

CHANGE CONTROL RECORD

Date	Section(s)	Page(s)	Change
01-04-13	Forms	i, ii	Change header date from 12/01/01 to 12/01/12
01-01-13	5	7 9	<ul style="list-style-type: none"> • Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	<ul style="list-style-type: none"> • Updated web addresses for provider information and provider training • Revised heading and language to reflect new provider enrollment requirements • Updated Program Integrity language (entire section) • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	8 12-13 26, 40, 42 32-33	<ul style="list-style-type: none"> • Updated National Provider Identifier and Medicaid Provider Number • Updated fields 17, 17b to add requirement for referring or ordering provider NPI • Updated provider information web addresses • Updated Electronic Funds Transfer (EFT)
12-01-12	5	6 21	<ul style="list-style-type: none"> • Updated web address for provider information • Updated McCormick county office telephone number
12-03-12	Forms	-	Deleted provider enrollment form 219-DME
12-01-12	Appendix 1	24, 26, 27, 32, 33 19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	<ul style="list-style-type: none"> • Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 • Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926
12-01-12	TPL	8, 9, 17	Updated web addresses for provider information

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Date	Section(s)	Page(s)	Change
	Supplement		and provider training
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	2	12 12-13 13 26	<ul style="list-style-type: none"> • Removed MCMN and prior authorization address from Limited Rentals • Rename heading to Medicaid Prior Approval (PA) from KePRO and updated section to reflect Medicaid Bulletin dated July 27, 2012 — New Services Performed by KePRO, the Quality Improvement Organization (QIO) for S.C. Medicaid • Add Instructions for obtaining Prior Approval section • Updated Repairs section
10-01-12	4	-	Changed section to include tables for procedure codes that require an MCMN and prior authorization from KePRO
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	2	1, 18, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 30, 39, 42-41 8, 26, 31	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks
08-01-12	5	1	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed fax request information for SCDHHS

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		5 7	<ul style="list-style-type: none"> forms • Added SCDHHS forms online order information • Updated telephone number for Greenville county office
08-01-12	Forms	-	<ul style="list-style-type: none"> • Deleted forms 140 and 142 • Updated Duplicate Remittance Advice Request Form
08-01-12	Appendix 1	- 1, 24, 60, 65, 66- 67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 • Added edit codes 349, 590, 978, 990, 991-995 • Deleted edit codes 166, 205, 573, 574, 593, 596 • Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12	Managed Care Supplement	1-2 7 11 17 19	<ul style="list-style-type: none"> • Changed Division of Care Management to Bureau of Managed Care • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to “Medicaid” to BlueChoice HealthPlan
08-01-12	TPL 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"> • Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839
07-01-12	Appendix 2	-	Updated carrier codes
06-01-12	2	13 15 21	<ul style="list-style-type: none"> • Updated Prior Approval address • Added section on Prior Authorization for Wheelchairs and Cranial Molding Orthotic

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Date	Section(s)	Page(s)	Change
		30	Devices
		63	<ul style="list-style-type: none"> • Deleted Waivers section • Deleted Special Features Blood Glucose Monitors • Added Cranial Remolding Orthotic Devices
06-01-12	4	1 20 73-75	<ul style="list-style-type: none"> • Updated QIO information • Updated code B9998 • Updated pricing on codes
05-01-12	3	8	Updated place of service key 31
05-01-12	Appendix 1	62	Updated edit code 975
04-27-12	2	12 15 17 41 58 60	Updated the following sections: <ul style="list-style-type: none"> • Prior Approval • Proof of Delivery • Manual Pricing and Not Otherwise Classified (NOC) Codes • Wheelchairs • Non-Covered Wheelchair Accessory/Attachment • Documentation Requirements for Prior Authorization Review
04-01-12	1	4	Replaced South Carolina Healthy Connections card
04-01-12	5	11 12	<ul style="list-style-type: none"> • Updated address for Marion County • Updated phone number for Newberry County
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	<ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642
02-01-12	3	28 30	<ul style="list-style-type: none"> • Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction
02-01-12	5	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30	<ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 637

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Date	Section(s)	Page(s)	Change
		42 49	<ul style="list-style-type: none"> • Updated edit code 766 • Updated edit code 867
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	2	25	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	- 31	<ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated EFT information
01-01-12	5	1	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	Appendix 1	62 -	<ul style="list-style-type: none"> • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	3	39, 48, 50	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12 3, 17, 19	<ul style="list-style-type: none"> • Changed Medicare timely filing requirement to two years and six months • Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code • Deleted sample legacy number from UB-04 TPL Fields table • Updated TPL contact information

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Date	Section(s)	Page(s)	Change
10-01-11	Appendix 1	14, 29 47	<ul style="list-style-type: none"> Added edit codes 334 and 584 Updated edit code 845
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	2	21 22-30 22 - 23	<ul style="list-style-type: none"> Added a “Note” to the Waivers section Deleted all section content and tables that referenced any specific information related to diapers, under pads, incontinence supplies, etc. Added new content to the following sections: <ul style="list-style-type: none"> Mental Retardation/Related Disabilities (MR/RD) section Head and Spinal Cord (HASI) Waiver Mechanical Ventilator Dependent Waiver (VENT) HIV/AIDS Waiver Community Choices Waiver Medically Complex Children’s Waiver
09-01-11	4	-	Updated header date to 07/11/11 and procedure codes to reflect Medicaid Bulletin dated July 8, 2011
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	Forms	-	Deleted Program Coordinators chart
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

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07-01-11	5	13	Deleted PO Box address for the Spartanburg County Office
07-01-11	Appendix 1	12 43 56	<ul style="list-style-type: none"> • Updated resolution for edit code 300 • Added edit codes 840 and 841 • Updated Provider Enrollment Contact information in edit codes 941 and 944
07-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 8, 2011
06-01-11	2	10 15-16 17 18 16	<p>Updated the following sections:</p> <ul style="list-style-type: none"> • Medicaid Certification of Medical Necessary (MCMN) • Proof of Delivery • Manual Pricing and Not Otherwise Classified (NOC) • Frequency Limitations <p>Added the following sections:</p> <ul style="list-style-type: none"> • Auto-Refilling section • National Correct Coding Initiative (NCCI)
06-01-11	5	5	Corrected Abbeville County PO Box Zip+4 Code
05-18-11	4	1	Updated fee schedule approval information
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
04-11-11	4	-	Updated fee schedule to reflect Medicaid Bulletin dated April 7, 2011 – Medicaid Rate Reduction
04-01-11	3	3, 4	Updated Copayment Policy to reflect bulletin dated 3-16-11
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

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Date	Section(s)	Page(s)	Change
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	2	8	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	26, 31, 32	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	4 5	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County
03-01-11	Appendix 1	- 67	Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description
03-01-11	Appendix 2	-	Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10
03-01-11	TPL Supplement	17 24, 25	<ul style="list-style-type: none"> • Changed the name of the Provider Outreach Web site to Provider Enrollment and Education • Updated the descriptions for Form 130s
02-01-11	Appendix 1	3	Added edit codes 079 and 080
01-01-11	1	7 19-20	<ul style="list-style-type: none"> • Updated the South Carolina Medicaid Web-based Claims Submission Tool section • Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits
01-01-11	3	26, 29, 30, 32 17, 38 29	<ul style="list-style-type: none"> • Updated electronic remittance package information • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package
01-01-11	5	13	Added toll-free telephone number for Saluda county

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Date	Section(s)	Page(s)	Change
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166
01-01-11	TPL Supplement	8, 10 8 10 13 15 15	<ul style="list-style-type: none"> • Removed references to Dental claims • Removed language to contact program areas for missing carrier codes • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list • Updated Retro Medicare section to include the following: <ul style="list-style-type: none"> o Changed the timely filing requirement from 90 days of the invoice to 30 days o Added SCDHHS TPL recovery language • Updated the Retro Health and Pay & Chase section
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	Appendix 1	8 16 32 51 52	<ul style="list-style-type: none"> • Edit code 202: added information to Resolution section • Edit codes 421 and 424 deleted • Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29 • Deleted edit code 959 • Deleted edit codes 962 and 963
11-01-10	TPL Supplement	3, 8, 13- 14, 18-19	<ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program

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Date	Section(s)	Page(s)	Change
		6, 15-17	<p>Administration to DentaQuest</p> <ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle
10-01-10	1	- 1 7 10	<ul style="list-style-type: none"> • Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Program Description section • Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest • Updated Freedom of Choice section
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	- 1 2 3 4 5 6 13 17	<ul style="list-style-type: none"> • Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10	3	27 27 44	<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"> • Companion Guides • South Carolina Medicaid Web-based Claims Submission Tool • Claim-Level Adjustments
09-01-10	4	2	<ul style="list-style-type: none"> • Deleted code A4232

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Date	Section(s)	Page(s)	Change
		34 47 76 90 126-127 130	<ul style="list-style-type: none"> • Added code E0482 • Updated frequency for E1007 to 3 Yr • Added code L0552 • For code L0623, changed MCMN column to “*” • Updated codes L6694, L6695, L6696, L6697, and L6698 units to 2 and frequency to 1 Yr • Updated frequency for S8999 to 1 Yr
09-01-10	5	5 8 11	<ul style="list-style-type: none"> • Removed County Commissioner’s Building from the Aiken County address • Deleted Dorchester County physical address telephone number • Removed Highway 28 N from the McCormick County address
09-01-10	Appendix 1	9 -	<ul style="list-style-type: none"> • Added edit code 225 • Removed all references to the ADA Claim in the Resolution column
09-01-10	TPL Supplement	12 13 18	<ul style="list-style-type: none"> • Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information • Updated the Web-Submitted Claims section with the exception to Dental claims • Updated the TPL Resources section to include the DentaQuest contact information for TPL questions
08-01-10	5	5, 8, 11-13 6	<ul style="list-style-type: none"> • Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties • Updated the address for Barnwell County • Updated the telephone number for Beaufort County
08-01-10	Appendix 1	20 51, 52 59	<ul style="list-style-type: none"> • Deleted edit code 520 • Deleted Provider Enrollment e-mail address from codes 941 and 944 • Changed resolution for edit code 994
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices

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Date	Section(s)	Page(s)	Change
07-01-10	Appendix 1	32 35	<ul style="list-style-type: none"> • Updated edit code 714 • Updated edit code 738
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration
06-01-10	4	4 20 29 & 31	Deleted Procedure Code A4365 Updated Procedure Code B4104 Updated Procedure Codes E0194 & E0277
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 references to sample form at the end of this section • Replaced references to sample form in the Forms section of this manual
04-01-10	2	4 20 95	<ul style="list-style-type: none"> • Deleted code A365 • Removed prior authorization requirement for B4101 (MCMN column) • Added code L1005
04-01-10	Forms	-	Corrected spacing on MCMN forms
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	2	2 10	<ul style="list-style-type: none"> • Added new sections for in-state and out-of-state providers • Updated the Medicaid Certificate of Medical Necessity (MCMN) section
03-01-10	3	3,5	Removed modem as an electronic claims

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Date	Section(s)	Page(s)	Change
			transmission method
02-02-10	2	1 8-10	<ul style="list-style-type: none"> • Updated DME Overview section • Updated Medical Certification of Medical Necessary (MCMN) section
02-02-10	Forms	-	Updated the following forms: DME 001, DME 003, DME 004, DME 005 DME 006, DME 007 DME 008
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	4	12, 17, 56, 65, 87, 97, 98, 104, 106-108, 126	Deleted the following procedure codes: A6200, A6201, A6202, A6542, E2223, E2393, 0210, L1800, L1815, L1901, L2770, L3651, L3652, L3700, L3701, L3909, L3911, and L6639
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 25	<ul style="list-style-type: none"> • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package • Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009
12-01-09	3	1-3 26, 28-32	<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

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Date	Section(s)	Page(s)	Change
			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
10-07-09	Forms	-	Correct revision dates on the Table of Contents
10-01-09	1	3-4 4-6 8 25	<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 section • Updated South Carolina Medicaid Bulletins and Newsletters • Changed heading to Medicare Cost Sharing Claims
10-01-09	2	16 32	<ul style="list-style-type: none"> • Updated the reimbursement percentage rates for Manually Priced and Not Otherwise Classified (NOC) codes • Added Qualified Medicare Beneficiary subsection
10-01-09	4	ALL	Update fee schedule
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	Forms	-	<ul style="list-style-type: none"> • Corrected revision date to form DME 001 • Added revision date on form DME 007
10-01-09	Appendix 1	3	<ul style="list-style-type: none"> • Updated edit code 065

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Date	Section(s)	Page(s)	Change
		60	<ul style="list-style-type: none"> • Updated edit code 852
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	2	9, 11 34 35 37	<ul style="list-style-type: none"> • Updated Medicaid Certificate of Medical Necessity subsection • Replaced code E1340 with K0739 effective April 1, 2009 • Deleted last paragraph under Repairs subsection • Updated Diabetic Supplies subsection
09-01-09	4	48	Deleted codes E1017 and E1018
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"> o Changed the company's name to Absolute Total Care o Replaced the beneficiary card samples o Corrected contact information
08-01-09	2	12 45-56	<ul style="list-style-type: none"> • Updated Capped Rental subsection • Updated the effective date and Medicare frequency limitations for codes B4081, B4082, B4083, B4087, and B4088.
08-01-09	4	20, 34, 136-137 53 77, 78	<ul style="list-style-type: none"> • Updated units and frequencies for codes B4087, B4088, B9998, E0470-E0472, E0601, T4521-T4523, X1939, X9202 • Deleted code E1340 • Added codes K0003-K005 (for modifier NU), K0462, K0739
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	4	8	Corrected price for procedure code E4495

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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	4	33 45	<ul style="list-style-type: none"> • Updated procedure code E0441, E0442, E0443, and E0444, modifier 00 to modifier NU • Updated procedure code E0971, modifier LL to 1 Mo
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	2	30-31	Updated to reflect managed care policies and procedures effective May 1, 2009
05-01-09	5	14	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	2	3, 4 12 14	<ul style="list-style-type: none"> • Updated Operating Procedures subsection • Added procedure code E0601 • Updated documentation requirement in Prior

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		17 18 22, 23, 25, 26, 28 29, 30 34 35-36 38-39 45 47 47-48 49, 51, 54 52-57, 56 60 63	<ul style="list-style-type: none"> Approval subsection • Updated Frequency Limitations • Added note to Miscellaneous Procedure Codes subsection • Added minimum area for diapers and underpads • Added Medically Complex Children’s Waiver subsection • Updated Warranties subsection • Added note to Repairs subsection • Added Diabetic Supplies and External Insulin Infusion Pump subsections • Added codes E0441 and E0442 • Change frequency limits to 12 for codes B4087 and B4088 • Added Hospital Beds and Bariatric Beds subsections • Under Power Wheelchairs subsection: <ul style="list-style-type: none"> o Added physician’s prescription to documentation requirements o Added documentation requirement to include serial number for manufacturer information o Removed push-rim manual wheelchair policy • Removed procedure codes form within text • Updated last paragraph • Under Negative Pressure Wound VAC subsection: <ul style="list-style-type: none"> o Replaced code A6551 with A7000 o Updated Continued Wound Vac Coverage subsection o Updated Wound Vac Supplies subsection • Under Non-Covered Items, added Wheelchair Accessories subsection
04-01-09	3	6-8, 26, 31, 39, 42	Updated hyperlinks
04-01-09	4	1	Added note to Price column statement
04-01-09	5	11	Updated telephone number for Lexington County office

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Date	Section(s)	Page(s)	Change
03-01-09	2	4, 16	Updated hyperlinks
03-01-09	4	39	Added units for E0705 NU, LL, UE
03-01-09	5	3, 4 8 5, 11-13	<ul style="list-style-type: none"> • Updated hyperlinks • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
03-01-09	Forms	-	Added Meghan Loskill to the South Carolina Department of Durable Medical Equipment Program Coordinators
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	2	39	Updated last paragraph of Oxygen section
02-01-09	4	18 33 35 72 131 132	<ul style="list-style-type: none"> • Updated units for A7003 and A7004 • Added codes E0443 and E0444 • Deleted E0483 – NU and E0483 – UE • Updated units and frequency for K0001, K0003, and K0004 • Added ** to MCMN for S1040 • Updated units and frequency for S9001
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

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Date	Section(s)	Page(s)	Change
01-01-09	4	2 18 72 - 73	<ul style="list-style-type: none"> • Deleted A4245 • Updated A7003, A7004 • Deleted some information for K002, K003, K004, K005, K006, K007, K009
01-01-09	5	11	Updated Lee County office address
01-01-09	Forms	-	Updated Program Coordinators contact sheet
12-01-08	2	16	Revised 25% to 22% and 90% to 87%
12-01-08	4	-	Updated fees throughout table
12-01-08	Forms	-	Revised form DME 001
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	2	23, 24, 26	Updated rates and reimbursements
11-01-08	2	14	Revised verbiage in Prior Approval section.
11-01-08	3	29, 31	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	4	-	Updated schedule for the following codes: T4524, T4523, T4522, T4521, T4533, T4528, T4527, T4526, T4525, T4534, T4535, T4530, T4529, T5999, A4554
11-01-08	Forms	-	<ul style="list-style-type: none"> • Added the listing of DME Program Coordinators • Updated CMN forms
10-01-08	3	33	Changed ECF field 1 to Prov/Xwalk ID
10-01-08	4	-	Updated section from bulletin dated September 10, 2008
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	-	<ul style="list-style-type: none"> • Revised ECF example to show update for field

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Date	Section(s)	Page(s)	Change
			<ul style="list-style-type: none"> 1 • Deleted DME Program Coordinators Form and Map
10-01-08	Appendix 1	-	Updated edit codes 007, 059, 112, 219, 308, 339, 386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952
09-01-08	5	6	Updated phone number for Berkeley County office
09-01-08	5	10	Updated phone number for Kershaw County office
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	2	40 40	<ul style="list-style-type: none"> • Deleted code B4086 • Added codes B4087 and B4088
07-01-08	4	-	Updated section from bulletin dated May 28, 2008
07-01-08	5	11	Deleted PO Box for Lancaster County
07-01-08	Forms	-	Updated instructions on reverse side on form DME 001
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	3	8, 15, 16, 18, 19, 31	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	Form	-	<ul style="list-style-type: none"> • Deleted sample claim form showing NPI and Medicaid Provider ID • Updated DHHS Form 214 to reflect May 23, 2008, deadline requiring NPI only

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Date	Section(s)	Page(s)	Change
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	4	29	Updated modifier for procedure code E0168
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
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 form from Section 5 to Forms section • Updated field numbers for occurrence codes on UB-04 • Replaced sample ADA form with more attractive version
03-01-08	1	3-5 7	<ul style="list-style-type: none"> • Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information. • Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable
03-01-08	3	9-19 All	<ul style="list-style-type: none"> • Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number). • Standardized formatting

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Date	Section(s)	Page(s)	Change
03-01-08	4	40	Removed edit codes E0636 and E0639
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08	Appendix 1	59 70	<ul style="list-style-type: none"> • Added edit code 808 • Revised edit code 943 description and status (from warning to active)
03-01-08	TPL Supplement	9 21-22	<ul style="list-style-type: none"> • Added information on carrier code “CAS” for open casualty cases • Replaced Form 931 samples with new versions
02-01-08	3	11 35, 38 51	<ul style="list-style-type: none"> • Corrected instructions for field 10b • Standardized references to six-character legacy provider number • Corrected mailing address for refunds
02-01-08	5	1	Removed “including Partners for Health” from first paragraph
02-01-08	Forms	-	Corrected mailing address for Medicaid Refunds Form 205
01-01-08	5	10	Updated address Lancaster County office
01-01-08	Managed Care Supplement	1 3	<ul style="list-style-type: none"> • Removed PhyTrust from the list of MHNs • Added Carolina Crescent to the list of MCOs
12-01-07	4	164	Updated procedure code T5999
12-01-07	5	8, 10, 12	<ul style="list-style-type: none"> • Updated addresses for Edgefield, Lancaster and Oconee County offices • Updated zip code for Kershaw County
12-01-07	Forms	-	Updated chart and map for DME Program Coordinators
11-01-07	4	141 159, 165	<ul style="list-style-type: none"> • Corrected Mo/Yr column for procedure code L5685 • Updated reimbursements S5160, X1939, and X9202 in accordance with Medicaid Bulletins dated September 24, 2007

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Date	Section(s)	Page(s)	Change
11-01-07	5	9, 10 10	<ul style="list-style-type: none"> • Updated telephone numbers for Florence and Kershaw counties • Updated Horry County address to 1601 11th Ave., 1st Floor
11-01-07	Appendix 1	All	<ul style="list-style-type: none"> • Corrected ECF field numbers throughout edit resolution instructions • Added new edit code 107
11-01-07	Appendix 2	All	Updated list of carrier codes
10-01-07	1	1-2 3 4 12 15 25	<ul style="list-style-type: none"> • Removed PEP information • Added information about managed care enrollment broker and Managed Care Supplement • Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). • Clarified that “days” refers to business days • Clarified which sections of manual may contain PA information • Expanded provider list under Program Integrity
10-01-07	2	26, 27	Removed PEP information from Managed Care section
10-01-07	3	13, 51	<ul style="list-style-type: none"> • Removed PEP information • Added 90-day time limit for reversing refunds
10-01-07	4	39, 44, 141	<ul style="list-style-type: none"> • Updated procedure codes for E0618, E0781, E0784, L5685
10-01-07	Appendix 1	26 38-40, 43, 70	<ul style="list-style-type: none"> • Corrected description for edit code 502 • Added NPI warning edits 578-583, 692, 943
10-01-07	-	-	Added Managed Care Supplement
10-01-07	TPL Supplement	15-17	<ul style="list-style-type: none"> • Added 90-day time limit for reversing refunds • Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare

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Date	Section(s)	Page(s)	Change
09-01-07	4	25-26, 38, 48-49, 72-73	Updated procedure codes for E0110, E0112, E0114, E0562, E0960, E2375
08-01-07	4	4, 28, 159, 164	Corrected procedure codes for A4349, E0155, S1040, and T4521-T4533
07-01-07	1	All	Revised policies and procedures throughout section
07-01-07	4	-	Updated procedure code descriptions, pricing, and requirements in accordance with Medicaid Bulletin dated June 14, 2007.
07-01-07	Forms	-	Updated DHHS Form 205
07-01-07	Appendix 2	-	Updated list of carrier codes
06-01-07	Appendix 1	All	Updated list of edit codes
06-01-07	TPL Supplement	All	<ul style="list-style-type: none"> • Updated all sample forms and claims with new versions • Updated form completion instructions to match new form versions
06-01-07	2	All	Changed references to location of forms from “Section 5” to “Forms section”
06-01-07	3	-	Removed Time Restricted Supplement
06-01-07	3	All	<ul style="list-style-type: none"> • Updated form completion instructions for new CMS-1500 and Form 130 versions • Updated ECF and RA descriptions • Added information about National Provider Identifier • Replaced Reference to Forms 110 and 120 with Form 115 • Clarified retroactive eligibility policy • Updated ECF correction instructions • Added CPT and HCPCS ordering information • Made minor editorial changes throughout section
06-01-07	Forms		<ul style="list-style-type: none"> • Updated DHHS forms to add National Provider

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Date	Section(s)	Page(s)	Change
			Identifier field <ul style="list-style-type: none"> • Updated sample claims to new CMS-1500 version • Updated ECF and remits to new versions • Updated Justification for Home Uterine Activity Monitor/Supplies (HUAM) for Subcutaneous Tocolytic Therapy • Updated Certificate of Repair and Labor Cost and assigned it new form number DME 008
06-01-07	5	3-4 6-8 12 -	<ul style="list-style-type: none"> • Revised “Procurement of Forms” to address new CMS-1500 version and updated vendor information • Added toll-free number for Berkeley, Charleston, and Darlington county offices • Updated phone number for Oconee County • Split forms and exhibits from Section 5 to create separate Forms section
05-01-07	4	36, 56-57, 64, 78-79, 88-89, 121	<ul style="list-style-type: none"> • Reinserted procedure code E0445 • Added correct pricing for procedure codes K0738, E1232-E1237, E2601-E2605, and E2291-E2294 • Inserted new procedure code K0733 • Removed procedure codes K0090-K0098 • Updated units for procedure code L2750
05-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	2	13 & 14	Changed address for SCDHHS Department of Durable Equipment to 12 th floor
04-01-07	4	88 & 89	Corrected modifiers for procedure codes K0108 and K0738
04-01-07	5	8	<ul style="list-style-type: none"> • Updated phone number for Darlington county office • Corrected instructions on back of MCMN for Orthotics, Prosthetics, and Diabetic Shoes (DME 004)
04-01-07	Appendix 1	-	Updated list of edit codes

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Date	Section(s)	Page(s)	Change
04-01-07	Appendix 2	-	Updated list of carrier codes
04-01-07	Time Restricted Supplement	-	Updated date for mandatory use of revised CMS-1500
03-02-07	4	All	Updated procedure codes and reimbursements in accordance with Medicaid Bulletin dated March 2, 2007.
03-01-07	5	6	Updated Barnwell county office address
03-01-07	Time Restricted Supplement	All	Removed all references to NDC quantity and unit
03-01-07	Appendix 1	-	Updated list of carrier codes
02-01-07	TPL Supplement	31-32	Updated ECF Samples to show third payer line
02-01-07	5	Exhibits	Updated three Medicaid Certificate of Medical Necessity forms (DME 005, 006, and 007).
01-22-07	2	40-50	Updated Power Wheelchair guidelines in accordance with Medicaid Bulletin dated December 18, 2006
01-22-07	4	-	Updated procedure code descriptions, pricing, and requirements in accordance with Medicaid Bulletins dated December 18, 2006 and January 8, 2007.
01-22-07	5	Forms	Updated MCMNs in accordance with Medicaid Bulletin dated December 18, 2006
01-01-07	3	-	Added Time Restricted Supplement
01-01-07	5	-	Added line "03" to sample ECF for the third payer declaration
01-01-07	Appendix 1	9, 14	Added Edit Codes 202, 203, 204, 301
01-01-07	Appendix 2	-	Updated list of carrier codes

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Date	Section(s)	Page(s)	Change
12-01-06	4	84	Removed procedure code K0800
12-01-06	4	83	Reinserted procedure code K0108
12-01-06	3	32-33	Added descriptions for fields 13 and 14 of ECF
11-01-06	5	-	Updated county office addresses
10-12-06	2, 4, 5	-	Updated policies, procedure codes, and Medicaid Certificates of Medical Necessity in accordance with Medicaid Bulletin dated October 6, 2006.
10-01-06	5	-	Updated county office addresses
10-01-06	Appendix 2	-	Updated list of carrier codes
09-01-06	5	-	Updated county office addresses
09-01-06	Appendix 1	10,11,13 15,17,18 22, 23, 24 26, 27, 28 29, 30, 31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50 52, 58, 60 61, 62, 63 66, 67	<ul style="list-style-type: none"> • Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949 • Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749 • Updated resolutions for edit codes 761, 764, 765 768, 769, 771, 772, 773, 774 • Added new edit codes 518, 724 • Deleted edit code 777
08-01-06	4	127, 138-139	Added correct pricing for procedure codes L5856, L5858, L6965, L6970, L6975, and L7180
08-01-06	-	-	Added TPL Supplement
08-01-06	5	-	Updated Reasonable Effort Documentation form
07-01-06	Appendix 1	23, 60, 61	Updated resolutions for edit codes 504, 923, 940
07-01-06	Appendix 2	-	Updated list of carrier codes
07-01-06	2	14, 16, 17-20	Updated waiver information

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Date	Section(s)	Page(s)	Change
05-08-06	4	89-92	Added Modifier column with "00" to codes L09491 through L0640
05-01-06	Appendix 1	52	Updated resolution for edit code 852
03-22-06	Appendix 1	43	Updated resolution for edit code 735
03-22-06	Appendix 2	-	Updated list of carrier codes
03-22-06	2 3 4	5, 8, 36-9 20 All	Updated in accordance with Medicaid Bulletin dated March 22, 2006.
03-01-06	Appendix 1	60	Changed resolution for edit code 925
02-01-06	Appendix 1	41	Changed resolution for edit code 721
01-01-06	5	-	Updated Authorization Agreement for Electronic Funds Transfer
01-01-06	1	4 & 5	Removed SILVERxCARD sample and program description
01-01-06	Appendix 2	-	Updated list of carrier codes
01-01-06	Appendix 1	67	Added edit code 935
12-01-05	Appendix 1	70	Added edit code 949
11-01-05	1	6, 7	Removed "HIPAA" from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
11-01-05	3	6	Changed verb tense under Procedural Coding and Diagnostic Codes
11-01-05	3	14	Removed requirement for entering whole numbers for day or units in field 24G
11-01-05	3	25, 40	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05	3	24	Changed Web site from www.scdhshippaa.org to

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Date	Section(s)	Page(s)	Change
			www.scmecicaidprovider.org
11-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	2	1-5, 31-34	Revised MCMN requirements to reflect Medicaid Bulletin dated September 30, 2005; added information on wheelchair accessories and options
10-01-05	4	All	Revised code descriptions, pricing, modifiers, etc. to reflect Medicaid Bulletin dated September 30, 2005.
10-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	Appendices	-	Made each appendix a separate file; moved Change Control Record out of appendices to a separate file
09-01-05	Appendix 2	All	Updated lists of carrier codes
09-01-05	Appendix 1	38 & 64	Added edit codes 577 and 900
08-01-05	Appendix 1	A1-62	Added edit code 868
07-01-05	4	-	Made corrections to procedure codes A4216, A4230, E0242, E0940, E2620, E2621, E8000, E8001, E8002, S9537, and X1922
07-01-05	3	2, 10, 11, 25, 36, 37	<ul style="list-style-type: none"> • Added description of new Web Tool features • Removed instruction to attach EOB to paper claims • Change MIVS zip code to 29211-9804 (from 29201)
07-01-05	Appendix 2	All	Updated lists of carrier codes
03-03-05	2, 3, 4 & Appendices	All	Update section(s) of manual to reflect “updated” date 2-14-05 in header and cover of DME manual. New codes were added to Section 4 and new edit codes were added to appendices.
03-01-05	5	-	New versions of forms: Health Insurance Information Referral Form, Confidential Complaint, Reasonable Effort Documentation, and Sample Remittance Advice

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Date	Section(s)	Page(s)	Change
03-01-05	5	-	Added DHHS Form 130.
03-01-05	5	-	Changed area codes for Saluda and Union county DHHS offices.
03-01-05	3	-	Added information about claim-level adjustments process and Form 130.
02-11-05	5	4	Updated manual ordering information under Web Address header.
01-25-05	5	5, 8	Updated addresses for Allendale and Hampton county offices.
01-05-05	5	17-18	Replaced DME Form 001 (MCMN for Equipment and Supplies) with new version.
12-16-04	Appendix 2	All	Added four pages to list of carrier codes.
12-16-04	Appendix 1	71	Deleted the phrase “to your program manager” from criterion #1 of the resolution for edit code 977.
12-08-04	5	Exhibits	Replaced Authorization Agreement for Electronic Funds Transfer with 11/04 version.
12-08-04	1	All	Changed “Division of Accountability and Collections” to “Division of Third Party Liability.”
12-08-04	1	21	Added TPL phone number.
12-03-04	1	5	Changed SILVERxCARD Benefit Questions phone number to 1-800-834-2680.
12-03-04	5	Exhibits	Updated all four Medicaid Certificate of Medical Necessity forms (DME 001, 004, 005, and 006) to 12/01/04 versions.
12-03-04	5	5-11	Replaced DHHS County Offices contact list.