

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
05/01/19	4	1	Updated Screening and Diagnostic Assessment Services and ASD Treatment Services
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
02-01-19	2	15 18 20	<ul style="list-style-type: none"> • Changed heading from Presumptive Diagnosis for Beneficiaries under the Age of Three to Presumptive Diagnosis for Beneficiaries under the Age of Four • Changed SCDHHS ASD Prior Authorization Request form to Outpatient Prior Authorization Request Fax Form • Updated Staff-to-Beneficiary Ratio and Case Load Management
02-01-19	4	1-2	Updated ASD Treatment Services and RBT billing requirement
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	2	17-18	<ul style="list-style-type: none"> • Updated Prior Authorization for ABA Provider

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Date	Section	Page(s)	Change
		31	<ul style="list-style-type: none"> • Updated Applied Behavior Analysis Treatment Services
07-01-18	3	32-33 33	<ul style="list-style-type: none"> • Updated Retro Health Insurance • Updated Retro Medicare
07-01-18	4	1, 2	Updated ASD Treatment Services
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> • Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952 • Updated CARC for 786 • Updated Resolution for 906 and 907
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> • Updated Retro Health and Pay & Chase • Updated TPL Resources
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
04-01-18	2	1 3-28 29-33	Updated the following sections: <ul style="list-style-type: none"> • Overview • Provider Requirements • ASD Treatment Service Standards
04-01-18	Forms	-	<ul style="list-style-type: none"> • Added ASD Fax Cover Sheet • Deleted ASD Utilization Management Checklist
04-01-18	Webpage	-	Deleted ASD Utilization Management Checklist
03-01-18	Forms	-	<ul style="list-style-type: none"> • Updated SCDHHS letterhead on ASD Utilization Management Checklist • Updated SCDHHS letterhead on ASD LIP Provider Application
03-01-18	Webpage	-	Replaced ASD Utilization Management Checklist and ASD LIP Provider Application to update SCDHHS letterhead
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)

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Date	Section	Page(s)	Change
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	2	1 13	<ul style="list-style-type: none"> • Updated Overview • Updated Documenting Medical Necessity
01-01-18	Forms	-	<ul style="list-style-type: none"> • Updated SCDHHS letterhead on ASD Utilization Management Checklist • Updated SCDHHS letterhead on ASD LIP Provider Application
01-01-18	Webpage	-	Replaced ASD Utilization Management Checklist and ASD LIP Provider Application
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	2	25	Updated Individual Plan of Care (IPOC) Due Date
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	2	6	Updated ASD Group Provider Enrollment Guidelines
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	2	6 8 10 10,11 29 37 37,38	Updated the following sections: <ul style="list-style-type: none"> • LIP and ABA Provider Enrollment Guidelines • ASD Provider Enrollment Guidelines • Billable Codes • Prior Authorization • Individualized Plan of Care (IPOC) • Non-ABA ASD Treatment Services By A Lip • Behavior Identification Assessment
07-01-17	4		Updated ASD Treatment Services
07-01-17	Forms	-	Added ASD LIP Provider Application
06-09-17	2	1	Updated the following sections: <ul style="list-style-type: none"> • Overview

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Date	Section	Page(s)	Change
		3-4 4 7-8 9,10 11,12 13 18 20,21 21,22 23 28 30 31 34 35,36	<ul style="list-style-type: none"> • Provider Qualifications • Provider Qualifications Table • LIP and ABA Provider Enrollment Guidelines • ASD Group Provider Enrollment Guidelines • Billable Codes • Administrative Services Organization (ASO) • Maintenance of ASD Network Provider Credentials • Staff-To-Beneficiary Ratio and Case Load Management • Clinical Records and Documentation Requirements • Consent for Treatment • Error Correction • Psychological Assessment/Testing • Presumptive Diagnosis for Beneficiaries Under the Age of Three • Behavior Identification Assessment • Staff-to-Beneficiary Ration
06-09-17	4	1 2	<ul style="list-style-type: none"> • Updated Screening and Diagnostic Assessment Services • Updated ASD Treatment Services
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes