

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|--|
| 04-01-13 | 1 | 6 | Corrected the URL for MedicaidLearning.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 | 3 | 3 11 | <ul style="list-style-type: none"> • Changed reference to ICF/MR to ICF/IID • Changed reference to Intermediate Care Facility/Mentally Retarded to Intermediate Care Facility/Intellectually Disabled |
| 03-01-13 | 5 | 8 | Deleted Jasper County PO Box address |
| 03-01-13 | Appendix 1 | i 2, 38, 70 38, 54, 70 | <ul style="list-style-type: none"> • Deleted Change Log • Changed edit code description references 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 | 5 7 | <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 | <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) |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|--|--|
| | | 33-41 | <ul style="list-style-type: none"> • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section) |
| 12-03-12 | 3 | 10 16 22, 36, 40 27-28 | <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 | 4 29 | <ul style="list-style-type: none"> • Updated web address 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 |
| 10-01-12 | 1 | 4 | Replaced back of Healthy Connections Medicaid card |
| 10-01-12 | 2 | 7 | Updated Hospice section to reflect additional services requiring prior authorization from KePRO per bulletin dated September 11, 2012 |
| 10-01-12 | 4 | 43-48 | <ul style="list-style-type: none"> • Updated the following tables: <ul style="list-style-type: none"> ◦ CPT Code Requiring Prior Authorization Review |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|-----------------------------------|--|
| | | | <ul style="list-style-type: none"> o CPT Code Requiring SCDHHS Prior Authorization Review • Added the following tables: <ul style="list-style-type: none"> o High-Tech Radiology Codes Requiring Prior Authorization o PT/OT/ST CPT Codes Requiring Prior Authorization by KePRO o Transplant Codes Requiring Prior Authorization by KePRO |
| 10-01-12 | Appendix 1 | - | Updated edit code information through document |
| 09-01-12 | 4 | - 44 | <ul style="list-style-type: none"> • Removed frequency column from all applicable tables • Added J1725 to CPT codes requiring SCDHHS prior authorization |
| 09-01-12 | 5 | i | Corrected Table of Contents |
| 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 | 2, 8, 12, 27 | Updated program area contact information to reflect Medicaid Bulletin dated June 29 |
| 08-01-12 | 3 | 1, 40, 43-44 12, 22, 32 | <ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29 • 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 | - | <ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|--|
| | | 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"> • 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 Health Plan |
| 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 |
| 05-01-12 | 3 | 10-11 | Updated place of service keys |
| 05-01-12 | 4 | 20 | Added surgical procedure code D2934 |
| 05-01-12 | Appendix 1 | 62 | Updated edit code 975 |
| 04-01-12 | 1 | 4 | Replaced South Carolina Healthy Connections card |
| 04-01-12 | 5 | 11 12 | <ul style="list-style-type: none"> • 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|----------------------|--|
| 02-01-12 | 3 | 24 29 | <ul style="list-style-type: none"> • Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction |
| 02-01-12 | 4 | 2 - | <ul style="list-style-type: none"> • Deleted A4657 • Updated code Frequencies |
| 02-01-12 | 5 | 9 | Updated the Fairfield county office number |
| 02-01-12 | Appendix 1 | 18 30 42 49 | <ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 637 • 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 | 9 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | 3 | - 30 | <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 | 38, 41, 46-48 | Updated TPL contact information |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|--------------------------------|--|
| 11-01-11 | TPL Supplement | 6, 15 12 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 |
| 09-14-11 | 4 | 16 | Deleted procedure code 54161 |
| 09-01-11 | 1 | 19 | Deleted information regarding National Correct Coding Initiative |
| 09-01-11 | 5 | 13 | Updated zip code for Spartanburg County office |
| 09-01-11 | Appendix 1 | 15, 29, 30 | Added edit code 361, 591, 596 and 605 |
| 08-01-11 | 3 | - | Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments |
| 08-01-11 | Appendix 1 | 8 | Updated edit codes 165 and 166 |
| 08-01-11 | Appendix 3 | 1 | Updated the copayment schedule per the bulletin effective July 11, 2011 |
| 08-01-11 | Managed Care Supplement | 1, 5 | Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011 |
| 07-01-11 | 5 | 13 | Deleted PO Box address for the Spartanburg County Office |
| 07-01-11 | Appendix 1 | 12 43 56 | <ul style="list-style-type: none"> • 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|-------------------------------|---|
| 06-01-11 | 5 | 5 | Corrected Abbeville County PO Box Zip+4 Code |
| 05-01-11 | 1 | 8, 11 | Added language prohibiting payment to institutions or entities located outside of the United States |
| 05-01-11 | Appendix 1 | 43 | Updated edit code 796 |
| 04-01-11 | 2 | 8 | Deleted “voluntary” from first paragraph of Medicaid Managed Care section |
| 04-01-11 | 3 | 3 | Updated Copayment Policy to reflect bulletin dated 3-16-11 |
| 04-01-11 | 4 | 2 3 6, 8, 17, 18, 19 | <ul style="list-style-type: none"> • Added end stage renal disease code A4657 and deleted codes A4913 and Q4098 • Added dialysis J-code J1750, • Added surgical codes 21014, 26113, 64492, 65756, 67840, and D2393 |
| 04-01-11 | 5 | 6 | Updated telephone number for Beaufort County |
| 04-01-11 | Forms | - | Updated Electronic Funds Transfer Form |
| 04-01-11 | Appendix 3 | - | Updated copay amounts to reflect bulletin dated 3-16-11 |
| 03-01-11 | 1 | 7, 9 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 2 | 22 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 3 | 20, 27, 28 | 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------|--|---|
| 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 | 20, 23, 24, 28 18, 34 23 | <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 | 4 | 5, 10-15 | Added surgical codes 11045-11047, 29914-29916, 31295-31297, 31634, 43753-43757, 49418, 64568-64570, 64611, 65778, 65779, 66174, and 66175 |
| 01-01-11 | 5 | 13 | Added toll-free telephone number for Saluda county |
| 01-01-11 | Forms | - | Added Duplicate Remittance Request Form |
| 01-01-11 | Appendix 1 | 9 | Added edit codes 165 and 166 |
| 01-01-11 | TPL Supplement | 8, 10 8 10 13 15 15 | <ul style="list-style-type: none"> • 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"> ◦ 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 |
| 12-01-10 | Cover | - | Replaced “Medicaid Provider Manual” with “South |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---------------------------------------|---|
| | | | 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 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 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 | - | <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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|--|---|
| | | 1 2 3 4 5 6 13 17 | <ul style="list-style-type: none"> • 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 | 20 21 41 | <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 | 43 | <ul style="list-style-type: none"> • Updated the Procedure Codes Requiring Prior Authorization section to reflect Medicaid Bulletin dated July 30, 2010 replacing Qualis Health with Alliant Health solutions |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-----------------------|--|---|
| 08-01-10 | Change Control Record | - | Rearranged section entries for July 1 |
| 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 | 2 | 4, 5 | <ul style="list-style-type: none"> • Updated Family Planning Waiver section • Added “Breast and Cervical Cancer Early Detection Program (Best Chance Network)” and “Department of Environmental Control” paragraphs |
| 07-01-10 | 3 | 2, 7 | <ul style="list-style-type: none"> • Updated Retroactive Eligibility paragraph • Updated Modifier and Description table |
| 07-01-10 | 4 | 1-3 4 5, 6, 7, 10, 12, 14, 15, 23, 29, 30, 38, 44 | <ul style="list-style-type: none"> • Added codes 90743 and 90744. Updated code 90747. Added Q4098. Changed code J0295 to J0295. Added code J2995. • Added codes J7100 and J7110. Omitted code Q4098 • Added codes 10140, 101402, 11423, 11977, and 21931. Omitted codes 25611 and 25620. Added codes 25606, 25607, 25608, 25609, 29828, 30901, 43257, 58301, 64490, 64491, 64493, 64494, 65855, and 67145. Added J1650, J9033, J1650, and J9033. Added list of codes 19976, 19977, 58301, 58600, 58615, 68670, and 58671. Table of Diagnosis codes and diagnosis descriptions added. |
| 07-01-10 | 5 | - | Updated telephone numbers and zip codes for multiple county offices |
| 07-01-10 | Forms | - | Updated the Consent for Sterilization form |
| 07-01-10 | Appendix 1 | 32 35 | <ul style="list-style-type: none"> • Updated edit code 714 • Updated edit code 738 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|---|
| 07-01-10 | Appendix 2 | 21, 22, 25, 63, 89 | Changed First Health to Magellan Medicaid Administration |
| 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 reference to blank form at the end of this section. • Replaced with reference to blank 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, 18 | 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 | 3 | 33 | Removed rendering provider requirement from field 19 |
| 01-01-10 | 4 | 17 19, 21-27, 28-37 21, 31 43 | <ul style="list-style-type: none"> • Added the following code to the Infusion Centers chart: 90657 and 90658 • Added the following codes to the Infusion J-Codes charts: J0220, J0881, J1300, J1453, J1573, J1740, 1743, 1750, J1931, J2323, J2353, J2724, J3315, J3488 • Changed code J0886 to J0885 • Added new chart for procedure codes that require SCDHHS prior authorization |
| 01-01-10 | 5 | 5 | <ul style="list-style-type: none"> • Updated Physical Address for Allendale County Office |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|----------------------------|--|
| | | 10 12 | <ul style="list-style-type: none"> • 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 | 1-2 19, 22-24, 27-29 | <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 | 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 |
| 10-01-09 | 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 | 8 | Added Qualified Medicare Beneficiary subsection |
| 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|---|
| 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 with 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 | 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 |
| 08-01-09 | Bulletin | - | Corrected bulletin in manual |
| 07-01-09 | 2 | 14 | Updated Vitamins and Supplements subsection to include dually eligible beneficiaries |
| 07-01-09 | 4 | 2 5, 6, 10, 12, 13, 15, 16 41-43 | <ul style="list-style-type: none"> • Added procedure code A4913 (Syvek Patch) to reflect Medicaid Bulletin dated June 5, 2009 • Add the following procedure codes: 19297, 22102, 29827, 45330, 51100-51103, 65782, 67041-67043, 67113, 92502 • Added new charts for procedure codes that require prior authorization |
| 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 | 2 | 7 | Added Managed Care subsection |
| 06-01-09 | 3 | 27 | Corrected Web site address |
| 06-01-09 | TPL Supplement | 19 | Updated Department of Insurance Web site address |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|--------------------------------------|---|
| 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 | 7 | Updated to reflect managed care policies and procedures effective May 1, 2009 |
| 02-01-09 | 3 | 27 | Updated link |
| 05-01-09 | 5 | 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 | 2 | 42, 44 43, 44 | <ul style="list-style-type: none"> • Updated Antibiotic Infusion Therapy procedure codes • Updated Antibiotic Infusion Therapy procedure codes |
| 04-01-09 | 3 | 4, 6, 7, 9, 19, 20, 27, 36, 39 | Updated hyperlinks |
| 04-01-09 | 4 | 1, 2 5, 6 17 | <ul style="list-style-type: none"> • End Stage Renal Disease Clinics Codes - Deleted codes A4357, 90772; added code 96372 • Surgical Procedure Codes – Added code 19301, deleted code 22526 • Infusion Centers – Deleted codes 90760, 90761, 90765, 90766, 90767, 90768, 90772, 90774, 90775; Added 96360, 96361, 96365, 96366, 96367, 96368, 96372, 96374, 96375; updated description for code 96360 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|-----------------------------------|---|
| | | 22, 23, 25, 31, 32, 35 | <ul style="list-style-type: none"> • Infusion J-Codes (Alphabetical and Numeric) – Added codes J2791, J1459, J1561, J1568, J1569, J1572; corrected description for J2790; updated description for code J2791 |
| 04-01-09 | 5 | 11 | Updated telephone number for Lexington County office |
| 03-01-09 | 4 | i | Removed blank page after Table of Contents |
| 03-01-09 | 5 | 3-4 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 | 2 | Deleted code A4913 |
| 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 |
| 01-01-09 | 5 | 11 | Updated Lee County office address |
| 12-01-08 | 2 | 23 29 43 45 | <ul style="list-style-type: none"> • Added the last paragraph to the Reimbursement Policy section • Deleted sentence from Billing Guidelines • Added information to fourth bullet • Added P9036, P9037, P9045, P9046, P9047 • Changed the limit of six to five and October 1st to 15th |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------------|--------------|--|
| 12-01-08 | 3 | 8 9 19 | <ul style="list-style-type: none"> • Added information to the description to code 11 • Added information to the description to code 99 • Revised description for 33a |
| 12-01-08 | 4 | 2 3 - | <p>S9339 – changed max to 31 Deleted codes J1751, J1752 Added codes 90772, Q4098, 15002, 15003, 15004, 15005, 15839, 19302, 22526, 24357, 24358, 24359, 27267, 28108, 30465, 45381, 46946, 50590, 57288, 59871, 65780, 65781, G0260, 90774, 90775, P9036, P9037, P9045, P9046, P9047, J0894, J2469</p> |
| 11-01-08 | 1 | 8 | Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008 |
| 11-01-08 | 3 | 25, 29 | Added EFT information to reflect Medicaid Bulletin dated August 26, 2008 |
| 10-01-08 | 3 | 32 | Changed ECF field 1 to Prov/Xwalk ID |
| 10-01-08 | 5 | 9, 13 | Updated address for Lake City Updated phone number for Sumter County office |
| 10-01-08 | Forms | - | Revised ECF example to show update for field 1 |
| 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 | 5 | 11 | Deleted PO Box for Lancaster County |
| 07-01-08 | Managed Care Supplement | 27 | Replaced Web site address for BlueChoice |
| 06-12-08 | 3 | - | Corrected formatting throughout section |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|-----------------------------------|--|
| 06-01-08 | 3 | 9, 18, 19, 27 | 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 | - | Removed sample claim form showing NPI and Medicaid Provider ID |
| 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 | 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 forms 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|-----------------|--|
| 03-01-08 | 3 | 9-20 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 |
| 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 | 10 27, 30 | <ul style="list-style-type: none"> • Corrected instructions for field 10b • Standardized references to six-character legacy Medicaid provider number |
| 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 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 |
| 12-01-07 | 3 | 3-4 7 47 | <ul style="list-style-type: none"> • Revised copayment section • Bolded sentence • Corrected address |
| 12-01-07 | 4 | All | Updated procedure codes throughout section |
| 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 | - | <ul style="list-style-type: none"> • Added sample Consent for Sterilization form (DHHS 1723) • Added sample CMS-1500 claim form with NDC • Added sample ECF with NDC information |

CHANGE CONTROL RECORD

| Date | Section | 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 code |
| 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 | 7-15 | Removed PEP information from Managed Care section |
| 10-01-07 | 3 | 14 50 17 36 47 | <ul style="list-style-type: none"> • Removed PEP information • Added 90-day time limit for reversing refunds • Updated instructions for field 24J • Updated instructions for ECF field 19 • Removed Visit Counts section |
| 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 |
| 07-01-07 | 1 | All | Revised policies and procedures throughout section |
| 07-01-07 | Forms | - | Updated DHHS Form 205 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|-----------------------|---|
| 07-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 06-01-07 | 2 | 16 | Changed reference 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 • Make minor editorial changes throughout section |
| 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 Dorchester county offices • Updated phone number for Oconee County • Split forms and exhibits from Section 5 to create separate Forms section |
| 06-01-07 | Forms | - | <ul style="list-style-type: none"> • Updated DHHS forms to add National Provider Identifier field • Updated sample claims to new CMS-1500 version • Updated ECF and remits to new versions • Updated DHHS Form 218 |
| 06-01-07 | Appendix 1 | - | Updated list of edit codes |
| 06-01-07 | TPL Supplement | - | <ul style="list-style-type: none"> • Updated all sample forms and claims with new versions • Updated form completion instructions to match new form versions |
| 05-01-07 | Appendix 1 | - | Updated list of edit codes |
| 04-01-07 | 5 | 8 | Updated phone number for Darlington county office |
| 04-01-07 | Appendix 1 | - | Updated list of edit codes |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------------------|---|---|
| 04-01-7 | Appendix 2 | - | Updated list of carrier codes |
| 04-01-07 | Time Restricted Supplement | - | Updated date for mandatory use of revised CMS-1500 |
| 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 edit codes |
| 02-01-07 | TPL Supplement | 31-32 | Updated ECF Samples to show third payer line |
| 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 |
| 11-01-06 | 5 | - | Updated county office addresses |
| 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 | - | - | Added TPL Supplement |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------|---|---|
| 08-01-06 | 4 | 21, 30 | Updated codes in accordance with 2006 CPT update |
| 08-01-06 | 5 | - | Updated Reasonable Effort Documentation form |
| 07-01-06 | 2 3 4 | 4, 37-39 26 17-18 | Updated procedure codes to reflect 2006 CPT updates |
| 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 |
| 04-01-06 | Appendix 1 | 43 | Updated resolution for edit code 735 |
| 04-01-06 | Appendix 2 | - | Updated list of carrier codes |
| 03-01-06 | 3 | 4, 17, 18 19 28 28 42 | <ul style="list-style-type: none"> • Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to www.dhhs.state.sc.us • Changed the Internet Explorer version required for the Web Tool to 6.0 • Added TPL indicators to the ECF field 4 description • Added Injury Code indicators to the ECF field 5 description • Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts |
| 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 |
| 01-1-06 | Appendix 1 | 67 | Added edit code 935 |
| 12-1-05 | Appendix 1 | 70 | Added edit code 949 |