

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-13	4	12	<ul style="list-style-type: none"> Updated Richland county office telephone number
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> Updated resolutions for edit codes 107, 219, 339, 673, 720 Deleted edit code 577
04-01-13	1	6	Corrected the URL for MedicaideLearning.com
04-01-13	Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	<ul style="list-style-type: none"> Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 Updated CARCs for edit codes 460, 544, 569 Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 Added edit codes 820, 821 Updated edit code 935, 938, 939
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	4	10	Deleted Jasper County PO Box address
03-01-13	Appendix 1	i 2, 38, 70 38, 54, 70	<p>Deleted Change Log</p> <p>Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953</p> <p>Updated resolutions for edit codes 714, 851, and 953</p>
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	2	4-5 1 2 4 5 6	<ul style="list-style-type: none"> Added QIO Prior Authorization (KePRO) section Updated the following sections: <ul style="list-style-type: none"> Program Description Program Modifications Inpatient Psychiatric Residential Services Referral Form – DHHS Form 257 Short-Term Psychiatric Hospital Psychiatric Residential Treatment Facilities

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Date	Section	Page(s)	Change
		36	<ul style="list-style-type: none"> o Referral/Authorization
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	5 12, 23 19-20	<ul style="list-style-type: none"> • Updated National Provider Identifier and Medicaid Provider Number • Updated provider information web addresses • Updated Electronic Funds Transfer (EFT)
12-01-12	4	4 11	<ul style="list-style-type: none"> • Updated URL for provider information • 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

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Date	Section	Page(s)	Change
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 16, 23 5, 11, 19	<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 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
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	<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

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Date	Section	Page(s)	Change
		17 19	<ul style="list-style-type: none"> • 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
04-01-12	4	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	14	Added a note regarding The Web Tool
02-01-12	4	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42 49	<ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 636, 637, and 642 • 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	3	- 19	<ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated EFT information
01-01-12	4	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

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Date	Section	Page(s)	Change
		-	<ul style="list-style-type: none"> 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	23, 25	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
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	4	13	Updated zip code for Spartanburg County office
09-01-11	Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11	Appendix 1	8	Updated edit codes 165 and 166
08-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 11, 2011

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Date	Section	Page(s)	Change
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11	4	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	4	5	Corrected Abbeville County PO Box Zip+4 Code
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
05-01-11	2	6 32 36 38	Updated the following sections: <ul style="list-style-type: none"> • Out-of-State Facilities • Employment Background Checks • Documentation Requirements • Admission Criteria
05-01-11	Appendix 1	43	Updated edit code 796
04-01-11	4	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
04-01-11	Appendix 3	-	Updated copay amounts to reflect bulletin dated 3-16-11
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	12, 16, 19	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	4	4 5	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County

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Date	Section	Page(s)	Change
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 Form130s
02-01-11	2	2-3 31	<ul style="list-style-type: none"> • Added Program Modifications section • Added two paragraph under Employment Background Checks section
02-01-11	3	-	General formatting changes
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	12, 15, 17, 20 16	<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	4	13	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166
01-01-11	TPL Supplement	8, 10 8 10 13	<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

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Date	Section	Page(s)	Change
		15	<ul style="list-style-type: none"> • 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	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	Forms	-	Updated DHHS Form 257, Inpatient Psychiatric Residential Services Authorization Form
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 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	-	<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
		1	

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Date	Section	Page(s)	Change
		7	<ul style="list-style-type: none"> 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
		10	<ul style="list-style-type: none"> Updated Freedom of Choice section
10-01-10	4	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	-	<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
		1	<ul style="list-style-type: none"> Updated Managed Care Overview
		2	<ul style="list-style-type: none"> Updated Managed Care Organizations and Core Benefits paragraphs
		3	<ul style="list-style-type: none"> Updated MCO Program ID card paragraph
		4	<ul style="list-style-type: none"> Updated MHN Program ID card paragraph
		5	<ul style="list-style-type: none"> Updated Core Benefits
		6	<ul style="list-style-type: none"> Updated Exempt Services
		13	<ul style="list-style-type: none"> Updated Overview
		17	<ul style="list-style-type: none"> Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10	2	41	Deleted blank page
09-01-10	4	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
		-	<ul style="list-style-type: none"> Removed all references to the ADA Claim in the Resolution column
09-01-10	TPL Supplement	12	<ul style="list-style-type: none"> Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information
		13	<ul style="list-style-type: none"> Updated the Web-Submitted Claims section with the exception to Dental claims

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Date	Section	Page(s)	Change
		18	<ul style="list-style-type: none"> Updated the TPL Resources section to include the DentaQuest contact information for TPL questions
08-01-10	4	5, 9, 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	Forms	-	Updated the Notice of Non-Coverage for Inpatient Psychiatric Hospital Care
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	2	49-50	Updated the following sections: <ul style="list-style-type: none"> Utilization Review section Psychiatric Quality of Care Criteria Appeals Process
07-01-10	4	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Forms	-	<ul style="list-style-type: none"> Deleted DHHS Form 254 - Referral/ Authorization for Services – Children’s Behavioral Health Services Added DHHS Form 257, Inpatient Psychiatric Residential Services Authorization Form
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 the TPL Name for First Health to Magellan Medicaid Administration
06-01-10	Managed Care Supplement	1 3 17	<ul style="list-style-type: none"> Updated Managed Care Overview section Updated Managed Care Organization (MCO), Core Benefits section Updated the Managed Care Disenrollment Process, Overview section

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Date	Section	Page(s)	Change
		20, 23, 25	<ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change
05-01-10	4	1	<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 and section 3 entries dated 12-01-09
03-01-10	3	3, 13	Removed modem as an electronic claims transmission method
02-01-10	Appendix 1	13 36	<ul style="list-style-type: none"> Added New Edit Codes 356,357 and 358 Updated Edit Code 738
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	2	24	Updated the Facility Reporting Deaths section to include the Death Reporting Worksheet for PRTFs
01-01-10	4	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	Forms	-	<ul style="list-style-type: none"> Added new Death Reporting Worksheet - PRTFs Added new Healthy Connections Residential Treatment Facility Admission/Discharge Notification for HCK Beneficiaries
01-01-10	Appendix 1	49	Updated Edit Code 932
12-01-09	1	8	<ul style="list-style-type: none"> Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package

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Date	Section	Page(s)	Change
		25	<ul style="list-style-type: none"> Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009
12-01-09	3	1-2 12, 14-20	<ul style="list-style-type: none"> Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009 Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09	4	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	Forms	-	Updated CALOCUS form
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4 4-6 26	<ul style="list-style-type: none"> Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) Updated SC Medicaid Healthy Connections language throughout section Updated South Carolina Medicaid Bulletins and Newsletters Changed heading to Medicare Cost Sharing
10-01-09	2	12-22 28 28 1 29 29 32-38, 42-47	<ul style="list-style-type: none"> Added the following new subsections: <ul style="list-style-type: none"> o Restraint and Seclusion o Medication Management o Employment Background Checks o Staff Development Updated the following subsections: <ul style="list-style-type: none"> o Program Description o Staffing Requirements o Certification of Need – Urgent Need Add CALOCUS policy to reflect Medicaid Bulletin dated

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Date	Section	Page(s)	Change
10-01-09	5	10	<ul style="list-style-type: none"> • Updated physical address for Jasper County office
		11	<ul style="list-style-type: none"> • Updated telephone number for Lexington County office
		12	<ul style="list-style-type: none"> • Updated zip codes for Orangeburg County office
10-01-09	Forms	-	<ul style="list-style-type: none"> • Updated Referral Form/Authorization for Services, Children's Behavioral Health Services Form (Form 254) • Added new CALOCUS Score Sheet
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	Forms	-	Updated Referral Form/Authorization for Services, Children's Behavioral Health Services Form (Form 254)
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	4	14	Updated telephone number for York County office
08-01-09	Appendix 1	3	Updated edit code 062
08-01-09	Appendix 2	-	Updated carrier code list
07-01-09	5	6, 12	<ul style="list-style-type: none"> • Updated address for Bamberg and Orangeburg County offices
		8	<ul style="list-style-type: none"> • Updated office zip code for Darlington County
		9	<ul style="list-style-type: none"> • Updated telephone number for Fairfield County office

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Date	Section	Page(s)	Change
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	4	13	Updated telephone number for Union County office
05-01-09	Appendix 1	43	Deleted edit code 694
05-01-09	Appendix 2	-	Updated list of carrier codes
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009
04-01-09	1	2, 3, 8	Updated hyperlinks
04-01-09	3	5, 12, 19, 23	Updated hyperlinks
04-01-09	4	11	Updated telephone number for Lexington County office
03-01-09	2	2 9, 35, 37 11 12	<ul style="list-style-type: none"> • Updated requirements for DHHS Form 254 • Updated section to include admission descriptions • Updated Interdisciplinary Teams and Individual Plan of Care requirements • Updated Thirty-Day Review subsection as follows: <ul style="list-style-type: none"> ◦ Changed beneficiary to client throughout subsection

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Date	Section	Page(s)	Change
		23-24 34 38	<ul style="list-style-type: none"> o Added SCDHHS PRTF contact information • Updated the following requirements in the Program Content subsection - Therapy Services, Medical Services, and Engagement Services and Activities • Updated Transition to a Community Setting requirements • Updated Child and Adolescent Level of Care Utilization System (CALOCUS) subsection to require the use of CALOCUS for PRTF admissions
03-01-09	Forms	-	Replaced Request for Emergency Admission Concurrence (REAC) form
03-01-09	4	4 8 5, 11-13	<ul style="list-style-type: none"> • Updated hyperlink • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
03-01-09	Appendix 1	43 72	<ul style="list-style-type: none"> • Added new edit codes 693 and 694 • Changed edit code 945 Resolution to input "26"modifier in field 18
03-01-09	Managed Care Supplement	1, 7, 10, 17, 23, 25-30, 35	Updated hyperlinks
03-01-09	TPL Supplement	8, 9, 19	Updated hyperlinks
02-01-09	4	5	Updated Allendale County office PO Box zip code
02-01-09	Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form
02-01-09	Appendix 2	-	Updated list of carrier codes
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09	4	11	Updated Lee County office address

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Date	Section	Page(s)	Change
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	3	15, 18	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	4	9, 13	<ul style="list-style-type: none"> • Updated address for Lake City • Updated phone number for Sumter County office
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	2	5	<ul style="list-style-type: none"> • Updated verbiage for first bullet in the Conditions of Participation section
		22	<ul style="list-style-type: none"> • Updated verbiage for first bullet in the Psychiatric Evaluation section
09-01-08	4	6	Updated phone number for Berkeley County office
09-01-08	4	10	Updated phone number for Kershaw County office
09-01-08	Forms	-	Updated DHHS Certification of Need Psychiatric Hospital Services for Children Under 21 form
09-01-08	Appendix 1	17	Added Edit Code 318
08-01-08	Appendix 1	3	Updated Edit Code 062
08-01-08	4	7	Deleted PO Box for Chester County