

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------------------------|---------------|--|
| 03-20-24 | Admin & Billing Manual | Various Pages | “Remittance advice is accessible for three years after payment date via Web Tool” was added to the following sections: South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool), Trading Partner Agreement, Duplicate Remittance Advice and Remittance Advice sections. |
| 02-13-24 | Appendix 2 | | Updated Carrier Codes (effective 1-1-24) |
| 01-01-24 | 1 Admin. & Billing Manual | 5 | Added language to clarify that providers delivering services via telehealth may not be subject to the SCMSA location requirement. |
| 01-01-24 | 1 Admin. & Billing Manual | 7 | Updated the definition of Medical necessity to align with State Law and regulations. |
| 01-01-24 | 1 Admin. & Billing Manual | 24-31 | Updated Health records retention policy from five (5) years to four (4) years from the last payment date, with exception of nursing homes and hospitals that must retain such records for six (6) years. Updated health record documentation policy related to signature, date, and progress notes requirements. |
| 01-01-24 | 1 Admin. & Billing Manual | 32 | Removed the examples of beneficiary information protected under HIPAA in the Safeguarding Beneficiary Information section. |
| 01-01-24 | 1 Admin. & Billing Manual | 39 | Removed the 3 years limitations for claims filing timeline for members with retroactive eligibility. |
| 01-01-24 | 1 Admin. & Billing Manual | 49 | Added language to clarify that the claims reconsideration process must be exhausted before a provider requests an administrative hearing. |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|--------------------------------------|---------|---|
| 10-17-23 | Appendix 2 | | <ul style="list-style-type: none"> Updated Carrier Codes |
| 10-01-23 | 2 – Covered Populations | 10 | <ul style="list-style-type: none"> Updated language in reference to Medicaid Hospice Services |
| 10-01-23 | 3 – Eligible Providers | 11 | <ul style="list-style-type: none"> Added language for pharmacists as providers, Pharmacy Access Act |
| 10-01-23 | 3 – Eligible Providers | 12 | <ul style="list-style-type: none"> Added language for pharmacy requirements in responding to surveys or information requests on behalf of HHS. |
| 10-01-23 | 4 – Covered Services and Definitions | 14 | <ul style="list-style-type: none"> Remove statement referring Pharmacy providers to Provider Administrative and Billing Manual but added to refer pharmacy providers to the PBA's pharmacy point of sale manual. |
| 10-01-23 | 4 – Covered Services and Definitions | 14 | <ul style="list-style-type: none"> Update paragraph for coverage of continuous glucose monitors. |
| 10-01-23 | 4 – Covered Services and Definitions | 14 | <ul style="list-style-type: none"> Add statement of immunizations covered under the pharmacy benefit. |
| 10-01-23 | 4 – Covered Services and Definitions | 15 | <ul style="list-style-type: none"> Remove statement of immunizing agents not covered under pharmacy benefit. |
| 10-01-23 | 5 – Utilization Management | 21 | <ul style="list-style-type: none"> Remove hospice related language under other prior authorization protocols |
| 10-01-23 | 5 – Utilization Management | 21 | <ul style="list-style-type: none"> Remove 'by mail' as prescriber PA request option for Magellan. |
| 10-01-23 | 8 – Billing Guidance | 38 | <ul style="list-style-type: none"> Remove language on Makena as it is no longer on the market. |
| 07-01-23 | Appendix 2 | | <ul style="list-style-type: none"> Updated Carrier Codes |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------------------------|-----------------|--|
| 05-11-23 | Admin. and Billing manual | 7 10, 11 | <ul style="list-style-type: none"> Added to Provider Enrollment requirements that providers must “Be located within the South Carolina Medical Service Area (SCMSA), which is defined as the State of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina State border as detailed in South Carolina Code of Laws, Section 44-6-110.” <p>Added section related to clinical trials.</p> |
| 05-11-23 | Appendix 3 | 1,2 | Added language referencing ARPA requirements around COVID-19 copayments |
| 05-01-23 | Appendix 2 | | Updated Carrier Codes |
| 03-01-23 | 2 | 9 | Removed all language in reference to waiver programs as the information is no longer pertinent to the existing manual. |
| 03-01-23 | 4 | 15 | Hemophilia Factor has been moved from a non-covered, to a covered service. |
| 01-01-23 | Appendix 2 | | Updated Carrier Codes |
| 10-01-22 | Appendix 2 | | Updated Carrier Codes |
| 08-01-22 | Appendix 2 | | Updated Carrier Codes |
| 05-26-22 | 2 | 10 | Clarification on Family Planning (FP) definition was made. |
| 05-01-22 | Appendix 2 | | Updated Carrier Codes |
| 02-01-22 | Admin. & Billing Manual | 23 | Added the following paragraph: “When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided.” |
| 01-01-22 | Appendix 2 | | Updated Carrier Codes |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---------|--|
| 01-01-22 | TPL | 3 | Under “Cost Avoidance vs. Pay & Chase”, Medicaid no longer covers Pay & Chase for prenatal claims and claims related to child enforcement policies; therefore, this information was removed. |
| 01-01-22 | Admin. & Billing Manual | 31 | Under “Health Insurance”, Maternal Health was deleted and (after 100 days) was added. |
| 11-01-21 | Appendix 2 | | Updated Carrier Codes |
| 10-01-21 | Appendix 1 | | Added Edit Codes 607 & 608 to the Appendix |
| 09-01-21 | Forms | | The Electronic Funds Transfer (EFT) was removed. |
| 08-01-21 | Appendix 2 | | Updated Carried Codes that were effective 6-1-21. |
| 07-01-21 | Manual Homepage | | Updated Managed Care Supplement |
| 07-01-21 | Admin. & Billing Manual | 50,51 | Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS. |
| 04-20-21 | Appendix 2 | | Updated Carrier Codes |
| 01-21-21 | Appendix 2 | | Updated Carrier Codes |
| 11-1-20 | Appendix 2 | | Updated Carrier Codes |
| 10-15-20 | | 5 | Updated policy language in the Provider Administrative and Billing Manual regarding “Claims for Medicaid Reimbursement.” |
| 9-18-20 | | | Updated the TPL supplement document |
| 9-18-20 | | 25 | Provider Administrative & Billing Manual. Updated the “Disclosure of Information by Provider” |
| 07-15-20 | Appendix 1 | | Added new edits 291 and 791. |
| 06-30-20 | Appendix 2 | | Updated Carrier Codes |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|----------|--|
| 05-01-20 | Appendix 2 | | Updated Carrier Codes |
| 05-01-20 | | | A link was added to the homepage of each individual manual to access “Co-Payments.” |
| 03-30-20 | | | As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks. |
| 10-31-19 | Appendix 1 | 62 | Added new edit code 882 |
| 08-29-19 | Appendix 2 | | Updated Carrier Codes. A link was added to each guide’s homepage to access the carrier codes. |
| 08-23-19 | Appendix 1 | 66 | Updated resolution for edit code 901 |
| 08-14-19 | | | For consistency with CMS State regulations, any reference to the word “guides” has been replaced with “manuals.” |
| 08-01-19 | Forms | | Uploaded New Electronic Funds Transfer (EFT) Form |
| 07-02-19 | Appendix 1 | 33 | Updated CARC for edit code 636 |
| 07-02-19 | Forms | - | Updated EFT form |
| 07-01-19 | 1,3,5 | | Replaced with New Provider Administrative and Billing Guide |
| 07-01-19 | Appendix 1 | 55,61,66 | Added new edit 870. Update edit codes 839 and 901 |
| 04-01-19 | 1 | 35 | Updated Prepayment Reviews |
| 11-01-18 | 3 | 10 | • Deleted Monthly Prescription Limit Override Procedures |
| | | 11 | • Updated Pharmacy Claims for Dually Eligible Medicare Part B-Covered Beneficiaries |
| 11-01-18 | Forms | - | Updated Claim Reconsideration Form |
| 08-06-18 | 1 | 25 | Updated Premium Payment Project |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|------------------|---|
| 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 | 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 |
| 02-01-18 | Forms | - | Updated Health Insurance Information Referral Form (DHHS Form 931) |
| 12-01-17 | Forms | - | Updated Claim Reconsideration Form |
| 11-01-17 | 2 | 5, 7 41 42 | <ul style="list-style-type: none"> Updated the following sections: <ul style="list-style-type: none"> General Exclusions Payment Methodology Information Copayment |
| 09-01-17 | Change Control Record | 3 | Updated entry for Prior Authorization Request - Antipsychotics (Children \leq 6 Years) |
| 09-01-17 | Forms | - | <ul style="list-style-type: none"> Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms Updated revisions dates on the Table of Contents for: <ul style="list-style-type: none"> Growth Hormone Prior Authorization Request – Adult Treatment Growth Hormone Prior Authorization Request – Pediatric Treatment Prior Authorization Request - Antipsychotics (Children \leq 6 Years) Prior Authorization Request – Hepatitis B |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------|---|--|
| 07-01-17 | 2 | 23 23-24 24 31 31 43 49 50 50-51 51 54 57-58 66 66 | <ul style="list-style-type: none"> Updated the following sections: <ul style="list-style-type: none"> Medicaid Coverage of Tobacco Cessation Products Long-Term Care Beneficiaries Deductions for Non-Covered Medical Expenses Eligibility Prescription Limit Copayment Waiver Programs Operated by Division of Community Long Term Care South Carolina Dept. of Disabilities and Special Needs Waiver Programs Family Planning Tuberculosis (TB) Program Reimbursement Guidelines for Influenza, Rabies, and Pneumococcal Vaccines Medicaid Coverage Of OTC Pharmaceuticals Quantity of Medication Deleted Appropriate Utilization of Monthly Prescription Limit Override Process |
| 06-01-17 | Forms | - | Updated Claim Reconsideration Form |
| 03-01-17 | Forms | - | Updated Claim Reconsideration Form |
| 12-01-16 | Forms | - | Updated Claim Reconsideration Form |
| 10-01-16 | 1 | 5-6 | Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section |
| 10-01-16 | 2 | 48 56-57 57 | Updated the following sections: <ul style="list-style-type: none"> Copayment Family Planning Tuberculosis (TB) Program |
| 10-01-16 | 3 | 14 16-17 | Updated the following sections: <ul style="list-style-type: none"> Copayment Claims Submission for Family Planning Beneficiaries |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|-------------------------|--|
| 10-01-16 | 4 | 3 | Updated NCPDP error code 65 |
| 08-01-16 | 1 | 2, 4, 5, 24, 27 | Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards |
| 06-01-16 | 2 | 9 | Updated Prior Authorization |
| 06-01-16 | 5 | - 1 3 | <ul style="list-style-type: none"> Updated hyperlinks throughout section Updated Administration section Updated Procurement of Forms section |
| 06-01-16 | Appendix 1 | 44 3, 14, 29, 30, 63 | Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958 |
| 04-01-16 | Managed Care Supplement | 18-19 | Replaced sample MCO cards |
| 02-01-16 | 1 | - | Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: <ul style="list-style-type: none"> South Carolina Medicaid Program <ul style="list-style-type: none"> Program Description SC Healthy Connections Medicaid Card(s) Records/Documentation Requirements <ul style="list-style-type: none"> General Information Signature Policy Medicaid Program Integrity <ul style="list-style-type: none"> Program Integrity Appeals |
| 02-01-16 | 2 | 7 | Updated General Exclusions |
| 01-01-16 | 1 | 19 | Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits |
| 01-01-16 | 3 | 1 5 | Revised Billing Media Information Revised Submission of Claims |
| 01-01-16 | Forms | - | Added Sample Universal Claim Form |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------|-----------------------------|---|
| 12-01-15 | Cover | - | Replaced manual cover |
| 12-01-15 | Forms | - | Changed the name of Antipsychotic PA form |
| 10-01-15 | 1 | 7 10 | Updated to add SCDHHS alerts Updated Provider Participation |
| 10-01-15 | Forms | | Revised the following forms to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> • Prior Authorization Request • Growth Hormone Prior Authorization Request – Adult Treatment • Growth Hormone Prior Authorization Request – Pediatric Treatment • Prior Authorization Request - Antipsychotics (Children ≤ 6 Years) • Prior Authorization Request – Hepatitis B |
| 09-01-15 | 2 | 57 | Added ICD-10-CM language to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System |
| 09-01-15 | 3 | 16-17 29 | <ul style="list-style-type: none"> • Updated Claims Submission for Healthy Connections Checkup Beneficiaries to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System: • Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Web Tool) Enhancement SC Medicaid Web-based Claims Submission Tool |
| 07-01-15 | 2 | 23-24 34 48 57 | <ul style="list-style-type: none"> • Updated the following sections: <ul style="list-style-type: none"> ◦ Medicaid Coverage of Tobacco Cessation Products ◦ Prescription Limit ◦ Copayment • Added Tuberculosis (TB) Program |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|-------------------------|---|
| 07-01-15 | 3 | 14 | Updated Copayment section to reflect Medicaid Bulletin dated May 26, 2015 – Pharmacy Co-Payments Waiver |
| 07-01-15 | Appendix 3 | 1-2 | Updated Copayment Schedule |
| 03-13-15 | 3 | 30 | Updated Web-Based Application |
| 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 | 1-3 26-27 | Added the following policies: <ul style="list-style-type: none"> • Copayment • Claim Reconsideration |
| 12-01-14 | Forms | | Added Claim Reconsideration form |
| 12-01-14 | Appendix 3 | 1-2 | Added to manual |
| 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 | 2 | 75 | Updated Refills policy |
| 10-01-14 | 1 | 33-34 | Updated Medicaid Beneficiary Lock-In Program |
| 10-01-14 | 2 | 2 | Updated General Exclusions to revise anti-hemophilia factor policy |
| 10-01-14 | Appendix 1 | 3, 31, 36, 48-49, 61 46 | <ul style="list-style-type: none"> • Updated edit code 079, 637, 719, 820, 821, 908, 909 • Added new edit code 790 |
| 09-03-14 | 2 | i, 56-57 | Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------|---------------------------|---|
| 09-03-14 | 3 | i, 12, 14 | Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup |
| 09-03-14 | 4 | 3 | Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup |
| 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 | 2 | 54 62 | Updated the following sections: <ul style="list-style-type: none"> • CMS’s Contingency Plan for Dual Eligibles • Pharmacy Services and Third Party Liability TPL |
| 08-01-14 | 3 | 15 | Updated Claims Submission for Certain Physician-Injectable Products |
| 08-01-14 | 5 | 1 2 3 6 | Updated the following sections: <ul style="list-style-type: none"> • Correspondence and Inquiries • Beneficiary Eligibility • Provider Enrollment Changes/Updates • Refunds • Program Manuals and Bulletins • Universal Claim Form |
| 08-01-14 | Forms | - | Added DHHS Form 205 |
| 07-09-14 | 2 | 5-6 | <ul style="list-style-type: none"> • Updated General Exclusion |
| 07-01-14 | 2 | 5 11 53 55 58 | <ul style="list-style-type: none"> • Updated the following sections: <ul style="list-style-type: none"> • General Exclusion • Prior Authorization • Medicaid and Certain PDP-Excluded Drug Categories • South Carolina Dept. of Disabilities and Special Needs Waiver Programs • Claims Submission for Certain Physician-Injectable Products |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------------------------|---|--|
| 05-01-14 | General Table of Contents | 1 | Removed DHHS county office listing |
| 05-01-14 | 2 | 63 | Updated Pharmacy Services and Third Party Liability language to refer providers to the Form section for HIIRF |
| 05-01-14 | 3 | 26 | Updated Claims Reversals to correct timely filing typo |
| 05-01-14 | 5 | 1 7 | <ul style="list-style-type: none"> Replaced reference to county office listing with the Where To Go for Help web address Removed DHHS county office listing |
| 04-01-14 | Change Control Record | 2 | Deleted CMS-1500 changes from January 1, 2014 for sections 3 and Forms |
| 04-01-14 | 1 | 6, 23, 25 29-31 32 33 37 39 41-44 | <ul style="list-style-type: none"> Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form Updated the following sections: <ul style="list-style-type: none"> Program Integrity Recovery Audit Contractor Beneficiary Oversight Fraud Referrals to the Medicaid Fraud Control Unit Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) |
| 04-01-14 | 3 | 1-27 25 26-27 | <ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form Updated Web-based Application Updated Sample Remittance Advice |
| 04-01-14 | 5 | 12 | Updated Horry County address |
| 04-01-14 | Forms | | <ul style="list-style-type: none"> Duplicate Remittance Advice Request form |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|---|--|
| 04-01-14 | TPL Supplement | 5 6-8 9-10 10-11 13-14 15-16 22-23 30-31 | <ul style="list-style-type: none"> Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form: <ul style="list-style-type: none"> Timely Filing Requirements Reasonable Effort Nursing Facility Claims Professional, Institutional, and Dental Claims Rejected Claims Recovery Sample Forms – Reasonable Effort Sample Forms – ECF (deleted) |
| 03-01-14 | 2 | 57 | Updated Family Planning |
| 02-01-14 | Cover | - | January 1, 2014 - Replaced manual cover |
| 02-01-14 | 5 | 11 | Updated Florence County office telephone number |
| 01-01-14 | 1 | 1, 2, 11 6, 23, 25 1-2 4 6 26 29-30 32 32 | <p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> Managed Care Organizational Changes dated November 15, 2013 Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 <p>Updated the following sections:</p> <ul style="list-style-type: none"> Eligibility Determination South Carolina Health Connections Medicaid card South Carolina Web-based Claims Submissions Tool Retroactive Eligibility Program Integrity Recovery Audit Contractor Beneficiary Explanation of Medical Benefits Program |
| 01-01-14 | 3 | - | <p>Updated entire section to reflect the following bulletins:</p> <ul style="list-style-type: none"> Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 Managed Care Organizational Changes dated November 15, 2013 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|--------------------------------|---|
| 01-01-14 | 5 | 1 3-4 | Updated the following sections <ul style="list-style-type: none"> Correspondence and Inquiries Procurement of Forms |
| 01-01-14 | Forms | | <ul style="list-style-type: none"> Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms |
| 01-01-14 | Managed Care Supplement | | Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013 |
| 01-01-14 | TPL Supplement | | <ul style="list-style-type: none"> Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 |
| 12-20-13 | 2 | 57-58 | Updated Claims Submission for Certain Physician-Injectable Products to include Makena™, 17 Alpha Hydroxyprogesterone Caproate |
| 12-20-13 | 3 | 15 | Updated Claims Submission for Certain Physician-Injectable Products to include Makena™, 17 Alpha Hydroxyprogesterone Caproate |
| 12-01-13 | 5 | 14 | Updated Orangeburg mailing address zip codes |
| 11-01-13 | 5 | 16 | Updated York County mailing address |
| 11-01-13 | MC Supplement | 18 | Replaced BlueChoice MCO Medicaid card |
| 10-01-13 | 5 | 14 16 | <ul style="list-style-type: none"> Updated Orangeburg office and mailing address Updated York County office address |
| 10-01-13 | Appendix 1 | - 5, 39 69 37, 42, 44 | <ul style="list-style-type: none"> Updated CARCs/RARCs throughout section Added edit codes 110 and 725 Deleted edit code 961 Revised edit codes 720, 749, 750, 758, and 759 |
| 10-01-13 | MC Supplement | 20 | <ul style="list-style-type: none"> Added WellCare MCO Medicaid card and contact information |
| 09-01-13 | 5 | 10 13 | <ul style="list-style-type: none"> Updated Darlington County zip code Updated Laurens County phone number |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------|--------------------------------------|--|
| | | 16 | <ul style="list-style-type: none"> Updated York County office address |
| 08-01-13 | 2 | 54 | <ul style="list-style-type: none"> Updated Family Planning Services |
| 08-01-13 | 3 | 7 15 | Updated the following language: <ul style="list-style-type: none"> “Brand Medically Necessary” Designation Claim Submission for Certain Physician-Injectable Products |
| 08-01-13 | 5 | 16 | <ul style="list-style-type: none"> Updated York County physical address |
| 07-01-13 | 2 | 53 54 | <ul style="list-style-type: none"> Updated Waiver Programs Operated by Division of Community Long Term Care language Updated South Carolina Dept. of Disabilities and Special Needs Waiver Program language |
| 07-01-13 | 3 | 15 | Revised language to include Abilify Maintena |
| 07-01-13 | 5 | 10 14 | <ul style="list-style-type: none"> Updated Colleton County office telephone number Deleted Newberry County PO Box address |
| 06-01-13 | 5 | 14 | <ul style="list-style-type: none"> Updated Richland county office telephone number |
| 05-01-13 | 2 | 12 5, 6, 12, 57 53 54 55 | <ul style="list-style-type: none"> Updated Exceptions language Revised language to include Abilify Maintena Updated Waiver Programs Operated By Division of Community Long Term Care language Updated South Carolina Dept. of Disabilities Special Needs Wavier Programs language Updated Family Planning Services language |
| 05-01-13 | 3 | 1 14 14, 15 15 | <ul style="list-style-type: none"> Updated Billing Media Information Revised heading to Claims Submission for Family Planning Beneficiaries Changed reference of FPW to Family Planning Revised language to include Abilify Maintena |
| 05-01-13 | 4 | 3 | Updated Possible Reasons For Encountering Error Code |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|--|---|
| 04-01-13 | 1 | 6 | Corrected the URL for MedicaidLearning.com |
| 03-01-13 | 2 | 5, 6, 12 | Revised language to include <u>Depo Provera</u> |
| 03-01-13 | 3 | 3 | Updated Magellan mailing address for cartridges and diskettes |
| 03-01-13 | 5 | 14 | Deleted Jasper County PO Box address |
| 03-01-13 | Appendix 1 | i 2, 38, 70 38, 54, 70 | Deleted Change Log Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953 Updated resolutions for edit codes 714, 851, and 953 |
| 03-01-13 | Managed Care Supplement | 7 | Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations |
| 02-01-13 | 1 | 18 | Updated URL address for the National Correct Coding Initiative (NCCI) |
| 01-01-13 | 5 | 9 12 | <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 | 20-21 | <ul style="list-style-type: none"> Updated Electronic Funds Transfer (EFT) |
| 12-01-12 | 5 | 5 | <ul style="list-style-type: none"> Updated URL for provider information |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|---|---|
| | | 13 | <ul style="list-style-type: none"> Updated McCormick county office telephone number |
| 12-01-12 | Appendix 1 | 24, 26, 27, 32, 33 19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61, | <ul style="list-style-type: none"> Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926 |
| 12-01-12 | TPL Supplement | 8, 9, 17 | Updated web addresses for provider information and provider training |
| 11-01-12 | 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 |
| 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 | 56, 57 | Updated program area contact information to reflect Medicaid Bulletin dated June 29 |
| 08-01-12 | 3 | 20 | Updated hyperlink |
| 08-01-12 | 5 | 1 5 7 | <ul style="list-style-type: none"> Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 Removed fax request information for SCDHHS forms Added SCDHHS forms online order information Updated telephone number for Greenville county office |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|--|
| 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 |
| 04-01-12 | 1 | 4 | Replaced South Carolina Healthy Connections card |
| 04-01-12 | 2 | 24 47 | <ul style="list-style-type: none"> Updated Medicaid Coverage of Tobacco Cessation Products Updated Copayment |
| 04-01-12 | 3 | 3 16 | <ul style="list-style-type: none"> Updated Submission of Claims Updated Multi-ingredient Compound Claims |
| 04-01-12 | 5 | 5 12 13 | <ul style="list-style-type: none"> Updated Universal Claim Form Updated address for Marion County Updated phone number for Newberry County |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------|---|--|
| 03-01-12 | 2 | 40 43 45 50 56 | <ul style="list-style-type: none"> Updated Upper Limits of Payment for Certain Multiple Source Products Updated Prescription Code Origin Updated Payment Methodology Information Updated Medicaid Point-of-Sale Denial Response Updated Claims Submission for Certain Physician-Injectable Products |
| 03-01-12 | 3 | 7 8 10-16 20 | <ul style="list-style-type: none"> Updated Prescription Number Updated Monthly Prescription Limit Override Procedures Updated sections starting at Cost Avoidance Claims Processing until Date of Service is More than One Year Old Added Web-Based Application and Electronic Funds Transfer (EFT) |
| 02-01-12 | 5 | 10 | Updated the Fairfield county office number |
| 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 | 7, 64 14 41, 47 52 56 31, 57-59, 61&62 | <ul style="list-style-type: none"> Added spacers for metered dose inhalers to DME billables Updated Prior Authorization section Added WAC + 0.8% to Upper Limits of Payment for Certain Multiple Source Products and Payment Methodology Information Updated South Carolina PDPs section to reflect the new annual enrollment period Updated FPW to reflect current eligible beneficiaries Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | 3 | 10 12 | <ul style="list-style-type: none"> Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 Deleted Medical Home Network under Copayments |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|--------------------------|--|
| | | 14 18 | <ul style="list-style-type: none"> Added Risperdal Consta and Invega Sustenna to list of injectable products Updated hyperlink Updated EFT information |
| 01-01-12 | 5 | 2 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-1 |
| 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 | 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 |
| 09-01-11 | 1 | 19 | Deleted information regarding National Correct Coding Initiative |
| 09-01-11 | 5 | 15 | Updated zip code for Spartanburg County office |
| 08-01-11 | 3 | - | Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------|-------------------------------|--|
| 07-01-11 | 2 | 48 | Deleted “Beneficiaries enrolled in Medical Homes Networks (SC Solutions) are exempt from copayments.” |
| 07-01-11 | 5 | 15 | Deleted PO Box address for the Spartanburg County Office |
| 06-01-11 | 2 | 38, 78 | Added language to prohibit automatic prescription refills |
| 06-01-11 | 5 | 7 | 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 | 2 | 3 48 | <ul style="list-style-type: none"> Updated Scope of Coverage to include prohibiting payments to institution or entities located outside of the United States Updated Copayment exemption to include Federally Recognized Indian Tribe |
| 05-01-11 | 3 | 12 | Updated Copayment exemption to include Federally Recognized Indian Tribe |
| 04-01-11 | 2 | 3 48, 57 55 56 57 | <ul style="list-style-type: none"> Corrected the name of the Magellan paper claims unit Changed outpatient hospital copayment to reflect Medicaid Bulletin dated March 6, 2011 – Copayments CMS’s Contingency Plan for Dual Eligibles, paragraph 2: Removed reference to GAPS or former SILVERxCARD member Waiver Programs Operated by Division of Community Long Term Care paragraph 1: Removed language exempting CLTC waivers from collection of copayment on Medicaid-covered prescriptions Family Planning Waiver (FPW), paragraph 4: Added STIs; paragraph 5: Deleted |
| 04-01-11 | 3 | 11-12 | Changed outpatient hospital copayment to reflect Medicaid Bulletin dated March 6, 2011 – Copayments |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|------------------------|---|
| 04-01-11 | 5 | 8 | Updated telephone number for Beaufort County |
| 04-01-11 | Forms | - | Updated Electronic Funds Transfer Form |
| 03-01-11 | 1 | 7, 9 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 3 | 17, 18 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 5 | 4 7 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County |
| 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 | 2 | 33 | Changed the prescription limit overrides to three |
| 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 | 17 18 | <ul style="list-style-type: none"> Updated electronic remittance package information Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package |
| 01-01-11 | 5 | 15 | Added toll-free telephone number for Saluda county |
| 01-01-11 | Forms | - | Added Duplicate Remittance Request Form |
| 01-01-11 | TPL Supplement | 8, 10 8 10 13 | <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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------|---------------------------------------|--|
| | | 15 | <ul style="list-style-type: none"> 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"> Changed the timely filing requirement from 90 days of the invoice to 30 days Added SCDHHS TPL recovery language Updated the Retro Health and Pay & Chase section |
| | | 15 | |
| 12-01-10 | Cover | - | Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)” |
| 12-01-10 | 2 Forms | 21 - | Added new Proton Pump Inhibitors form |
| 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 | 3 | 15 | <ul style="list-style-type: none"> Updated “Patient Paid Amount Submitted” Field (ID-433-DX) section |
| 11-01-10 | TPL Supplement | 3, 8, 13-14, 18-19 6, 15-17 | <ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle |
| 10-01-10 | 1 | - 1 7 | <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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|---|
| | | 10 | <ul style="list-style-type: none"> Updated Freedom of Choice section |
| 10-01-10 | 5 | 13 | 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 | 5 | 7 11 13 | <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 | 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 | Change Control Record | 1 | Removed July 1 entries for Appendix 1 and Appendix 2 |
| 08-01-10 | 2 | 23 | <ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated July 19, 2010 — Prescription Limit |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------|--|---|
| | | 52 | <ul style="list-style-type: none"> Removed Gap Assistance Pharmacy Program for Seniors (GAPS) section |
| 08-01-10 | 3 | 3 | Corrected header |
| 08-01-10 | 5 | 7, 11, 13-15 8 | <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 |
| 07-01-10 | 2 | 3 3, 4, 5, 9, 11, 14, 17-19, 22-24, 31, 32, 35-38, 45, 47, 54, 59, 60, 63, 64, 71, 75 33 | <ul style="list-style-type: none"> Changed First Health Services Corporation to Magellan Medicaid Administration, Inc. Changed First Health to Magellan Medicaid Administration Updated Monthly Prescription Limit Override Criteria for Adult Beneficiaries section |
| 07-01-10 | 3 | 1, 3, 6-11, 13-15 7 | <ul style="list-style-type: none"> Replaced all references to First Health Services with Magellan Medicaid Administration Added the 340B Providers section under the Special Billing Issues/Instructions section |
| 07-01-10 | 4 | 1 | Replaced reference to First Health Services with Magellan Medicaid Administration |
| 07-01-10 | 5 | - | Updated telephone numbers and zip codes for multiple county offices |
| 07-01-10 | Forms | - | Updated the following forms to changed First health to Magellan Medicaid Administration: <ul style="list-style-type: none"> MedWatch Prior Authorization Request Growth Hormone – Adult Treatment Growth Hormone – Pediatric Treatment Prior Authorization Request – Adult Treatment Prior Authorization Request – Antipsychotics |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|--|
| | | | <ul style="list-style-type: none"> • Prior Authorization Request – Hepatitis B • Prior Authorization Request – Hepatitis C |
| 06-01-10 | 2 | 33 53 54 58 44 | <ul style="list-style-type: none"> • Updated language in Monthly Prescription Limit Override Criteria for Adult Beneficiaries • Updated verbiage under Medicare Part B Drugs • Deleted duplicate paragraph at bottom of page • Added medications Risperdal Consta and Invega Sustenna for Claims Submissions for Certain Physician-Injectable Products • Added Prescription Origin Code |
| 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 | 3 | <ul style="list-style-type: none"> • Removed reference to sample form at the end of this section • Replaced reference to sample 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 entry dated December 1, 2009 |
| 03-01-10 | 2 | 41 & 69 53-54 54 71 20 21-22 | <ul style="list-style-type: none"> • Added effective date of February 17, 2010 pharmacists must use DAW code of 1 (changed from 6) • Added policy and language pertaining to Contract X0001 done through LINET under section CMS'S Contingency Plan for Dual Eligibles • Deleted section Additional Contingency Plan for Dual Eligibles • Replaced MedWatch form |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|---------|---|
| | | | <ul style="list-style-type: none"> Replaced Prior Authorization Request Form Replaced South Carolina Growth Hormone Prior Authorization Request Form |
| 03-01-10 | 3 | 3 | <ul style="list-style-type: none"> Updated Physical Address for FIRST HEALTH Services Corporation |
| | | 6 | <ul style="list-style-type: none"> Added effective date of December 9, 2009 for requirement for providers to include prescribers NPI number when submitting claims |
| | | 6-7 | <ul style="list-style-type: none"> Deleted language pertaining to FIRST HEALTH website information under the Prescriber Identification Numbers Section |
| | | 7 | <ul style="list-style-type: none"> Changed DAW value from 6 to 1 |
| 03-01-10 | Forms | - | <ul style="list-style-type: none"> Replaced MedWatch Form Replaced Prior Authorization Request Form Replaced South Carolina Medicaid Growth Hormone Prior Authorization Request Form Added South Carolina Prior Authorization Request Form - Antipsychotics Added South Carolina Prior Authorization Request Form – Hepatitis B Added South Carolina Prior Authorization Request Form – Hepatitis C Updated hyperlinks |
| 02-01-10 | 2 | 51 | <ul style="list-style-type: none"> Under CMS’s Contingency Plan for Dual Eligibles heading, GAPS members are not included |
| | | 48 | <ul style="list-style-type: none"> Updated the Gap Assistance Pharmacy Program for Seniors (GAPS) section |
| 02-01-10 | 3 | 9 | Under Beneficiary ID Number heading, changed the card name to South Carolina Healthy Connections |
| 02-01-10 | Appendix 1 | 13 | <ul style="list-style-type: none"> Added New Edit Codes 356,357 and 358 |
| | | 36 | <ul style="list-style-type: none"> Updated Edit Code 738 |
| 02-01-10 | Appendix 2 | All | Updated Carrier Code List |
| 01-01-10 | 5 | 8 | <ul style="list-style-type: none"> Updated Physical Address for Allendale County Office |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|---------|-----------|--|
| | | 13 | <ul style="list-style-type: none"> Replaced Jasper County DSS with Jasper County DHHS |
| | | 14 | <ul style="list-style-type: none"> Replaced Orangeburg County DSS with Orangeburg County DHHS |
| 12-01-09 | 1 | 8 | <ul style="list-style-type: none"> Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package |
| | | 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 | 2 | 5-6 | <ul style="list-style-type: none"> Updated the following sections: <ul style="list-style-type: none"> General Exclusions Prior Authorization Copayment Medicaid and Certain PDP-Excluded Drug Categories Medicaid Coverage of OTC Pharmaceuticals Quantity of Medication |
| | | 9, 11, 13 | |
| | | 45 | |
| | | 50 | |
| | | 60 | |
| | | 70 | |
| | | 55 | |
| | | 57 | <ul style="list-style-type: none"> Deleted Medically Fragile Children's Program section Updated Reimbursement Guidelines for Influenza, Rabies, and Pneumococcal to reflect Medicaid Bulletin dated August 14, 2009 |
| 12-01-09 | 3 | 19-20 | Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package |
| 12-01-09 | 5 | 11 | Updated the Dorchester County office street address |
| 10-01-09 | 1 | 3-4 | <ul style="list-style-type: none"> Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) |
| | | 4-6 | <ul style="list-style-type: none"> Updated SC Medicaid Healthy Connections language throughout section |
| | | - | <ul style="list-style-type: none"> Updated South Carolina Medicaid Bulletins and Newsletters |
| | | 26 | <ul style="list-style-type: none"> Changed heading to Medicare Cost Sharing |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|------------------------|--|
| 10-01-09 | 5 | 13 14 15 | <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 Replaced the beneficiary card samples Corrected contact information |
| 08-01-09 | 2 | 31 | Under Quantity of Medication Limits/DOS Optimization Program, changed the maximum one-month supply from 34-day supply to 31-day supply |
| 08-01-09 | 5 | 16 | Updated telephone number for York County office |
| 07-01-09 | 5 | 10, 14 10 11 | <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 | 2 | 16-19 | Corrected formatting |
| 06-01-09 | TPL Supplement | 19 | Updated Department of Insurance Web site address |
| 05-01-09 | 1 | 1-6, 11 | <ul style="list-style-type: none"> Updated to reflect managed care policies and procedures effective May 1, 2009 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---------------------------------------|--|
| | | 2 3 5 28-33 | <ul style="list-style-type: none"> 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 | 27 28, 45 | <ul style="list-style-type: none"> Replaced reference to Partners for Health Medicaid card with new Healthy Connections card Updated to reflect managed care policies and procedures effective May 1, 2009 |
| 05-01-09 | 5 | 16 | Updated telephone number for Union County office |
| 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 | 11, 15, 19 | Updated hyperlinks |
| 04-01-09 | 5 | 13 | Updated telephone number for Lexington County office |
| 03-01-09 | 2 | 3, 8, 12, 31-35, 49-53, 61 6 52 | <ul style="list-style-type: none"> Updated hyperlinks Added general exclusion 13 (cough/cold medications) Deleted cough and cold products from the Medicaid and Certain PDP-Excluded Drug Categories |
| 03-01-09 | 3 | 5 | Changed 34-days' supply to 31-days' |
| 03-01-09 | 5 | 1 3, 5 11 | <ul style="list-style-type: none"> Changed Partners for Health to Healthy Connections Update hyperlinks |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|-----------------------------|---|
| | | 11, 14-15 | <ul style="list-style-type: none"> Corrected Dorchester County's Orangeburg Rd telephone number Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties |
| 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 | 50-51 | Updated GAPS information and deleted the PDPs participating in GAPS Chart |
| 02-01-09 | 5 | 8 | Updated Allendale County office PO Box zip code |
| 02-01-09 | Forms | - | Updated Authorization Agreement for Electronic Funds Transfer (EFT) form |
| 01-01-09 | 1 | 8 | Updated hyperlink for bulletin.scdhhs.gov |
| 01-01-09 | 5 | 13 | 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 | 21 | Added EFT information to reflect Medicaid Bulletin dated August 26, 2008 |
| 10-01-08 | 5 | 11, 15 | <ul style="list-style-type: none"> Updated address for Lake City Updated address for Sumter County office |
| 09-01-08 | 5 | 9 | Updated phone number for Berkeley County office |
| 09-01-08 | 5 | 13 | Updated phone number for Kershaw County office |
| 08-01-08 | 2 | 56 | Updated Family Planning Wavier information |
| 08-01-08 | 3 | 6 16 | <ul style="list-style-type: none"> Updated Prescriber Identification Number with NPI info Added paragraph for Claims Submission for FPW Beneficiaries |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---------------------------|---|
| 08-01-08 | 5 | 9 | Deleted PO Box for Chester County |
| 08-01-08 | Appendix 1 | 3 | Updated Edit Code 062 |
| 07-01-08 | 5 | 15 | Deleted PO Box for Lancaster County |
| 07-01-08 | Managed Care Supplement | 27 | Replaced Web site address for BlueChoice |
| 06-01-08 | 5 | 12 | Updated telephone number for Orangeburg county office |
| 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 |
| 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 forms 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 | Forms | - | Replaced Form 931 with new version dated January 2008 |
| 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 | 2 | 19 | <ul style="list-style-type: none"> Updated policy on Medicaid Coverage of Tobacco Cessation Products |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---------------------------------|--|
| | | 49-51 50-51 | <ul style="list-style-type: none"> Removed references to SILVERxCARD Updated GAPS information for 2008 |
| 02-01-08 | 3 | 9 | Updated NPI policy |
| 01-01-08 | 5 | 13 | Updated address for 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 |
| 11-01-07 | 5 | 11, 12 12 | <ul style="list-style-type: none"> Updated telephone numbers for Florence and Kershaw counties Updated Horry County address to 1601 11th Ave., 1st Floor |
| 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 | 38-39, 71 68 | <ul style="list-style-type: none"> Added information about tamper-resistant prescription pads to reflect Medicaid Bulletin dated August 30, 2007. Updated record retention information |
| 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 |
| 07-01-07 | 1 | All | Revised policies and procedures throughout section |
| 06-01-07 | 4 | 2 - 4 | Updated NCPDP error code definitions |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|------------------|--|
| 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 & 3 | - | <ul style="list-style-type: none"> Updated policies governing provider numbers to include National Provider Identifier Changed references to location of forms from “Section 5” to “Forms section” |
| 06-01-07 | Forms | - | Updated DHHS forms to add National Provider Identifier field. |
| 06-01-07 | 5 | 9, 11 14 - | <ul style="list-style-type: none"> 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 |
| 04-01-07 | 5 | 10 | Updated phone number for Darlington county office |
| 03-01-07 | 5 | 8 | Updated Barnwell county office address |
| 02-01-07 | TPL Supplement | 31-32 | Updated ECF Samples to show third payer line |
| 10-01-06 | 5 | - | Updated county office addresses |
| 09-01-06 | 2 & 3 | All | Updated policies to reflect Medicaid Bulletins dated November 21, 2005; November 29, 2005; December 15, 2005; March 16, 2006; and June 21, 2006. |
| 09-01-06 | 4 | 7 | Deleted SILVERxCARD edit |
| 09-01-06 | 5 | - | <ul style="list-style-type: none"> Updated Web addresses Updated county office addresses |
| 09-01-06 | Appendix 1 | All | Deleted Alternate Reimbursement Methodology (ARM) Program Appendix |
| 08-01-06 | - | - | Added TPL Supplement |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------|--------------------------------|---|
| 01-01-06 | 1 | 4 & 5 | Removed SILVERxCARD sample and program description |
| 11-01-05 | 1 | 6, 7 | Removed “HIPAA” from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center |
| 10-10-05 | 2 & 3 | 3-70 (Sec. 2); 5-7 (Sec. 3) | Updated policies to reflect bulletins dated April 15, June 3, July 11, and July 20, 2005, and ongoing implementation of PDL. Revised policy topics include multi-ingredient compounds, partial fill prescriptions, voluntary PDL for mental health drugs, H2RAs, OxyContin, NSAIDs, ED drugs, and proper billing procedures. Also added new PA request form for growth hormone. |
| 10-10-05 | 5 | 20 3-5 7-15 | <ul style="list-style-type: none">Added new PA request form for growth hormone.Updated linksUpdated list of DHHS county offices |
| 10-01-05 | 5 | 7-15 | Updated list of DHHS county offices |
| 10-01-05 | Appendix | - | Removed the Change Control Record from the appendix to a separate file |