activities</li> </ul> </li> <li>• Deleted TCM Hierarchy Guidelines</li> <li>• Added Freedom of Choice</li> </ul>
01-01-13	5	7 9	<ul style="list-style-type: none"> <li>• Added Chester county Zip+4 code</li> <li>• Updated Greenville PO Box address</li> </ul>
01-01-13	Forms	-	Added new forms: Interim Medicaid Targeted Case Management Transition and Freedom of Choice
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	<ul style="list-style-type: none"> <li>• Updated web addresses for provider information and provider training</li> <li>• Revised heading and language to reflect new provider enrollment requirements</li> <li>• Updated Program Integrity language (entire section)</li> <li>• Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			(entire section)
12-03-12	3	10 5, 18, 40 23-24	<ul style="list-style-type: none"> <li>• Updated fields 17, 17b to add requirement for referring or ordering provider NPI</li> <li>• Updated provider information web addresses</li> <li>• Updated Electronic Funds Transfer (EFT)</li> </ul>
12-01-12	5	4 11	<ul style="list-style-type: none"> <li>• Updated URL for provider information</li> <li>• Updated McCormick county office telephone number</li> </ul>
12-01-12	Appendix 1	24, 26, 27, 32, 33  19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	<ul style="list-style-type: none"> <li>• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690</li> <li>• Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926</li> </ul>
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 7, 32, 36 9, 23, 24	<ul style="list-style-type: none"> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Updated hyperlinks</li> </ul>
08-01-12	5	1  5	<ul style="list-style-type: none"> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Removed fax request information for SCDHHS forms</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		7	<ul style="list-style-type: none"> <li>• Added SCDHHS forms online order information</li> <li>• Updated telephone number for Greenville county office</li> </ul>
08-01-12	Forms	-	<ul style="list-style-type: none"> <li>• Deleted forms 140 and 142</li> <li>• Updated Duplicate Remittance Advice Request Form</li> </ul>
08-01-12	Appendix 1	-  1, 24, 60, 65, 66- 67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	<ul style="list-style-type: none"> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987</li> <li>• Added edit codes 349, 590, 978, 990, 991-995</li> <li>• Deleted edit codes 166, 205, 573, 574, 593, 596</li> <li>• Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798</li> </ul>
08-01-12	Managed Care Supplement	1-2  7  11  17  19	<ul style="list-style-type: none"> <li>• Changed Division of Care Management to Bureau of Managed Care</li> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Removed language limiting enrollment to 2500 members</li> <li>• Update contact information for Palmetto Physician Connections</li> <li>• Added to “Medicaid” to BlueChoice HealthPlan</li> </ul>
08-01-12	TPL Supplement	5, 6, 10,17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 1	16, 48 45	<ul style="list-style-type: none"> <li>• Deleted edit codes 386 and 868</li> <li>• Added edit codes 837, 838, 839</li> </ul>
07-01-12	Appendix 2	-	Updated carrier codes
05-01-12	Appendix 1	62	Updated edit code 975
04-01-12	1	4	Replaced South Carolina Healthy Connections card
04-01-12	5	11 12	<ul style="list-style-type: none"> <li>• Updated address for Marion County</li> <li>• Updated phone number for Newberry County</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	<ul style="list-style-type: none"> <li>• Updated edit code 402</li> <li>• Updated edit code 544</li> <li>• Updated edit code 636, 637, and 642</li> </ul>
02-01-12	3	19 22	<ul style="list-style-type: none"> <li>• Added a note regarding The Web Tool</li> <li>• Updated the Remittance Advice -835 Transaction</li> </ul>
02-01-12	5	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42 49	<ul style="list-style-type: none"> <li>• Updated edit code 402</li> <li>• Updated edit code 636, 637, and 642</li> <li>• Updated edit code 766</li> <li>• Updated edit code 867</li> </ul>
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	- 23	<ul style="list-style-type: none"> <li>• Updated hyperlinks throughout section</li> <li>• Updated EFT information</li> </ul>
01-01-12	5	1	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	Appendix 1	62  -	<ul style="list-style-type: none"> <li>• Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11</li> <li>• Updated CARCs and RARCs throughout the document</li> </ul>
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-11	3	34, 40, 42	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12 3, 17, 19	<ul style="list-style-type: none"> <li>• Changed Medicare timely filing requirement to two years and six months</li> <li>• Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code</li> <li>• Deleted sample legacy number from UB-04 TPL Fields table</li> <li>• Updated TPL contact information</li> </ul>
10-01-11	Appendix 1	14, 29 47	<ul style="list-style-type: none"> <li>• Added edit codes 334 and 584</li> <li>• Updated edit code 845</li> </ul>
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	5	13	Updated zip code for Spartanburg County office
09-01-11	Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11	Appendix 1	8	Updated edit codes 165 and 166
08-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 11, 2011
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11	5	13	Deleted PO Box address for the Spartanburg County Office
07-01-11	Appendix 1	12 43 56	<ul style="list-style-type: none"> <li>• Updated resolution for edit code 300</li> <li>• Added edit codes 840 and 841</li> <li>• Updated Provider Enrollment Contact information in edit codes 941 and 944</li> </ul>
07-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 8, 2011

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-11	5	5	Corrected Abbeville County PO Box Zip+4 Code
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
05-01-11	Appendix 1	43	Updated edit code 796
04-01-11	5	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
04-01-11	Appendix 3	-	Updated copay amounts to reflect bulletin dated 3-16-11
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	17, 23, 24	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	4 5	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County
03-01-11	Appendix 1	- 67	Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description
03-01-11	Appendix 2	-	Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10
03-01-11	TPL Supplement	17 24, 25	<ul style="list-style-type: none"> <li>• Changed the name of the Provider Outreach Web site to Provider Enrollment and Education</li> <li>• Updated the descriptions for Form130s</li> </ul>
02-01-11	Appendix 1	3	Added edit codes 079 and 080
01-01-11	1	7 19-20	<ul style="list-style-type: none"> <li>• Updated the South Carolina Medicaid Web-based Claims Submission Tool section</li> <li>• Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits</li> </ul>
01-01-11	2	34	Updated Activity Note section, first paragraph,

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			bullet 1 and bullet 3
01-01-11	3	17, 21, 22, 24, 25 14. 30  22	<ul style="list-style-type: none"> <li>• Updated electronic remittance package information</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package</li> </ul>
01-01-11	5	13	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166\
01-01-11	TPL Supplement	8, 10 8 10 13 15  15	<ul style="list-style-type: none"> <li>• Removed references to Dental claims</li> <li>• Removed language to contact program areas for missing carrier codes</li> <li>• Added reference to CMS-1500 for correcting edit code 151 on the ECF</li> <li>• Added edit code 165 to other TPL-related insurance edit codes list</li> <li>• Updated Retro Medicare section to include the following: <ul style="list-style-type: none"> <li>o Changed the timely filing requirement from 90 days of the invoice to 30 days</li> <li>o Added SCDHHS TPL recovery language</li> </ul> </li> <li>• Updated the Retro Health and Pay &amp; Chase section</li> </ul>
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	Change	2	Corrected heading from Psychiatric Services to

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
	Control Record		TCM
11-01-10	2	27	Corrected spacing in header between manual name and date
11-01-10	Appendix 1	8 16 32  51 52	<ul style="list-style-type: none"> <li>• Edit code 202: added information to Resolution section</li> <li>• Edit codes 421 and 424 deleted</li> <li>• Edit code 733 information updated in Resolution section: "Adjust the net charge in field" changed from 26 to 29</li> <li>• Deleted edit code 959</li> <li>• Deleted edit codes 962 and 963</li> </ul>
11-01-10	TPL Supplement	3, 8, 13-14, 18-19  6, 15-17	<ul style="list-style-type: none"> <li>• Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest</li> <li>• Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle</li> </ul>
10-01-10	Change Control Record	1	Add Section 3 entry for 09-01-10
10-01-10	1	-  1 7  10	<ul style="list-style-type: none"> <li>• Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>• Updated Program Description section</li> <li>• Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest</li> <li>• Updated Freedom of Choice section</li> </ul>
10-01-10	2	45	<ul style="list-style-type: none"> <li>• Changed DSS Adult Services/CLTC to DSS providing concurrent care</li> </ul>
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Managed	-	<ul style="list-style-type: none"> <li>• Removed all references to the SCHIP program</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
	Care Supplement	1 2 3 4 5 6 13 17	<p>to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</p> <ul style="list-style-type: none"> <li>• Updated Managed Care Overview</li> <li>• Updated Managed Care Organizations and Core Benefits paragraphs</li> <li>• Updated MCO Program ID card paragraph</li> <li>• Updated MHN Program ID card paragraph</li> <li>• Updated Core Benefits</li> <li>• Updated Exempt Services</li> <li>• Updated Overview</li> <li>• Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph</li> </ul>
09-01-10	3	-  21 21-22  38	<p>Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest:</p> <ul style="list-style-type: none"> <li>• Companion Guides</li> <li>• South Carolina Medicaid Web-based Claims Submission Tool</li> <li>• Claim-Level Adjustments</li> </ul>
09-01-10	5	5  8  11	<ul style="list-style-type: none"> <li>• Removed County Commissioner’s Building from the Aiken County address</li> <li>• Deleted Dorchester County physical address telephone number</li> <li>• Removed Highway 28 N from the McCormick County address</li> </ul>
09-01-10	Appendix 1	9  -	<ul style="list-style-type: none"> <li>• Added edit code 225</li> <li>• Removed all references to the ADA Claim in the Resolution column</li> </ul>
09-01-10	TPL Supplement	12  13  18	<ul style="list-style-type: none"> <li>• Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information</li> <li>• Updated the Web-Submitted Claims section with the exception to Dental claims</li> <li>• Updated the TPL Resources section to include the DentaQuest contact information for TPL questions</li> </ul>
08-17-10	Cover	-	Corrected cover date

**CHANGE CONTROL RECORD**

Date	Section	Page(s)	Change
08-01-10	5	5, 9, 11-13 6	<ul style="list-style-type: none"><li>• Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties</li><li>• Updated the address for Barnwell County</li><li>• Updated the telephone number for Beaufort County</li></ul>
08-01-10	Appendix 1	20 51, 52 59	<ul style="list-style-type: none"><li>• Deleted edit code 520</li><li>• Deleted Provider Enrollment e-mail address from codes 941 and 944</li><li>• Changed resolution for edit code 994</li></ul>