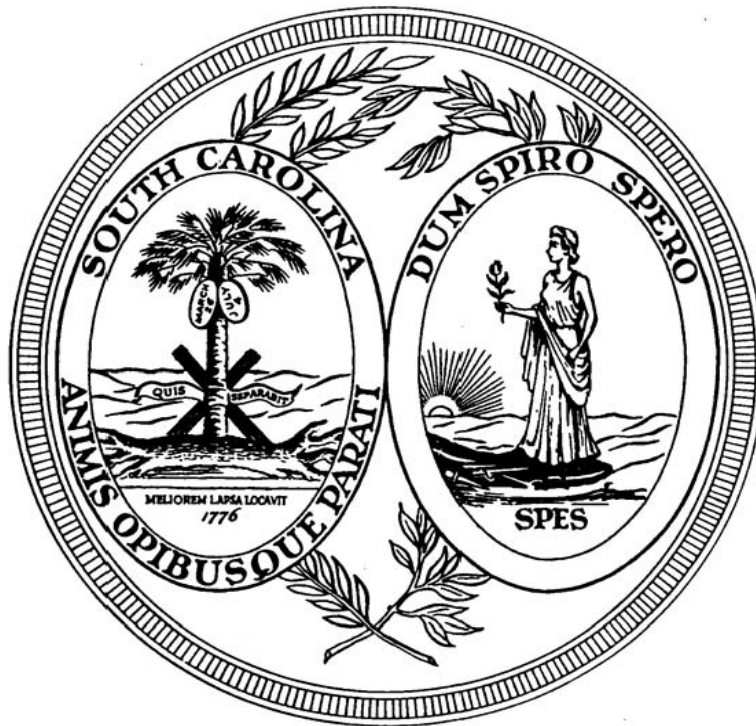




South Carolina
Health & Human Services



SOUTH CAROLINA HEALTHY CONNECTIONS (MEDICAID) PROVIDER MANUAL

COMMUNITY MENTAL HEALTH SERVICES

February 1, 2005
Updated March 1, 2013

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.dhhs.state.sc.us

February 14, 2005

MHRC-MHC 05-02
MHRC-PMHC 05-01

MEDICAID BULLETIN

TO: Community Mental Health Services Providers

SUBJECT: Medicaid Policy Manual for Community Mental Health Services

The enclosed revised Medicaid Community Mental Health Services Provider Manual is effective February 1, 2005 and includes all previous HIPAA changes and Medicaid policy bulletins.

This manual is to be used for program information and requirements, billing procedures, and provider services guidelines. **Due to several substantial changes in policy, providers are urged to carefully review this revision.**

In addition to inclusion of policy changes specific to the Community Mental Health Services program area, the new provider manuals for all Medicaid programs have been reformatted to give them a more consistent, standardized layout and to improve navigation and readability. Headings for each subsection appear on the left side of the page, with the corresponding information on the right. "Chapters" are now called "sections," and the numbering system has been simplified.

The revised manual is organized generally as follows, with each section having its own table of contents:

Section 1, **General Information and Administration**, contains an overview of the South Carolina Medicaid program, as well as information about record retention, documentation requirements, utilization review, program integrity, and other general Medicaid policies.

Section 2, **Policies and Procedures**, describes policies and procedures specific to the Community Mental Health Services program.

Section 3, **Billing Procedures**, contains billing information that is common to all South Carolina Medicaid programs, as well as program-specific guidelines for claim filing and processing.

Section 4, **Procedure Codes**, contains procedure codes and other approval codes and modifiers.

Section 5, **Administrative Services**, contains contact information for DHHS state and county offices, examples of all forms referenced throughout the manual (as well as some generic forms), and contacts for claim form suppliers/vendors.

The **appendices** include the following:

- Edit Codes, CARCs & RARCs, and Resolutions
- Carrier Codes

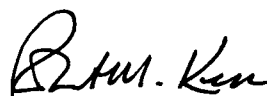
The enclosed compact disc contains a copy of the manual in Portable Document Format (PDF). To access the file, you will need Adobe Acrobat Reader software, which is pre-installed on most computers and also available for free download at www.adobe.com/support.

The most current version of the provider manual is maintained on the DHHS Web site at www.dhhs.state.sc.us. [From the DHHS home page, scroll down and click on the link for Resource Library; next, click on the link for Manuals, and scroll down to the listings located beneath the heading Service Providers.]

Should you wish to order a printed copy of your provider manual, or an additional compact disc, please call South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing.

The policy manual is not subject to copyright regulations and may be reproduced in its entirety.

If you have any questions regarding this provider manual, please contact your program coordinator in the Department of Behavioral Health Services at (803) 898-2565. Thank you for your continued support of the South Carolina Medicaid program.



Robert M. Kerr
Director

RMK/bmmc

NOTE: To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.dhhs.state.sc.us/ResourceLibrary/E-Bulletins.htm>

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MANAGED CARE SUPPLEMENT

THIRD-PARTY LIABILITY SUPPLEMENT

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|----------------------------------|---|
| 03-01-12 | 2 | 2 | Changed ICF/MR – Intermediate Care Facility for Mental Retarded to ICF/IID – Intermediate Care Facility for Intellectual Disabilities |
| 03-01-13 | 5 | 10 | 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) |
| 02-01-13 | Forms | - | Revised DHHS Form 254 |
| 01-16-13 | 2 | 38, 39 | Updated billing/frequency limits for Mental Health Assessment by Non-Physician(ASSMT) and Individual Therapy |
| 01-16-13 | 4 | 1 | <ul style="list-style-type: none"> • Updated billable services language • Deleted Individual Therapy (Ind Tx), Psychiatric Medical Assessment (PMA), Psychiatric Medical Assessment Registered Nurse (PMA-APRN), and Psychiatric Medical Assessment –Telepsychiatry (PMA-T) • Deleted Place of Service Codes Index • Added procedure code 90791GT to Psychiatric Diagnostic Assessment without medical evaluation |
| 01-11-13 | Forms | - | Corrected procedure code for Diagnostic Assessment without medical- initial on Form 254 |
| 01-04-13 | Forms | - | Corrected procedures codes for Individual Psychotherapy on Form 254 |
| 01-01-13 | 2 | 29 | <ul style="list-style-type: none"> • Updated Billing/Frequency Limit language |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|----------------|--|---|
| 01-01-13 | 4 | 1 | <ul style="list-style-type: none"> Added Individual Psychotherapy procedure codes and frequencies |
| 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 | Forms | - | Replaced Form 254 sample |
| 01-01-13 | Appendix 1 | - | Added Change Log for section changes |
| 12-03-12 | 1 | 6 7-8 27-32 33-41 | <ul style="list-style-type: none"> Updated web addresses for provider information and provider training Revised heading and language to reflect new provider enrollment requirements Updated Program Integrity language (entire section) Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section) |
| 12-03-12 | 3 | 8 12 20, 34, 37 25-26 | <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 11 | <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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|---|--|
| 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 | 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, 24, 33, 36, 37 8, 19, 25 | <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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------------|--|---|
| 08-01-12 | Managed Care Supplement | 1-2 7 11 17 19 | <ul style="list-style-type: none"> • Changed Division of Care Management to Bureau of Managed Care • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to “Medicaid” to BlueChoice HealthPlan |
| 08-01-12 | TPL Supplement | 5, 6, 10,17, 24 | Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 |
| 07-01-12 | Appendix 1 | 16, 48 45 | <ul style="list-style-type: none"> • Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839 |
| 07-01-12 | Appendix 2 | - | Updated carrier codes |
| 05-01-12 | Appendix 1 | 62 | Updated edit code 975 |
| 04-01-12 | 1 | 4 | Replaced South Carolina Healthy Connections card |
| 04-01-12 | 2 | ii, iii, 7 | Correct formatting |
| 04-01-12 | 5 | 11 12 | <ul style="list-style-type: none"> • Updated address for Marion County • Updated phone number for Newberry County |
| 02-07-12 | Cover | - | Manual cover updated January 1, 2012 |
| 02-07-12 | Appendix 1 | 18 24 30 | <ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642 |
| 02-01-12 | 3 | 20 22 | <ul style="list-style-type: none"> • Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction |
| 02-01-12 | 5 | 9 | Updated the Fairfield county office number |
| 02-01-12 | Appendix 1 | 18 30 42 49 | <ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 637 • Updated edit code 766 • Updated edit code 867 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|------------------|---|
| 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 | - 23 | 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 |
| 12-01-11 | 2 | 6 7, 8 38 | <ul style="list-style-type: none"> • Added paragraph to General Staff Requirements • Updated Other Qualified Professionals • Updated Billing Frequency Limits |
| 12-01-11 | 4 | 1 | Updated MH Assessment by Non Physician |
| 11-01-11 | 1 | 24 | Updated TPL contact information |
| 11-01-11 | 3 | 32, 34, 41-42 | Updated TPL contact information |
| 11-01-11 | TPL Supplement | 6, 15 12 | <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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|----------------------------|---|
| | | 3, 17, 19 | <ul style="list-style-type: none"> 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 | 2 | 6 7 15 | <p>Updated the Mental Health Professional (MHP) section</p> <p>Updated the Non-Mental Health Professional (Non-MHP) section</p> <p>Updated the Progress Summaries section</p> |
| 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 | 2 | i, ii, iii, iv, v 18 | <p>Updated Table of Contents</p> <p>Updated the Availability of Clinical Documentation section</p> |
| 08-01-11 | 3 | - | Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments |
| 08-01-11 | 4 | i 5 | <p>Updated Table of Contents</p> <p>Deleted V-Codes section</p> |
| 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 | 2 | 7, 15 24 | <ul style="list-style-type: none"> Updated the Non-Mental Health Professional portion Updated Non-Billable Medicaid Activities portion |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|----------------|---|
| 07-01-11 | 4 | 4-1 | Accepted addition of a footnote at the bottom of the page; also added an asterisk at the beginning of the footnote. |
| 07-01-11 | 5 | 13 | Deleted PO Box address for the Spartanburg County Office |
| 07-01-11 | Forms | | Updated the Health Insurance Information Referral Form |
| 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 | 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 | 18 | Updated “Availability of Clinical Documentation” 1 st paragraph |
| 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 | 3 | 18, 23, 24 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 5 | 4 | Updated to reflect Medicaid Bulletin dated February 9, |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|----------------|---|---|
| | | 5 | 2011 – Provider Service Center Added toll free number for Aiken County |
| 03-01-11 | Appendix 1 | - 67 | Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description |
| 03-01-11 | Appendix 2 | - | Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10 |
| 03-01-11 | TPL Supplement | 17 24, 25 | <ul style="list-style-type: none"> • Changed the name of the Provider Outreach Web site to Provider Enrollment and Education • Updated the descriptions for Form130s |
| 02-03-11 | Forms | - | Updated Authorization Agreement for Electronic Funds Transfer form |
| 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 | 18, 21, 22, 24, 25 15, 30 21 | <ul style="list-style-type: none"> • Updated electronic remittance package information • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package |
| 01-01-11 | 5 | 13 | Added toll-free telephone number for Saluda county |
| 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 | <ul style="list-style-type: none"> • Removed references to Dental claims • Removed language to contact program areas for missing carrier codes |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|----------------|------------------------------------|---|
| | | 10 13 15 15 | <ul style="list-style-type: none"> • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list • Updated Retro Medicare section to include the following: <ul style="list-style-type: none"> o Changed the timely filing requirement from 90 days of the invoice to 30 days o Added SCDHHS TPL recovery language • Updated the Retro Health and Pay & Chase section |
| 12-01-10 | Cover | - | Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)” |
| 12-01-10 | 2 | ii, 26 | Changed typo from “Medial” to “Medical” |
| 12-01-10 | 4 | 3 | Added procedure code 96372 to table |
| 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|---|---|
| 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 | 4 | 1 | <ul style="list-style-type: none"> • Changed Individual Therapy and Family Therapy from 4 units to 6 units |
| 10-01-10 | 5 | 11 | Correct McCormick county office street address |
| 10-01-10 | Managed Care Supplement | - 1 2 3 4 5 6 13 17 | <ul style="list-style-type: none"> • Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph |
| 09-01-10 | 2 | 1 23 25 29 36 50 | <ul style="list-style-type: none"> • Updated 3rd paragraph • Deleted “30 minutes or daily” from 1st paragraph and changed to 60. Deleted 60 from second paragraph. • Deleted 3rd bullet • Updated Billing/Frequency and Billable Places of Service • Updated Relationship to Other Services • Deleted Relationship to Other Services |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|-----------------|--|
| | | 52 | <ul style="list-style-type: none"> • Deleted Relationship to Other Services |
| 09-01-10 | 3 | 18 19 36 | <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 | 1 2 3 | <ul style="list-style-type: none"> • Added “modifiers” to 1st paragraph • Deleted from table: Behavioral Health Day Treatment (BH-DT), Behavioral Health Prevention-Education Service (BHP-ES), Community-Based Wraparound Services (WRAPS-CG, WRAPS-BI), Crisis Intervention MH Services (CI-MHS), Injectable Medication Administration (Med. Adm.), MH Services NOS (MHS-NOS), Peer Support Services (PSS), Psychosocial Rehabilitation Services (PRS), Skills Training and Development (STAD), Targeted Case Management-Adult (TCM-A), and Case Management. • Deleted TG modifier from key, added HF-substance abuse program to key, and deleted asterisks • Added J3486 Ziprasidone Mesylate, 10 mg • Deleted from table: J2330 and J 3490 |
| 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 | Forms | - | Updated Form 254, Referral Form / Authorization for Rehabilitative Services |
| 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-----------------------|---|---|
| 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 | Added entry to section 5 for July 1 |
| 08-01-10 | 2 | 43-61 2 3 6-7 8 11 12 13,14 15 16 18 19 20-22 | <ul style="list-style-type: none"> • Deleted the following sections: <ul style="list-style-type: none"> ○ Individual Therapy ○ Family Therapy ○ Group Therapy ○ Behavioral Health Screening (Alcohol/Drug) ○ BHS Mental Health Services NOS (MHS-NOS) ○ Behavioral Health Prevention-Education Services ○ MH Service Plan Development by Non-Physician sections • Updated General Definitions to remove Rehabilitative Services • Updated Physician Responsibilities to remove TCM and Exception • Updated MHP section • Updated Non-MHP section by deleting TCM, TCM Assistant, Peer Support Specialist, Lead Clinical Staff, Community Based WRAPS, and Non-Lead Clinical Staff • Updated Record Retention paragraph • Updated POC Due Date paragraph • Updated POC Requirements and Services Required to be Listed on the POC • Updated POC Additions or Changes • Updated Progress Summaries • Updated Availability of Documentation • Changed Paragraph to Content of Service Notes and updated • Deleted Intervention Notes and Content of Group |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|--|---|
| | | 24 26-27 29 30 32 37 39 42 44 46 50-53 54-55 58-59 | Intervention and updated Medical Management Only <ul style="list-style-type: none"> • Updated Billing Requirements • Updated Telepsychiatry • Updated Eligibility and added Telepsychiatry paragraph • Updated Billing/Frequency Limits and Billable Places of Service • Added Codes 96372 and J3486 to table • Deleted Crisis Intervention Mental Health Service (CI-MHS) • Updated Billable Places of Service • Deleted Relationship to Other Services • Deleted Relationship to Other Services • Updated Billable/Frequency Limits and Billable Places of Service • Deleted Program Services sections from Comprehensive Community Support through Peer Support Services • Updated Service Description with new paragraphs • Deleted Program Services sections from Behavioral Health Day Treatment (BH-DT) through Service Documentation |
| 08-01-10 | 4 | 1-2 3 | <ul style="list-style-type: none"> • Deleted Codes H0025, H2021, H022, H2015, H0038, H2017, H2014, T1017, and T1016 • Deleted J2330 and J3490. Added Codes 96372 and J3486 to table |
| 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|----------------------------|--|
| 07-01-10 | 5 | - | <ul style="list-style-type: none"> • Updated telephone numbers and zip codes for multiple county offices • Corrected headers |
| 07-01-10 | Appendix 1 | 32 35 | <ul style="list-style-type: none"> • Updated edit code 714 • Updated edit code 738 |
| 07-01-10 | Appendix 2 | 21, 22, 25, 63, 89 | Changed First Health to Magellan Medicaid Administration |
| 06-01-10 | Managed Care Supplement | 1 3 17 20, 23, 25 | <ul style="list-style-type: none"> • Updated Managed Care Overview section • Updated Manage Care Organization (MCO), Core Benefits section • Updated the Managed Care Disenrollment Process, Overview section • Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change |
| 05-01-10 | 5 | 1 | <ul style="list-style-type: none"> • Removed references to blank form at the end of this section • Replaced references 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 | 5 | 5 10 12 | <ul style="list-style-type: none"> • Updated Physical Address for Allendale County Office • Replaced Jasper County DSS with Jasper County DHHS • Replaced Orangeburg County DSS with |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|------------|--------------------------|--|
| | | | 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 |
| 12-01-09 | 3 | 1-2 17-18, 20-24 | <ul style="list-style-type: none"> • Updated Claim Filing Timeliness section • 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 | 2 | 33-34 91 | <ul style="list-style-type: none"> • Added Psychiatric Medial Assessment - Telepsychiatry (PMA-T) policy • Updated the Transition to Community Services subsection |
| 11-01-09 | 4 | 1 2 | <ul style="list-style-type: none"> • Updated the Community-Based Wrap-Around Services procedure code H2021 maximum units per day • Added procedure code 90801 TM, Psychiatric Medical Assessment – Telepsychiatry (PMA-T) |
| 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|-----------------|--|
| | | | <ul style="list-style-type: none"> Changed heading to Medicare Cost Sharing |
| 10-01-09 | 2 | 75 | Removed the requirement for the MHP or the DCS to cosign service notes |
| 10-01-09 | 5 | 10 11 12 | <ul style="list-style-type: none"> Updated physical address for Jasper County office Updated telephone number for Lexington County office Updated zip codes for Orangeburg County office |
| 10-01-09 | 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 | 5 | 14 | Updated telephone number for York County office |
| 08-01-09 | Appendix 1 | 3 | Updated edit code 062 |
| 08-01-09 | Appendix 2 | - | Updated carrier code list |
| 07-01-09 | 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 | TPL Supplement | 19 | Updated Department of Insurance Web site address |

CHANGE CONTROL RECORD

| Date | Section(s) | 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 | 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 | 72 80 | <ul style="list-style-type: none"> • Added section on Peer Support Services • Added section on Behavioral Health Screenings |
| 04-01-09 | 3 | 4-6, 17, 18, 23, 31, 34 | Updated hyperlinks |
| 04-01-09 | 4 | 1 | Added procedure code H0002 HF |
| 04-01-09 | 5 | 11 | Updated telephone number for Lexington County office |
| 03-01-09 | 5 | 3-4 8 5, 11-13 | <ul style="list-style-type: none"> • Updated hyperlinks • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|-----------------------------------|--|
| 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 | 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 |
| 11-01-08 | 1 | 8 | Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008 |
| 11-01-08 | 3 | 21, 23 | Added EFT information to reflect Medicaid Bulletin dated August 26, 2008 |
| 10-01-08 | 3 | 25 | Changed ECF field 1 to Prov/Xwalk ID |
| 10-01-08 | 5 | 9, 13 | <ul style="list-style-type: none"> • Updated address for Lake City • Updated phone number for Sumter County office |
| 10-01-08 | Forms | - | 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------|-----------------------|---|
| 09-01-08 | Appendix 1 | 17 | Added Edit Code 318 |
| 08-01-08 | 5 | 7 | Deleted PO Box for Chester County |
| 08-01-08 | Appendix 1 | 3 | Updated Edit Code 062 |
| 07-01-08 | 2 | 6-7 | Moved Mental Health Counselor Intern as a separate sub-heading to General Staff Requirements Mental Health Professional |
| 07-01-08 | 5 | 11 | Deleted PO Box for Lancaster County |
| 07-01-08 | Managed Care Supplement | 27 | Replaced Web site address for BlueChoice |
| 06-01-08 | 3 | 6, 13, 14, 16, 17, 22 | 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 | - | Deleted 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------|-------------------------------|--|
| 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 |
| 03-01-08 | 3 | 6-18 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 |
| 02-06-08 | 2 | 29-31 | Reinserted section entitled “Non-Billable Medicaid Activities,” which was accidentally deleted from previous versions |
| 02-01-08 | 3 | 9 27, 30 | <ul style="list-style-type: none"> • Corrected instructions for field 10b • Standardized references to six-character legacy Medicaid provider number |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------------------|---|--|
| | | 43 | <ul style="list-style-type: none"> Corrected mailing address for refunds |
| 02-01-08 | 5 | 1 | Removed “including Partners for Health” from first paragraph |
| 02-01-08 | Forms | - | Corrected mailing address for Medicaid Refunds Form 205 |
| 01-01-08 | 5 | 10 | Updated address 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 | 9, 10 10 | <ul style="list-style-type: none"> Updated telephone numbers for Florence and Kershaw counties Updated Horry County address to 1601 11th Ave., 1st Floor |
| 11-01-07 | Appendix 1 | All | <ul style="list-style-type: none"> Corrected ECF field numbers throughout edit resolution instructions Added new edit code 107 |
| 11-01-07 | Appendix 2 | All | Updated list of carrier codes |
| 10-01-07 | 1 | 1-2 3 4 12 15 25 | <ul style="list-style-type: none"> Removed PEP information Added information about managed care enrollment broker and Managed Care Supplement Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). Clarified that “days” refers to business days Clarified which sections of manual may contain PA information Expanded provider list under Program Integrity |
| 10-01-07 | 3 | 11, 43 | <ul style="list-style-type: none"> Removed PEP information Added 90-day time limit for reversing refunds |
| 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|-------------------|---|---|
| 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 |
| 08-01-07 | 2 | 3, 7, 8, 2, 16-21, 23, 25, 40, 49, 62, 127 18 38 46 | <ul style="list-style-type: none"> Updated policies to reflect Medicaid Bulletin dated July 31, 2007 Updated item 6, to include multiple staff or interdisciplinary teams participation under POC Requirements Bolded Medication Monitoring for clarity under Nursing Services, Service Description Deleted requirement to include physician services in billing under Crisis Intervention Mental Health Service, Physician Direction Requirement |
| 08-01-07 | 3 | 5 | Added 03 – School under Place of Service Key |
| 08-01-07 | 4 | 1 | Changed maximum units per day for Comprehensive Community Support to 32 |
| 07-01-07 | 1 | All | Revised policies and procedures throughout section |
| 07-01-07 | Forms | - | Updated DHHS Form 205 |
| 07-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 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 |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
|----------|----------------------------|-----------------------|---|
| | | | <ul style="list-style-type: none"> Clarified retroactive eligibility policy Updated ECF correction instructions Added CPT and HCPCS ordering information Made 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 Darlington 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 version Updated DHHS Form 254 |
| 06-01-07 | Appendix 1 | - | Updated list of edit codes |
| 06-01-07 | TPL Supplement | All | <ul style="list-style-type: none"> Updated all sample forms and claims with new versions Updated form completion instructions to match new form versions |
| 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 |
| 04-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 04-01-07 | Time Restricted Supplement | - | Updated date for mandatory use of revised CMS-1500 |
| 03-01-07 | 5 | 6 | Updated Barnwell county office address |

CHANGE CONTROL RECORD

| Date | Section(s) | Page(s) | Change |
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| 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(s) | Page(s) | Change |
|----------|------------|--------------------------------|---|
| 08-01-06 | 5 | - | Updated Reasonable Effort Documentation form |
| 07-01-06 | Appendix 1 | 23, 60, 61 | Updated resolution for edit code 504, 923, 940 |
| 07-01-06 | Appendix 2 | - | Updated list of carrier codes |
| 05-01-06 | Appendix 1 | 52 | Updated resolution for edit code 852 |
| 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 | 17, 18 19 25 25 40 | <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 |
| 01-01-06 | Appendix 1 | 67 | Added edit code 935 |
| 12-01-05 | Appendix 1 | 70 | Added edit code 949 |
| 11-01-05 | 1 | 6, 7 | Removed "HIPAA" from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center |

CHANGE CONTROL RECORD

| | | | |
|----------|------------|-------------------------|--|
| 11-01-05 | 3 | 6 | Changed verb tense under Procedural Coding and Diagnostic Codes |
| 11-01-05 | 3 | 14 | Removed requirement for entering whole numbers for day or units in field 24G |
| 11-01-05 | 3 | 18, 34 | Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool |
| 11-01-05 | 3 | 17 | Changed Web site from www.scdhhshipaa.org to www.scm Medicaidprovider.org |
| 11-01-05 | 5 | 5-14 | Updated list of DHHS county offices |
| 10-01-05 | 5 | 5-14 | Updated list of DHHS county offices |
| 10-01-05 | Appendices | - | Made each appendix a separate file; moved Change Control Record out of appendices to a separate file |
| 09-01-05 | 2 | 110-123 | Updated Mental Health Services Not Otherwise Specified service description to mirror updates to Children's Behavioral Health Services Provider Manual |
| 09-01-05 | Appendix 2 | All | Updated lists of carrier codes |
| 09-01-05 | Appendix 1 | 38 & 64 | Added edit codes 577 and 900 |
| 08-01-05 | Appendix 1 | 62 | Added edit code 868 |
| 07-01-05 | 3 | 2, 10, 11 18, 29, 30 | <ul style="list-style-type: none"> • Added description of new Web Tool features • Removed instruction to attach EOB to paper claims • Change MIVS zip code to 29211-9804 (from 29201) |
| 07-01-05 | Appendix 2 | All | Updated lists of carrier codes |
| 03-02-05 | 5 | 10 & 11 | Changed incorrect area code for county offices in Saluda and Union to (864). |
| 03-01-05 | Appendices | All | New edit codes were added and some resolutions changed. |

SECTION 1

GENERAL INFORMATION AND ADMINISTRATION

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SECTION 1

GENERAL INFORMATION AND ADMINISTRATION

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GENERAL INFORMATION AND ADMINISTRATION

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

PROGRAM DESCRIPTION

The Medicaid program, as established by Title XIX of the Social Security Act, as amended, provides quality health care to low income, disabled, and elderly individuals by utilizing state and federal funds to reimburse providers for approved medical services. This care includes the diagnosis, treatment, and management of illnesses and disabilities.

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency designated to administer the South Carolina Medicaid program in compliance with state and federal laws and regulations and the South Carolina State Plan.

SCDHHS offers two Medicaid Managed Care Programs:

- Medicaid Managed Care Organization (MCO) Program
- Primary Care Case Management/Medical Homes Networks (PCCM or PCCM/MHN)

The Medicaid Managed Care Organization (MCO) program consists of contracted MCOs that, through a developed network of providers, provide, at a minimum, all services outlined in the core benefit package described in the MCO contract, for certain eligibility categories. SCDHHS pays a capitated rate per member per month, according to age, gender, and category of eligibility to MCOs. Payments for core services provided to MCO members are the responsibility of MCOs, not the fee-for-service Medicaid program.

The Medical Homes Network (MHN) Program is a Primary Care Case Management (PCCM) program. An MHN is composed of a Care Coordination Services Organization (CSO) and the primary care providers (PCPs) enrolled in that network. The CSO supports the member physicians by providing care coordination, disease management, and data management. The PCPs manage the health care of their patient members either by directly

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****PROGRAM DESCRIPTION
(CONT'D.)**

providing medically necessary health care services or authorizing another provider to treat the beneficiary. The Network receives a per-member-per-month (PMPM) care coordination fee. Reimbursement for medical services provided is made on a fee-for-service basis.

Both MHNs and MCOs may elect to provide their members enhanced services beyond what is offered under traditional fee-for-service Medicaid.

**ELIGIBILITY
DETERMINATION**

Applications for Medicaid eligibility may be filed in person or by mail. Applications may be obtained and completed at outstationed locations such as county health departments, some federally qualified health centers, most hospitals, and SCDHHS county eligibility offices. Individuals can also visit the SCDHHS Web site at <http://www.scdhhs.gov> to download an application for Medicaid.

Individuals who apply for SSI through the Social Security Administration and are determined eligible are automatically eligible for Medicaid.

For certain programs, Medicaid eligibility may be retroactive for a maximum of three months prior to the month of application when the applicant received medical services of the type covered by Medicaid and the applicant would have met all eligibility criteria had the application been filed at the time. A child born to a woman eligible for Medicaid due to pregnancy is automatically entitled to Medicaid benefits for one year provided that the child continues to reside in South Carolina.

Not all Medicaid beneficiaries receive full coverage. Some beneficiaries may qualify under the categories of limited benefits or emergency services only. Questions regarding coverage for these categories should be directed to the SCDHHS Provider Service Center (PSC) at 1-888-289-0709. Providers can also submit an online inquiry at <http://scdhhs.gov/contact-us>. A provider service representative will then respond to you directly with additional information about these categories.

Providers may verify a beneficiary's eligibility for Medicaid benefits by utilizing a Point of Sale (POS) device, the South Carolina Medicaid Web-based Claims Submission Tool, or an eligibility verification vendor. Additional information on these options is detailed later in this section.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****ELIGIBILITY
DETERMINATION
(CONT'D.)**

If the beneficiary is enrolled in a MCO or MHN/PCCM, certain services will require prior approval and/or coordination through the MCO or MHN/PCCM providers. For questions regarding MCO or MHN/PCCM programs, please visit the SCDHHS Web site at <http://scdhhs.gov> to view the MCO or MHN Policy and Procedure Guide.

More information about managed care can also be found in the Managed Care Supplement attached to all provider manuals.

**ENROLLMENT
COUNSELING SERVICES**

SCDHHS provides enrollment counseling services to Medicaid beneficiaries through a contract with a private vendor, Maximus, Incorporated. Services are provided under the program name “South Carolina Healthy Connections Choices.” The function of the enrollment counselor is to assist Medicaid-eligible members in the selection of the best Medicaid health plan to suit individual/family needs. For additional information, visit <http://www.SCchoices.com> or contact South Carolina Healthy Connections Choices at (877) 552-4642.

**MEDICARE / MEDICAID
ELIGIBILITY**

Medicaid beneficiaries who are also eligible for Medicare benefits are commonly referred to as “dually eligible.” Providers may bill SC Medicaid for Medicare cost sharing for Medicaid-covered services for dually eligible beneficiaries. Some dual eligibles are also Qualified Medicare Beneficiaries (QMB). If the dually eligible beneficiary is also a QMB, providers may bill SC Medicaid for Medicare cost sharing, for services that are covered by Medicare without regard to whether the service is covered by SC Medicaid. Reimbursement for these services will be consistent with the SC State Medicaid Plan.

Please refer to Section 3 of this manual for instructions regarding billing procedures for dually eligible beneficiaries. For instructions on how to access beneficiary information, including QMB status, refer to the Medicaid Web-Based Claims Submission Tool (the Web Tool), explained later in this section.

In the Web Tool, the Eligibility or Beneficiary Information section will indicate “Yes” if the beneficiary is a Qualified Medicare Beneficiary.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

MEDICARE / MEDICAID ELIGIBILITY (CONT'D.)

Note: Pharmacy providers should refer to Section 2 of the Pharmacy Services Provider Manual for more information on coverage for dually eligible beneficiaries.

SOUTH CAROLINA HEALTHY CONNECTIONS MEDICAID CARD

Medicaid beneficiaries are issued a plastic South Carolina Healthy Connections Medicaid card. Only one person's name appears on each card. If more than one family member is eligible for Medicaid, the family receives a card for each eligible member. In addition to the member's name, the front of the card includes the member's date of birth and Medicaid Member Number. Possession of the plastic card does not guarantee Medicaid coverage. Failure to verify eligibility prior to providing a service leaves the provider at risk of providing services to an ineligible individual.

The following is an example of a South Carolina Healthy Connections card:



The back of the Healthy Connections Medicaid card includes:

- A number that providers may call for prior authorization of services outside the normal practice pattern or outside a 25-mile radius of South Carolina
- A magnetic strip that may be used in POS devices to access information regarding Medicaid eligibility, third-party insurance coverage, beneficiary special programs, and service limitations 24 hours a day, seven days a week in a

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

**SOUTH CAROLINA
HEALTHY CONNECTIONS
MEDICAID CARD (CONT'D.)**

real time environment. There is a fee to providers for such POS services.

- A toll-free number for the beneficiary if he or she has questions about enrollment or Medicaid-covered services
- A toll-free number for the beneficiary if he or she has questions regarding pharmacy services

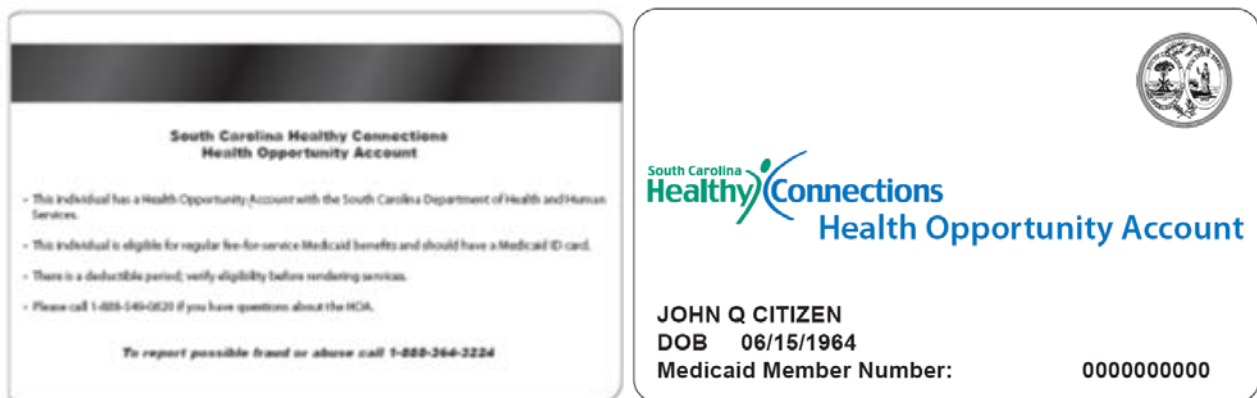
Providers are urged to report inappropriate use of a Medicaid card by a beneficiary (such as abuse, card-sharing, etc.) to the Division of Program Integrity’s toll-free Fraud and Abuse Hotline at 1-888-364-3224.

Beneficiaries who choose to enroll with a Medicaid Managed Care Organization (MCO) will also be issued an identification card by the MCO. This MCO-issued card contains phone numbers for member services and provider billing issues specific to the managed care plan. Please see the Managed Care Supplement for samples of cards from the various managed care plans.

**SC HEALTHY
CONNECTIONS HEALTH
OPPORTUNITY ACCOUNT**

The South Carolina Healthy Connections Health Opportunity Account (HOA) was implemented by SCDHHS in May 2008. It is a Medicaid option that allows beneficiaries to manage their own health care spending and set aside money to be used when they no longer need Medicaid. Routine claims filing procedures apply to HOA participants.

The following is an example of a South Carolina Healthy Connections Health Opportunity Account card:



SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****SC HEALTHY
CONNECTIONS HEALTH
OPPORTUNITY ACCOUNT
(CONT'D.)**

The back of the South Carolina Healthy Connections Health Opportunity Account card includes a toll-free number for questions about enrollment, Medicaid-covered services, or eligibility.

**SOUTH CAROLINA
MEDICAID WEB-BASED
CLAIMS SUBMISSION TOOL**

SCDHHS provides a free tool, accessible through an Internet browser, which allows providers to submit claims (UB and CMS-1500), query Medicaid eligibility, check claim status, offers providers electronic access to their remittance packages and the ability to change their own passwords.

Note: Dental claims can no longer be submitted on the Web Tool. Please contact the DentaQuest Call Center at 1-888-307-6553 for billing instructions.

Providers interested in using this tool must complete a SC Medicaid Trading Partner Agreement (TPA) with SCDHHS and return the signed SC Medicaid TPA Enrollment Form. Once received, the provider will be contacted with the Web site address and Web Tool User ID(s). If a provider utilizes a billing agent and elects to have the billing agent access their electronic remittance package, both the provider and the billing agent must have a TPA on file. The provider's TPA must name their billing agent. The billing agent's TPA must include the provider's name and Medicaid number. For more information regarding the TPA, refer to Section 3 of this manual.

To learn more about this tool and how to access it, visit the SC Medicaid e-Learning Web site at: <http://Medicaid eLearning.com> or contact the SC Medicaid EDI Support Center via the SCDHHS Provider Service Center at 1-888-289-0709. A list of training opportunities is also located on the Web site. For Web Tool training dates, click on "Training Options."

**SOUTH CAROLINA
MEDICAID BULLETINS AND
NEWSLETTERS**

SCDHHS Medicaid bulletins and newsletters are distributed electronically through e-mail and are available online at the SCDHHS Web site.

To ensure that you receive important SC Medicaid information, visit the Web site at <http://www.scdhhs.gov/> or enroll to receive bulletins and newsletters via e-mail, go to bulletin.scdhhs.gov to subscribe.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****PROVIDER
ENROLLMENT****PROVIDER PARTICIPATION**

The Medicaid program administered by the South Carolina Department of Health and Human Services (SCDHHS) is considered to be a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

Provider participation in the Medicaid program is voluntary. To participate in the Medicaid program, a provider must meet the following requirements:

- Complete an online provider enrollment application and agreement and submit any necessary supporting documentation. Certain provider types, depending on the type of service provided, are required to sign a contractual agreement in addition to the provider enrollment agreement.
- Accept the terms and conditions of the online application by electronic signature, indicating the provider's agreement to the contents of the participation agreement, the Electronic Funds Transfer Agreement, W-9 and Trading Partner Agreement.
- Be licensed by the appropriate licensing body, certified by the standard-setting agency, and/or other pre-contractual approval processes established by (SCDHHS).
- If eligible, obtain a National Provider Identifier (NPI) and share it with SCDHHS. Refer to <https://nppes.cms.hhs.gov> for additional information about obtaining an NPI.
- Be enrolled in the South Carolina Medicaid program and receive official notification of enrollment.
- Continuously meet South Carolina licensure and/or certification requirements of their respective professions or boards in order to maintain Medicaid enrollment.
- Comply with all federal and state laws and

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

SOUTH CAROLINA MEDICAID PROGRAM

PROVIDER PARTICIPATION (CONT'D.)

regulations currently in effect as well as all policies, procedures, and standards required by the Medicaid program.

- Medicaid will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside the United States

All rendering providers must be enrolled in the Medicaid program. Enrolled providers are prohibited from allowing non-enrolled providers use of their Medicaid ID number/NPI number in order for non-participating providers to be reimbursed for services. Claims for Medicaid reimbursement submitted under a Medicaid ID number or NPI number other than that of the ordering, referring or rendering provider will be considered invalid and may result in a program integrity investigation and/or recoupment of the Medicaid payment. As required by 42 CFR 455.440, all claims submitted for payment for items and services that were ordered or referred must contain the NPI of the physician or other professional who ordered or referred such items or services.

MCO network providers/subcontractors do not have to be Medicaid-enrolled providers. Fee-for-service reimbursement from SCDHHS may only be made to Medicaid-enrolled providers.

A provider must immediately report any change in enrollment or contractual information (*e.g.*, mailing or payment address, physical location, telephone number, specialty information, change in group affiliation, ownership, etc.) to SCDHHS Provider Service Center within 30 days of the change. Failure to report this change of information promptly could result in delay of payment and/or termination of enrollment. Mailing information is located in the Correspondence and Inquiries section.

Extent of Provider Participation

Providers have the right to limit the number of Medicaid patients they are willing to treat within their practice; however, providers may not discriminate in selecting the Medicaid beneficiaries they will treat or services they will render. A provider may not refuse to furnish services covered under Medicaid to an eligible individual because of a third party's potential liability for the service(s). A provider who is not a part of a Managed Care

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****Extent of Provider
Participation (Cont'd.)**

Organization's network may refuse service to a Medicaid MCO member.

A provider and a beneficiary (or the beneficiary's guardian or representative) should determine before treatment is rendered whether the provider is willing to accept the beneficiary as a Medicaid patient. In an emergency, or if a provider cannot determine that a patient is Medicaid-eligible at the time service is rendered, the provider should meet with the beneficiary (or the beneficiary's legal guardian or representative) at the earliest possible date to determine whether the provider is willing to accept the beneficiary as a Medicaid patient for the previously rendered service. To avoid disputes or misunderstandings, providers are encouraged to document the details of their provider-patient agreement in the patient's record.

In furnishing care to beneficiaries who are participating in a Medicaid managed care option, all providers are required to comply with the benefit requirements specified by the applicable managed care program with respect to issues such as the extent of approvals for referrals, etc. Specific questions may be addressed directly to the managed care provider or the Bureau of Managed Care at (803) 898-4614.

Once a provider has accepted a beneficiary as a Medicaid patient, it is the responsibility of the provider to deliver all Medicaid-covered services throughout the course of treatment. The policy section of this manual may include clarification of specific program policies.

Non-Discrimination

All Medicaid providers are required to comply with the following laws and regulations:

- Title VI of the Civil Rights Act of 1964 that prohibits any discrimination due to race, color, or national origin (45 CFR Part 80)
- Title V, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794 that prohibits discrimination on the basis of handicap (45 CFR Part 84)
- The Americans with Disabilities Act of 1990 that prohibits discrimination on the basis of disability (28 CFR Parts 35 & 36)

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**SOUTH CAROLINA MEDICAID PROGRAM****Non-Discrimination
(Cont'd.)**

- The Age Discrimination Act of 1975 that prohibits discrimination on the basis of age (45 CFR Parts 90 and 91)

Service Delivery*Freedom of Choice*

Except as otherwise specified in this manual, a Medicaid beneficiary has the right to choose any provider who is both a participant in the Medicaid program and willing to accept the beneficiary as a patient.

However, once a beneficiary exercises his or her freedom of choice by enrolling in a Medicaid managed care option, the beneficiary is required to follow that plan's requirements (*e.g.*, use of designated primary and specialist providers, precertification of services, etc.) for the time period during which the beneficiary is enrolled in the managed care option.

Medical Necessity

Medicaid will pay for a service when the service is covered under the South Carolina State Plan and is medically necessary. "Medically necessary" means that the service (the provision of which may be limited by specific manual provisions, bulletins, and other directives) is directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability. A provider's medical records or other appropriate documentation for each beneficiary must substantiate the need for services, must include all findings and information supporting medical necessity and justification for services, and must detail all treatment provided. Medicaid will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

RECORDS/ DOCUMENTATION REQUIREMENTS

GENERAL INFORMATION

As a condition of participation in the Medicaid program, providers are required to maintain and provide access to records. These records should fully disclose the medical necessity for treatment and the extent of services provided to Medicaid beneficiaries. Unless program policy otherwise allows, this documentation must be present in the beneficiaries' records before the provider files claims for reimbursement. For the purpose of reviewing and reproducing documents, providers shall grant to staff of SCDHHS, the State Auditor's Office, the South Carolina Attorney General's Office, the Government Accountability Office (GAO), and the U.S. Department of Health and Human Services (USDHHS) and/or any of their designees access to all records concerning Medicaid services and payment. These records may be reviewed during normal business hours, with or without notice.

A provider record or any part thereof will be considered illegible if at least three medical or other professional staff members who regularly perform post-payment reviews are unable to read the records or determine the extent of services provided. If this situation should occur, a written request for a translation may be made. In the event of a negative response or no response, the reimbursed amount will be subject to recoupment.

Assuming that the information is in a reasonably accessible format, the South Carolina Medicaid Program will accept records and clinical service notes in accordance with the Uniform Electronic Transactions Act (S.C. Code Ann. §26-6-10 *et seq.*). Reviewers and auditors will accept electronic documentation as long as they can access them and the integrity of the document is ensured. Furthermore, providers must comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191.

The minimum retention period for Medicaid records is five years. Exceptions include providers of hospital and nursing home services, who are required to maintain records

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

RECORDS / DOCUMENTATION REQUIREMENTS

GENERAL INFORMATION (CONT'D.)

pertaining to Medicaid beneficiaries for a period of six years. Other Medicaid provider agreements/contracts may require differing periods of time for records retention.

Providers should contact the PSC or submit an online inquiry at <http://scdhhs.gov/contact-us> for specific information regarding the documentation requirements for the services provided. In all cases, records must be retained until any audit, investigation, or litigation is resolved, even if the records must be maintained longer than normally required. Medicaid providers generally maintain on-site all medical and fiscal records pertaining to Medicaid beneficiaries.

Medical and fiscal records pertaining to Medicaid beneficiaries that a provider may maintain at an off-site location/storage facility are subject to the same retention policies, and the records must be made available to SCDHHS within five business days of the request. For reviews by the SCDHHS Division of Program Integrity, requested Medicaid records should be provided within two business days.

Note: These requirements pertain to retention of records for Medicaid purposes only; other state or federal rules may require longer retention periods.

DISCLOSURE OF INFORMATION BY PROVIDER

As of April 14, 2003, for most covered entities, health care providers are required to comply with privacy standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, which includes providing all patients and/or clients with a Notice of Privacy Practices. The Notice should include sufficient information to disclose to each Medicaid patient/client the provider's intent to release any medical information necessary for processing claims, including Medicaid claims. Providers who have not issued their patients/clients a Notice of Privacy Practices should obtain authorization to release such information to SCDHHS. The authorization must be signed and dated by the beneficiary and must be maintained in the patient's/client's record.

Once a Notice of Privacy Practices is acknowledged by the Medicaid beneficiary, or the beneficiary's authorization to release information is obtained, a provider who uses hard-copy claim forms that require the patient's signature is no

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS****DISCLOSURE OF
INFORMATION BY
PROVIDER (CONT'D.)**

longer required to have each claim form signed by the beneficiary. Providers who file claims electronically are required under their Trading Partner Agreement (TPA) to ensure ready association of electronic claims with an acknowledged Notice of Privacy Practices or a signed statement from the beneficiary consenting to the release of information necessary to process claims.

Certain medical services may be subject to more stringent rules or regulations governing the disclosure of information than others. However, if a provider is unable to release information necessary for Medicaid claims processing due to the lack of proper Notice or authorization from the beneficiary, payment may be denied and/or previous payments may be recouped. Consequently, providers who are concerned about releasing patient information to SCDHHS are advised to obtain specific written authorization from the Medicaid patient/client.

**SAFEGUARDING
BENEFICIARY
INFORMATION**

Federal regulations at 42 CFR Part 431, Subpart F, and South Carolina Regulations at Chapter 126, Article 1, Subarticle 4, require that certain information concerning Medicaid applicants and beneficiaries be protected. As a condition of participation in the Medicaid program, all providers must agree to comply with the federal laws and regulations regarding this protection, by execution of either a contract or a provider enrollment agreement. Questions regarding access to protected information should be referred to the PSC. Provider can also submit an online inquiry at <http://scdhhs.gov/contact-us> to request additional information.

Beneficiary information that must be protected includes but is not limited to the following:

- Name and address
- Medical services provided
- Social and economic circumstances
- Medical data, including diagnosis and past history of disease or disability
- Any information involving the identification of legally liable third-party resources
- Any information verifying income eligibility and the amount of medical assistance payments

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

RECORDS / DOCUMENTATION REQUIREMENTS

SAFEGUARDING

BENEFICIARY

INFORMATION (CONT'D.)

This information may generally be used or disclosed only for the following purposes:

- Establishing eligibility
- Determining the amount of medical assistance
- Providing services for beneficiaries
- Assisting in a Medicaid-related investigation, prosecution, or civil or criminal proceeding

Regarding the release of beneficiary information to billing/collection agencies, the Centers for Medicare and Medicaid Services (CMS) has instructed the states that the requirements for the release of beneficiary information should parallel the limitations on payments. Agents to whom payments could be made are allowed to obtain relevant beneficiary information, since the sharing of that information is for a purpose directly connected with Medicaid administration. However, if no payment could be made to the agent because the agent's compensation is tied to the amount billed or collected, or is dependent upon the collection of the payment, then Medicaid is not allowed to release beneficiary information to that agent.

Note: The manner in which the Medicaid program deals with the agent is determined primarily by the terms of the agent's compensation, not by the designation attributed to the agent by the provider. Agents or providers who furnish inaccurate, incomplete, or misleading information to SCDHHS regarding agent compensation issues may face sanctions.

Confidentiality of Alcohol and Drug Abuse Case Records

Federal law requires providers to observe more stringent rules when disclosing medical information from the records of alcohol and drug abuse patients than when disclosing information concerning other Medicaid beneficiaries. Federal regulations govern the information that must be protected in such cases and the circumstances under which this information may be disclosed. These regulations may be found at 42 CFR Part 2.

SPECIAL / PRIOR AUTHORIZATION

Certain medical services must be authorized by SCDHHS (or its designee) prior to delivery in order to be reimbursable by Medicaid. Some of the services that are

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**RECORDS / DOCUMENTATION REQUIREMENTS****SPECIAL / PRIOR
AUTHORIZATION (CONT'D.)**

specifically subject to prior authorization and approval are as follows:

- Services provided outside of the South Carolina Medicaid Service Area (SCMSA). The SCMSA is South Carolina and adjacent areas within 25 miles of its borders. Providers should contact the PSC or submit an online inquiry for prior authorization guidelines.
- Services not routinely covered by Medicaid, or other services that require prior approval before payment or before service delivery as a matter of policy. Please refer to the appropriate section of this manual, contact the PSC, or submit an online inquiry for prior authorization guidelines.
- Services for which prepayment review is required.

Refer to program-specific sections of this manual for other services that must be authorized prior to delivery.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION
RECORDS / DOCUMENTATION REQUIREMENTS

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****CHARGE LIMITS**

Providers may not charge Medicaid any more for services to a beneficiary than they would customarily charge the general public. Providers should bill their usual and customary charges and not the Medicaid reimbursement rate. Retroactive adjustments can only be made up to the billed amount. Medicaid will generally pay the lower of the established Medicaid reimbursement rate, determined by the program, or the provider's charges. The Medicaid program will not pay for services or items that are furnished gratuitously without regard to the beneficiary's ability to pay, or where no payment from any other source is expected, such as free x-rays or immunizations provided by health organizations.

**BROKEN, MISSED, OR
CANCELLED
APPOINTMENTS**

CMS prohibits billing Medicaid beneficiaries for broken, missed, or cancelled appointments. Medicaid programs are state-designed and administered with federal policy established by CMS. Federal requirements mandate that providers participating in the Medicaid program must accept the agency's payment as payment in full. Providers cannot bill for scheduling appointments or holding appointment blocks. According to CMS Program Issuance Transmittal Notice MCD-43-94, broken or missed appointments are considered part of the overall cost of doing business.

**NATIONAL CORRECT
CODING INITIATIVE (NCCI)**

The South Carolina Medicaid program utilizes NCCI edits and its related coding policy to control improper coding.

The CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. The purpose of the NCCI edits is to prevent improper payment when incorrect code combinations or units of service are reported exceeding what is normally considered to be medically necessary. NCCI edits identify procedures/services performed by the same provider for the same beneficiary on the same date of service.

NCCI consist of two types of edits:

- 1) NCCI Procedure to Procedure (PTP) edits: These edits define pairs of HCPCS/CPT codes that should not be reported together for a variety of reasons.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

NATIONAL CORRECT CODING INITIATIVE (NCCI) (CONT'D.)

These edits consist of a column one code and a column two code. If both codes are reported, the column one code is eligible for payment and the column two code is denied. In some instances an appropriate modifier may be added to one or both codes of an edit pair to make the code combination eligible for payment.

- 2) Medically Unlikely Edits (MUE): These edits define for each HCPCS/CPT code the number of units of service that is unlikely to be correct. The units of service that exceed what is considered medically necessary will be denied.

It is important to understand, however, that the NCCI does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination.

Services denied based on NCCI code pair edits or MUEs may not be billed to patients.

The CMS web page <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html> provides overview information to providers on Medicaid's NCCI edits and links for additional information.

MEDICAID AS PAYMENT IN FULL

Once a provider has accepted a beneficiary as a Medicaid patient, the provider must accept the amount established and paid by the Medicaid program (or paid by a third party, if equal or greater) as payment in full. Neither the beneficiary, beneficiary's family, guardian, or legal representative may be billed for any difference between the Medicaid allowable amount for a covered service and the provider's actual charge, or for any coinsurance or deductible not paid by a third party. In addition to not charging the patient for any coinsurance or deductible amounts, providers may not charge the patient for the primary insurance carrier's copayment. Only applicable Medicaid copayments and services not covered by Medicaid may be billed to the beneficiary.

For beneficiaries enrolled in a Medicaid managed care option, the managed care entity must accept SCDHHS' capitated payment as payment in full for all services

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

MEDICAID AS PAYMENT IN FULL (CONT'D.)

covered by the capitation arrangement. Managed care network providers must accept their reimbursement from the managed care entity as payment in full. Only services not included in the specified benefits package or not otherwise covered by Medicaid may be billed to a beneficiary enrolled in a managed care option.

PAYMENT LIMITATION

Medicaid payments may be made only to a provider, to a provider's employer, or to an authorized billing entity. **There is no option for reimbursement to a beneficiary.** Likewise, seeking or receiving payment from a beneficiary pending receipt of payment from the Medicaid program is not allowed, except where a copayment is applicable. By virtue of submitting a claim to Medicaid, a provider is agreeing to accept Medicaid as the payer.

REASSIGNMENT OF CLAIMS

In general, Medicaid payments are to be made only to the enrolled practitioner. However, in certain circumstances payment may be made to the following:

1. The employer of the practitioner, if the practitioner is required as a condition of employment to turn over fees to the employer
2. The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim
3. A foundation, plan, or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim
4. A business agent. Regulations found at 42 CFR Part 447, Subpart A, allow Medicaid to make payment for services to a provider's "business agent" such as a billing service or an accounting firm, only if the agent's compensation is:
 - a) Related to the cost of processing the billing
 - b) Not related on a percentage or other basis to the amount that is billed or collected
 - c) Not dependent upon the collection of the payment

If the agent's compensation is tied to the amount billed or collected or is dependent upon the

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****REASSIGNMENT OF CLAIMS (CONT'D.)**

collection of the payment, Medicaid is not allowed to make payment to the agent. Furthermore, providers are urged to seek advice regarding the HIPAA (Public Law 104-191) provisions when entering into such an agreement.

THIRD-PARTY LIABILITY

As a condition of eligibility for Medicaid, federal regulations at 42 CFR Part 433, Subpart D, require individuals to assign any rights to medical support or other third-party payment to the Medicaid agency (SCDHHS) and cooperate with the agency in obtaining such payments. The South Carolina Code §43-7-420 makes this assignment effective automatically upon application for Medicaid.

Medicaid providers may obtain information regarding third-party resources that are known to SCDHHS by utilizing the South Carolina Healthy Connections Medicaid Insurance card with a Point of Sale (POS) device or by using the South Carolina Medicaid Web-based Claims Submission Tool. Third-party resources include but are not limited to health benefits under commercial health insurance plans, indemnity contracts, school insurance, Workers' Compensation, and other casualty plans that may provide health insurance benefits under automobile or homeowner's coverages.

For Medicaid purposes, third-party resources are divided into two general categories: Health Insurance and Casualty Insurance.

Health Insurance

In general, health insurance may include any individual accident and health policy or group policy that provides payment for health care costs. Unless otherwise permitted, a provider who accepts a Medicaid beneficiary as a patient is required to request payment from all available third-party resources prior to billing Medicaid. All third-party claims filed must be assigned to the provider.

Should the third-party carrier deny payment or reduce payment to less than the Medicaid approved amount, the provider may then submit the claim to Medicaid. The claim filed to Medicaid must be properly completed with all applicable third-party information entered in the appropriate fields (see Section 3 or other appropriate materials for billing instructions). Under the federally mandated Cost Avoidance program, 42 CFR §433.139,

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****Health Insurance**

claims for certain services to beneficiaries who have health insurance coverage may automatically reject if the third-party carrier has not been billed first. If a claim is rejected for failure to bill third-party coverage, the resulting Edit Correction Form (ECF) for the rejected claim will contain the carrier code, policy number, and name of the policyholder for each third-party carrier. SCDHHS will not reprocess the claim unless the provider returns a correctly coded ECF that documents payment or denial of payment by the third-party carrier.

While most claims are subject to coordination of benefits to ensure Medicaid is the payer of last resort, federal regulations exempt claims submitted for physicians' services under the Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) program, Maternal Health, Title IV – Child Support Enforcement, and certain Department of Health and Environmental Control (DHEC) services under Title V. While providers are encouraged to file with any liable third party for these claim types, if they choose not to do so, SCDHHS will pay the claims and bill liable third parties directly through the Benefit Recovery program.

Premium Payment Project

Through the Premium Payment Project, SCDHHS is able to pay private health insurance premiums for Medicaid beneficiaries who are subject to losing coverage due to non-payment. SCDHHS will pay these premiums when said payment is determined to be cost effective.

Premium payment is usually cost effective for Medicaid beneficiaries with chronic medical conditions requiring long-term treatment such as cancer, end stage renal disease, chronic heart problems, congenital birth defects, and AIDS. Depending on the amount of the premium, the program may also be appropriate for beneficiaries with short-term costly health needs, such as pregnancy.

Providers of services to participating beneficiaries should consider Medicaid the payer of last resort and bill any liable third-party insurance plan prior to billing Medicaid.

Questions regarding the Premium Payment Project or referrals for beneficiary participation in this project should be directed to the Third Party Liability- Medicaid Insurance Verification Services (MIVS) department by calling (803) 264-6847.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

Casualty Insurance

Casualty insurance includes policies that provide payment for treatment related to an accident or injury. This type of coverage is most commonly related to incidents such as auto accidents, and in these cases the injured party is frequently represented by an attorney.

Unlike health insurance claims, claims involving casualty insurance are not subject to review under the Cost Avoidance program. The accident questionnaire is the primary referral source and is generated by the Medicaid claims processing system. At times, it is the provider who identifies a potentially liable third party. If there is casualty insurance coverage, the provider may pursue the claim directly with either the beneficiary's attorney or the casualty insurance carrier, or file a claim with Medicaid (provided that the one-year time limit for submission of claims has not been exceeded).

If the provider files a claim with Medicaid and the claim is paid, then SCDHHS will pursue reimbursement from any liable third party.

Provider Responsibilities – TPL

A provider who has been paid by Medicaid and **subsequently** receives reimbursement from a third party must repay to SCDHHS either the full amount paid by Medicaid or the full amount paid by the third party, whichever is less. Some providers may choose to submit a repayment check accompanied by a completed Form for Medicaid Refunds (DHHS Form 205) identifying the third-party payer. Others providers may decide to submit a Claim Adjustment Form 130, which will allow them to void and/or replace a claim that resulted in under or overpayment. Examples of these forms can be found in the Forms section of this manual. For detailed information regarding both of these adjustment processes, please refer to Section 3 of this manual.

The Medicaid program makes payments to providers on behalf of beneficiaries for medical services rendered, but only to the extent that the beneficiary has a legal obligation to pay. If the beneficiary does not have a legal obligation to pay, then Medicaid will not make a payment. This means that if a beneficiary has third party insurance, including Medicare, SCDHHS's payment will be limited to the patient's responsibility (usually the deductible, co-pay

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****Provider Responsibilities –
TPL (Cont'd.)**

and/or co-insurance.) The Medicaid reimbursement and third party payment cannot exceed the amount the provider has agreed to accept as payment in full from the third party payer. A provider must not bill Medicaid for the difference between the payment received from a third party and the actual charges if the provider's third-party payment was determined under a "preferred provider" agreement. A "preferred provider" agreement is an agreement between the provider and the third party payer that establishes an amount that the provider is agreeing to accept as payment in full on its claims. Where such an agreement exists, Medicaid may only coordinate payment up to the lesser of the Medicaid allowed amount or the amount the provider has agreed to accept as payment in full from the third party payer.

The South Carolina Code §43-7-440(B) requires Medicaid providers to cooperate with SCDHHS in the identification of any third-party resource that may be responsible for payment of all or part of the cost of medical services provided to a Medicaid beneficiary. Upon receiving knowledge of third-party coverage that is not verified via a POS system or SCDHHS Web Tool, a provider is encouraged to notify SCDHHS's Division of Third-Party Liability of said coverage. The Health Insurance Information Referral Form may be used for this purpose. This form can be found in the Forms section of this manual.

The Division of Third-Party Liability must also be notified in writing if copies of claims submitted to Medicaid are released to anyone, including the beneficiary or the beneficiary's attorney. Before being released, the documents must clearly indicate that third-party benefits are assigned to SCDHHS pursuant to state law.

Providers should be aware that in no instance will SCDHHS pay any amount that is the responsibility of a third-party resource. If a provider releases copies of claims submitted to Medicaid and the release of those documents results in third-party payment being made to the beneficiary rather than to the provider, SCDHHS will not reimburse the provider for the amount of the third-party payment made to the beneficiary.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

REIMBURSEMENT

TIME LIMIT FOR SUBMITTING CLAIMS

SCDHHS requires that only “clean” claims and related ECFs received and entered into the claims processing system within one year from the date of service (or date of discharge for hospital claims) be considered for payment. A “clean” claim is error-free and can be processed without obtaining additional information from the provider or from another third party. This time limit will not be extended on the basis of third-party liability requirements. However, the one-year time limit does not apply to Medicare cost sharing claims or to claims involving retroactive eligibility.

Medicare Cost Sharing Claims

Claims for payment of Medicare cost sharing amounts must be received and entered into the claims processing system within two years from the date of service or date of discharge, or up to six months following the date of Medicare payment, whichever is later.

Retroactive Eligibility

Effective December 1, 2009, claims and related ECFs involving retroactive eligibility must meet both of the following criteria to be considered for payment:

- Be received and entered into the claims processing system within **six months** of the beneficiary’s eligibility being added to the Medicaid eligibility system **AND**
- Be received within **three years** from the date of service or date of discharge (for hospital claims). Claims for dates of service that are more than three years old will not be considered for payment.

To document retroactive eligibility, the provider is responsible for submitting one of the following documents with each claim or ECF within the above time frames:

- DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or
- The computer-generated Medicaid eligibility approval letter notifying the beneficiary that Medicaid benefits have been approved. This can be furnished by the beneficiary or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**REIMBURSEMENT****Retroactive Eligibility
(Cont'd.)**

SCDHHS will no longer consider claims that exceed the timely filing limits due to the provider being unaware of the beneficiary's coverage.

Payment Information

SCDHHS establishes reimbursement rates for each Medicaid-covered service. Specific service rates for covered services can be found in the appropriate section of this provider manual. Providers should contact the PSC or submit an online inquiry for additional information.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION
REIMBURSEMENT

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SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID PROGRAM INTEGRITY

The South Carolina Department of Health and Human Services ensures the integrity of the Medicaid Program and seeks to identify and reduce waste, fraud, and abuse in the use of Medicaid funds through the activities carried out by the Division of Program Integrity and the Division of Audits. The purposes of program oversight are to safeguard against unnecessary, inappropriate, and/or fraudulent use of Medicaid services, identify excessive or inaccurate payments to providers, and ensure compliance with the applicable Medicaid laws, regulations, and policies.

PROGRAM INTEGRITY

The Division of Program Integrity conducts post-payment reviews of all health care provider types including but not limited to hospitals (inpatient and outpatient) rural health clinics, Federally-qualified health clinics, pharmacies, ASCs, ESRD clinics, physicians, dentists, other health care professionals, speech, PT and OT therapists, CLTC providers, durable medical equipment providers, transportation providers, and behavioral and mental health care providers. Program Integrity uses several methods to identify areas for review:

- The toll-free Fraud and Abuse Hotline for complaints of provider and beneficiary abuse. The number is 1-888-364-3224.
- Complaints of provider or beneficiary abuse reported using the Fraud and Abuse email address: fraudres@scdhhs.gov. Each complaint received from the hotline or email is reviewed, and if the complaint is determined to involve either a Medicaid beneficiary or provider, a preliminary investigation is conducted to identify any indications of fraud and abuse.
- Referrals from other sources as well as ongoing provider monitoring that identify aberrant or excessive billing practices.
- The automated Surveillance and Utilization Review System (SURS) to create provider profiles and

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID PROGRAM INTEGRITY

PROGRAM INTEGRITY (CONT'D.)

exception reports that identify excessive or aberrant billing practices.

A Program Integrity review can cover several years' worth of paid claims data. (See "Records/Documentation Requirements" in this section for the policy on Medicaid record retention.) The Division conducts payment reviews, analysis of provider payments, and review of provider records, using statistical sampling and overpayment estimation when feasible, to determine the following:

- Medical reasonableness and necessity of the service provided
- Compliance with Medicaid program coverage and payment policies
- Compliance with state and federal Medicaid laws and regulations
- Compliance with accepted medical coding conventions, procedures, and standards
- Whether the amount, scope, and duration of the services billed to Medicaid are fully documented in the provider's records

Most Program Integrity on-site reviews are unannounced. The medical records and all other necessary documents obtained/received from the provider must contain documentation sufficient to disclose the extent of services delivered, medical necessity, appropriateness of treatment, and quality of care. Program Integrity staff thoroughly review all the documentation and notify the provider of the post-payment review results.

If the Program Integrity review finds that excessive, improper, or unnecessary payments have been made to a provider, the provider will be required to refund the overpayment or have it taken from subsequent Medicaid reimbursement. Failure to provide sufficient medical records within the timeframe allowed, or refusal to allow access to records, will also result in denial of the claim(s) involved, and Medicaid reimbursement for these claims must be refunded. Even if a provider terminates his or her agreement with Medicaid, the provider is still liable for any penalties or refunds identified by a Program Integrity review or audit. Failure to repay an identified overpayment may result in termination or exclusion from the Medicaid

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****PROGRAM INTEGRITY
(CONT'D.)**

program and other sanctions, which will be reported to the Federal Office of Inspector General (OIG).

For claims selected for a Program Integrity review, the provider cannot void, replace, or tamper with any claim records and documentation until the review is finalized.

Providers who disagree with the review findings are instructed to follow the process outlined in the certified letter of notification. The process affords providers the opportunity to discuss and/or present evidence to support their Medicaid claims.

**RECOVERY AUDIT
CONTRACTOR**

The South Carolina Department of Health and Human Services, Division of Program Integrity, has contracted with a Recovery Audit Contractor to assist in identifying and collecting improper payments paid to providers as a result of billing errors as referenced in 42 CFR 476.71. Section 6411(a) of the Affordable Care Act, Expansion of the Recovery Audit Contractor (RAC) Program amends section 1902(a) (42) of the Social Security Act and requires States to establish a RAC program to enable the auditing of claims for services furnished by Medicaid providers. Pursuant to the statute, these Medicaid RACs must: (1) identify overpayments; (2) recoup overpayments; and (3) identify underpayments. The Centers for Medicare & Medicaid Services (CMS) published the final rule implementing this provision, with an effective date of January 1, 2012. States are required to contract with Medicaid RACs “in the same manner as the Secretary enters into contracts” with the Medicare Recovery Auditors. For example, the contingency fee paid to the Medicaid RAC may not exceed that of the highest fee paid to a Medicare Recovery Auditor.

Under this rule, State contracts with Medicaid Recovery Audit Contractors must include the following requirements (or the State must obtain an exemption from CMS for the requirement):

- That each Medicaid RAC hires a minimum of 1.0 FTE Contractor Medical Director who is a Doctor of Medicine or Doctor of Osteopathy licensed to practice in that State.
- That each Medicaid RAC also hires certified coders (unless the State determines that certified coders are

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****RECOVERY AUDIT
CONTRACTOR (CONT'D.)**

not required for the effective review of Medicaid claims)

- An education and outreach program for providers, including notification of audit policies and protocols
- Minimum customer service measures such as a toll-free telephone number for providers and mandatory acceptance of provider submissions of electronic medical records on CD/DVD or via facsimile at the providers' request
- Notifying providers of overpayment findings within 60 calendar days
- A 3 year maximum claims look-back period and
- A State-established limit on the number and frequency of medical records requested by a RAC.

HMS (Health Management Systems, Inc.) is the current Recovery Audit Contractor for the SCDHHS Division of Program Integrity.

**BENEFICIARY
EXPLANATION OF MEDICAL
BENEFITS PROGRAM**

The Beneficiary Explanation of Medical Benefits Program allows Medicaid beneficiaries the opportunity to participate in the detection of fraud and abuse. Each month the Division of Program Integrity randomly selects four hundred beneficiaries for whom claims for services were paid. These beneficiaries are provided with an Explanation of Medical Benefits that lists all non-confidential services that were billed as having been delivered to them and which were paid during the previous 45-day period. Beneficiaries are requested to verify that they received the services listed. The Division of Program Integrity investigates any provider when the beneficiary denies having received the services.

BENEFICIARY OVERSIGHT

The Division of Program Integrity identifies beneficiaries who may be misusing or overusing Medicaid services. Claims for services provided to identified persons are analyzed for patterns of possible fraudulent or abusive use of services. Referral to the State Attorney General's Office or other law enforcement agencies for investigation will be made based on the severity of the misuse. When a referral is not warranted, an educational letter may be sent to the beneficiary encouraging them to select a primary care

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****BENEFICIARY OVERSIGHT
(CONT'D.)**

physician and one pharmacy to ensure they receive quality care from a health care provider of their choice.

Complaints pertaining to beneficiaries' misuse of Medicaid services can be reported using the Fraud and Abuse Hotline (1-888-364-3224) or fraud email at fraudres@scdhhs.gov.

**MEDICAID BENEFICIARY
LOCK-IN PROGRAM**

SCDHHS implemented a Medicaid Beneficiary Lock-In Program in December 2008. The purpose of the Beneficiary Lock-In Program is to address issues such as coordination of care, patient safety, quality of care, improper or excessive utilization of benefits, and potential fraud and abuse associated with the use of multiple pharmacies and prescribers. The policy implements SC Code of Regulations R 126-425. The Division of Program Integrity reviews beneficiary profiles in order to identify patterns of inappropriate, excessive, or duplicative use of pharmacy services, such as using four or more pharmacies in a six-month period. If beneficiaries meet the lock-in criteria established by SCDHHS, they will be placed in the Medicaid Lock-In Program for one year to monitor their drug utilization and to require them to utilize one designated pharmacy. The beneficiary has the opportunity to select a pharmacy and has the right to appeal. The pharmacy provider selected is also notified of the lock-in, so that adequate time is allowed for selection of another provider should the first provider find he or she cannot provide the needed services.

DIVISION OF AUDITS

Medicaid providers, who contract with SCDHHS for services, including state agencies, may be audited by the SCDHHS Division of Audits. The SCDHHS Division of Audits was formed to assist the agency in the management, assessment, and improvement of agency programs, services, and operations. The Division of Audits accomplishes these goals by continuously reviewing and evaluating programs administered by SCDHHS to determine the extent to which fiscal, administrative, and programmatic objectives are met in a cost-effective manner.

In performing its audits, the Division of Audits follows generally accepted auditing standards (GAGAS). The Division of Audits performs different types of audits of Medicaid providers and programs, including:

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID PROGRAM INTEGRITY****DIVISION OF AUDITS
(CONT'D.)**

- Performance audits that provide an independent assessment of the program outcomes and the management of resources. These audits address the effectiveness, efficiency, and adequacy of program results.
- Audits of contracts with health care providers and other state agencies to ensure compliance with contract terms and conditions for Medicaid service delivery and administration

Audits to confirm the accuracy and allowability of costs and other financial information reported to SCDHHS

**PAYMENT ERROR RATE
MEASUREMENT**

The South Carolina Medicaid program, along with the Medicaid programs in other states, is required to comply with the CMS Payment Error Rate Measurement (PERM) program, which was implemented in federal fiscal year 2007. Each state will be reviewed every three years. PERM requires states to submit a statistically valid sample of paid Medicaid claims to a federal contractor, which will review for compliance with payment rates and state Medicaid policies, and will determine whether medical necessity for the service is adequately documented in the medical record. Providers who are chosen for the sample will be required to submit all applicable medical records for review; however, for most providers only one claim will be chosen for the sample. Providers who fail to send in the requested documentation will face recoupment of the Medicaid payment for the claim in question. In addition, if the CMS PERM contractor determines that a Medicaid claim was paid in error, SCDHHS will be required to recoup the payment for that claim. PERM will combine the errors found in each state in order to establish a national Medicaid error rate.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-
FRAUD PROVISIONS /
PAYMENT
SUSPENSION /
PROVIDER
EXCLUSIONS /
TERMINATIONS****FRAUD**

The South Carolina Medicaid program operates under the anti-fraud provisions of 42 US Code §1320a-7b. This federal law relates to both fraud and abuse of the program and identifies illegal acts, penalties for violations, and the individuals and/or entities liable under this section.

The Division of Program Integrity carries out SCDHHS responsibilities concerning suspected Medicaid fraud as required by 42 CFR Part 455, Subpart A. Program Integrity must conduct a preliminary investigation and cooperate with the state and federal authorities in the referral, investigation, and prosecution of suspected fraud in the Medicaid program. SCDHHS refers suspected cases of Medicaid fraud by health care providers to the Medicaid Fraud Control Unit of the State Attorney General's Office for investigation and possible prosecution. SCDHHS also makes referrals to the Bureau of Drug Control for suspected misuse or overprescribing of prescription drugs, especially controlled substances. If a provider suspected of fraud or abuse is also enrolled in a Medicaid Managed Care Organization (MCO), Program Integrity will coordinate the investigation with the MCO(s) involved. Suspected Medicaid fraud on the part of a beneficiary is referred to a Medicaid Recipient Fraud Unit in the State Attorney General's Office for investigation.

PAYMENT SUSPENSION

Medicaid payments to a provider may be withheld upon credible allegation of fraud, in accordance with the requirements in 42 CFR §455.23.

**Suspension of Provider
Payments for Credible
Allegation of Fraud**

SCDHHS will suspend payments in cases of a credible allegation of fraud. A "credible allegation of fraud" is an allegation that has been verified by SCDHHS and that comes from any source, including but not limited to the following:

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS

Suspension of Provider Payments for Credible Allegation of Fraud (Cont'd.)

- Fraud hotline complaints
- Claims data mining
- Patterns identified through provider audits, civil false claims cases, and law enforcement investigations

SCDHHS has flexibility in determining what constitutes a “credible allegation of fraud.” Allegations are considered to be credible when they have indications of reliability based upon SCDHHS’ review of the allegations, facts, and evidence on a case-by-case basis.

Notice of Suspension

SCDHHS will suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud for which an investigation is pending under the Medicaid program against an individual or entity. Payments may be suspended without first notifying the provider of the intention to suspend payments. SCDHHS will send notice of its suspension of program payments within the following timeframes:

- Within five business days of suspending the payment, unless requested in writing by a law enforcement agency to temporarily withhold such notice
- Within 30 calendar days of suspending the payment, if requested by law enforcement in writing to delay sending such notice

The Notice of Payment Suspension will include all information required to be provided in accordance with 42 CFR §455.23.

All suspension of payment actions will be temporary and will not continue after either of the following:

- SCDHHS or the prosecuting authorities determine that there is insufficient evidence of fraud by the provider
- Legal proceedings related to the provider’s alleged fraud are completed

Referrals to the Medicaid Fraud Control Unit

Whenever an investigation leads to the initiation of a payment suspension in whole or part, SCDHHS will make a fraud referral to the South Carolina Medicaid Fraud Control Unit (“MFCU”).

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****Good Cause not to Suspend Payments or to Suspend Only in Part**

SCDHHS may find that good cause exists not to suspend payments, or not to continue a payment suspension previously imposed on an individual or entity regarding a credible allegation of fraud, if any of the following are applicable:

- Law enforcement officials have specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation;
- Other available remedies implemented by SCDHHS will more effectively or quickly protect Medicaid funds;
- SCDHHS determines, based upon the submission of written evidence by the individual or entity that is the subject of the payment suspension, that the suspension should be removed;
- SCDHHS determines that beneficiary access to items or services would be jeopardized by a payment suspension for either of the following reasons:
 - An individual or entity is the sole community physician or the sole source of essential specialized services in a community;
 - The individual or entity serves a large number of beneficiary's within a medically underserved area, as designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services.
- Law enforcement declines to certify that a matter continues to be under investigation;
- SCDHHS determines that payment suspension is not in the best interests of the Medicaid program.

SCDHHS may also find that good cause exists to suspend payments in part, or to convert a payment suspension previously imposed in whole to one only in part, on any individual or entity regarding a credible allegation of fraud, if any of the following are applicable:

- SCDHHS determines that beneficiary access to items or services would be jeopardized by a payment suspension for either of the following reasons:

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS

Good Cause not to Suspend Payments or to Suspend Only in Part (Cont'd.)

- o An individual or entity is the sole community physician or the sole source of essential specialized services in a community;
- o The individual or entity serves beneficiaries within a medically underserved area, as designated by the Health Resources and Services Administration of the U.S. Department of Health and Human Services.
- SCDHHS determines, based upon the submission of written evidence by the individual or entity that is the subject of a whole payment suspension, that such suspension should be imposed only in part.
- SCDHHS determines the following:
 - o The credible allegation focuses solely and definitively on only a specific type of claim or arises from only a specific business unit of a provider; and
 - o A payment suspension in part would effectively ensure that potentially fraudulent claims were not continuing to be paid. If this determination is made by SCDHHS, it will be documented in writing.
- Law enforcement declines to certify that a matter continues to be under investigation.
- SCDHHS determines that payment suspension is not in the best interest of the Medicaid program.

Even if SCDHHS exercises the good cause exceptions set forth above, this does not relieve the agency of its obligation to refer a credible allegation of fraud to the Medicaid Fraud Control Unit.

PROVIDER EXCLUSIONS

Federal regulations that give States the authority to exclude providers for fraud and abuse in the Medicaid program are found at 42 CFR Part 1002, Subparts A and B. Exclusion means that a health care provider, either an individual practitioner or facility, organization, institution, business, or other type of entity, cannot receive Medicaid payment for any health care services rendered. Exclusions from Medicaid, as well as the State Children's Health Insurance Program (SCHIP), may be the result of:

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****PROVIDER EXCLUSIONS
(CONT'D.)**

- Conviction of a criminal offense related to delivery of services in a health care program
- Conviction of health care fraud under either Federal or State laws
- Conviction of the patient neglect or abuse in connection with delivery of health care
- Excessive claims or furnishing of unnecessary or substandard items and services
- Failure to comply with financial responsibilities and obligations
- Adverse action by a licensing board

Exclusions can be initiated by either federal authorities such as the US Department of Health and Human Services, Office of Inspector General (OIG) or by the State Medicaid agency. An excluded individual may be a licensed medical professional, such as a physician, dentist, or nurse, but exclusion is not limited to these types of individuals. The ban on Medicaid funding can extend to any individual or entity providing services that are related to and reimbursed, directly or indirectly, by a Medicaid program.

In addition, the OIG and/or SCDHHS may exclude an entity, including managed care organizations, if someone who is an owner, an officer, an agent, a director, a partner, or a managing employee of the entity has been excluded.

Any medical provider, organization, or entity that accepts Medicaid funding, or that is involved in administering the Medicaid program, should screen all employees and contractors to determine whether any of them have been excluded. Any individual or entity which employs or contracts with an excluded provider cannot claim Medicaid reimbursement for any items or services furnished, authorized, or prescribed by the excluded provider.

Federal regulations further require that any party who is excluded from participation in Medicare under 42 CFR Part 1001 must also be excluded from the Medicaid program. Medicaid payment is not available for services furnished directly by, or under the supervision of, an excluded party.

The OIG maintains the LEIE (List of Excluded Individuals and Entities), a database accessible to the general public that

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****PROVIDER EXCLUSIONS
(CONT'D.)**

provides information about parties excluded from participation in Medicare, Medicaid, and all other Federal health care programs. Visit the OIG Web site at <http://www.oig.hhs.gov/fraud/exclusions.asp> to search and/or download the LEIE.

SCDHHS also maintains its own list of excluded, South Carolina-only Medicaid providers (or those with a South Carolina connection) on our Web site. Visit the Provider Information page at <http://provider.scdhhs.gov> for the most current list of individuals or entities excluded from South Carolina Medicaid.

PROVIDER TERMINATIONS

“Termination” means that the SCDHHS has taken an action to revoke a provider’s Medicaid billing privileges, the provider has exhausted all applicable appeal rights or the timeline for appeal has expired, and there is no expectation on the part of the provider or SCDHHS that the revocation is temporary. Under Federal regulations established by the Affordable Care Act, SCDHHS has established the reasons under which a provider can be terminated from the Medicaid program “for cause”; see SCDHHS PE Policy-03, Terminations.

**ADMINISTRATIVE
SANCTIONS**

State regulations concerning administrative sanctions in the Medicaid program are found in South Carolina Regulations at Chapter 126, Article 4, Subarticle 1. SCDHHS may impose one or more of the following sanctions against a provider who has been determined to have abused the program:

- Educational intervention
- Post payment review
- Prepayment review
- Peer review
- Financial sanctions, including recoupment of overpayment or inappropriate payment
- Termination or exclusion
- Referral to licensing/certifying boards or agencies

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****OTHER FINANCIAL PENALTIES**

The State Attorney General's Office may also impose financial penalties and damages against a provider who has been determined to be guilty of fraud or convicted of a crime related to participation in the Medicaid or Medicare programs.

The United States Department of Health and Human Services (USDHHS), Office of Inspector General (OIG), may also impose civil money penalties and assessments under the provisions of 42 CFR Part 1003

FAIR HEARINGS

Proposed South Carolina initiated exclusion or termination from the Medicaid program, as well as recoupment of an overpayment identified by Program Integrity, may be appealed within 30 days of imposition of the sanction. (See "Appeals Procedures" elsewhere in this section.)

Any party who has been excluded or terminated from the Medicaid program as a result of a similar action by Medicare may exercise appeal rights as set forth in the written notice from the USDHHS OIG. Appeals to the OIG shall be processed in accordance with 42 CFR 1001.2007. A party so excluded shall have no right to separate appeal before SCDHHS.

REINSTATEMENT

Re-enrollment in Medicaid by formerly excluded providers is not automatic. The CFR [42 CFR 1002.215(a)] gives states the right to review requests for reinstatement and to grant or deny the requests.

Before a request for re-enrollment in Medicaid will be considered, the provider must have an active, valid license to practice and must not be excluded from Medicaid or Medicare by the federal government (USDHHS OIG). It is the provider's responsibility to satisfy these requirements. If the individual was excluded by the Office of Inspector General (HHS-OIG), then the individual must first apply to HHS-OIG for reinstatement and follow any federal requirements.

SCDHHS may deny reinstatement to the Medicaid program based on, but not limited to, any one or a combination of the following:

1. The likelihood that the events that led to exclusion will re-occur.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER EXCLUSIONS / TERMINATIONS****REINSTATEMENT (CONT'D.)**

2. If, since the date of the original exclusion, the provider has been convicted of fraud related to the delivery of services in a healthcare program, or has been convicted or had his license suspended or revoked due to failure to follow standards of care and/or patient harm or abuse.
3. If new information is provided that such conduct (as described above) occurred prior to the date of the exclusion but was not known to SCDHHS at the time.
4. If the provider has been excluded or had billing privileges terminated from Medicaid and/or Medicare by any state or by the US DHHS OIG.
5. Any terms or conditions associated with reinstatement by the appropriate licensing board or regulatory agency, or by the HHS-OIG.
6. Whether all fines, overpayments, or any other debts owed to the Medicaid program have been paid or arrangements have been made to fulfill these obligations.

All requests for re-enrollment in Medicaid will be considered by SCDHHS on an individual basis and on their own merit.

Any appeal of a denial of reinstatement will be in accordance with SCDHHS appeals policies and procedures as provided by South Carolina Code of Laws R. 126-150.

A terminated provider will also be required to reapply and be reenrolled with the Medicaid program if they wish billing privileges to be reinstated.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

APPEALS

SCDHHS maintains procedures ensuring that all Medicaid providers will be granted an opportunity for a fair hearing. These procedures may be found in South Carolina Regulations at Chapter 126, Article 1, Subarticle 3. An appeal hearing may be requested by a provider when a request for payment for services is denied or when the amount of such payment is in controversy.

The South Carolina Medicaid appeals process is not a reconsideration or claims review process. It is a formal process that should be considered as an avenue of last resort to be used in attempting to resolve or settle a dispute(s). Providers should contact the PSC or submit an online inquiry for assistance to resolve or settle a dispute(s) before requesting an administrative hearing.

In accordance with regulations of SCDHHS, a provider wishing to file an appeal must send a letter requesting a hearing along with a copy of the notice of adverse action or the remittance advice reflecting the denial in question. Letters requesting an appeal hearing should be sent to the following address:

Division of Appeals and Hearings
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

The request for an appeal hearing must be made within 30 days of the date of receipt of the notice of adverse action or 30 days from receipt of the remittance advice reflecting the denial, whichever is later. Hearings will be held in Columbia unless otherwise arranged. The appellant or appellant's representative must be present at the appeal hearing.

SECTION 1 GENERAL INFORMATION AND ADMINISTRATION

**MEDICAID ANTI-FRAUD PROVISIONS / PAYMENT SUSPENSION / PROVIDER
EXCLUSIONS / TERMINATIONS**

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SECTION 2

POLICIES AND PROCEDURES

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SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

COMMUNITY MENTAL HEALTH SERVICES OVERVIEW

The purpose of this manual is to provide pertinent information to community mental health service providers for successful participation in the South Carolina Medicaid program. This manual provides a comprehensive overview of the program, standards, policies and procedures for Medicaid compliance. Updates and revisions to this manual will be made by the South Carolina Department of Health and Human Services (SCDHHS) and will be made in writing to all providers.

SCDHHS encourages the use of, and promotes access to, “evidence-based” practices, and “emerging best practices” in the context of a system that ensures thorough and appropriate screening, evaluation, diagnosis, and treatment planning; and fosters improvement in the delivery system of mental health services to children and adults in the most effective and cost-efficient manner.

Community mental health service providers shall provide clinic services as defined in federal regulations 42 CFR 440.90. This section describes these services, legal authorities, and the characteristics of the providers of services.

Community mental health services are provided to adults and children diagnosed with a mental illness as defined by the current edition of the Diagnostic Statistical Manual (DSM).

Clinic Services

Clinic services are preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services that meet **all** of the following criteria:

- Services provided to outpatients
- Services provided by a facility that is not part of a hospital, but is organized and operated to provide medical care to outpatients
- Services furnished by or under the direction of a physician

SECTION 2 POLICIES AND PROCEDURES

PROGRAM OVERVIEW

General Definitions

- **SCDHHS** – South Carolina Department of Health and Human Services
- **DMH** – South Carolina Department of Mental Health
- **DSM** – Current edition of the Diagnostic and Statistical Manual of Mental Disorders
- **ICF/IID** – Intermediate Care Facility for Intellectual Disabilities
- **IMD** – Institutions for Mental Diseases
- **MUSC** – Medical University of South Carolina
- **SNF** – Skilled Nursing Facility
- **Client** – Any Medicaid beneficiary who is receiving services from the service provider
- **Community Mental Health Center (CMHC)** – A free-standing facility of the Department of Mental Health or Medical University of South Carolina having as its primary function the diagnosis, treatment, counseling, and/or rehabilitation involving mental, emotional, and behavioral problems, disturbances or dysfunction (Services are provided to clients on an outpatient basis.)
- **Collaterals** – Persons who are significant others or members of the client’s family or household, academic or workplace setting who regularly interact with clients and are directly affected by, or have the capability of affecting, their conditions and are identified in the client’s Plan of Care (POC) as having a role in treatment and/or are identified as being necessary for participation in the evaluation and assessment of the client prior to admission
- **Contact** – A face-to-face interaction between a staff member and a client or collateral

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

PHYSICIAN DIRECTION AND SUPERVISION FOR CLINIC SERVICES

Clinic services require that services be provided to clients under the direction of a physician, whether or not the clinic itself is administered by the physician. That is, the physician must at least be affiliated with the clinic in accordance with Section 1908(a) of Title XIX of the Social Security Act.

Although the physician does not have to be on the premises when his or her client is receiving covered services, the physician must assume professional responsibility for the services provided and assure that the services are medically appropriate and that clients are getting services in a safe, efficient manner in accordance with accepted standards of medical practice.

PHYSICIAN RESPONSIBILITIES

To comply with the above requirements, the physician/psychiatrist must see all Medicaid clients within the first 90 days from the date of admission to a CMHC or earlier, based on the individual client's needs. Physicians should prescribe the type of care to be provided and periodically review the need for continued care.

Physicians must include a properly completed Physician Medical Order (PMO) form in the medical record to confirm the initial contact with the client.

The physician/psychiatrist's signature is required on the client's Plan of Care (POC) to confirm diagnosis, medical necessity of the treatment, the appropriateness of care, and authorization of all services that are required to be listed on the POC. Refer to the heading "Plan of Care (POC)" in this section of the manual for more detail.

The physician/psychiatrist must evaluate all clients' needs for continued service at least once every 12 months. This evaluation will be confirmed by the physician/psychiatrist's signature and date on the POC.

STAFF-TO-CLIENT RATIO

Staff-to-client ratios must be met and maintained at all times during hours of operation. Ratios must be maintained in accordance with each individual service standard. Staff involved in the treatment delivery must have direct contact with clients; staff present but not

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PROGRAM REQUIREMENTS

STAFF-TO-CLIENT RATIO (CONT'D.)

involved in the treatment delivery cannot be included in the ratio.

If at any time during the delivery of a service, the staff-to-client ratio is not in accordance with the service standard, billing for clients in excess of the required ratio should be discontinued. Appropriately credentialed staff must be substituted or group sizes must be adjusted to meet the service standard requirements before billing may resume.

MEDICAL NECESSITY

All services are required to meet medical necessity. A service is medically necessary when it meets **all** of the following conditions:

- It is required to diagnose, treat, cure, or prevent an illness that has been diagnosed or is reasonably suspected, to relieve pain, improve and preserve health, or be essential to life.
- It is consistent with a client's symptoms, diagnosis, and level or ability to function in his or her roles and not be in excess of the client's needs.
- It is consistent with generally accepted medical standards and is not experimental or investigational.
- It is not primarily provided for the convenience of a client, the client's caretaker, or the provider.

COORDINATION OF CARE

Coordination of care must occur for clients who are being served by multiple agencies/providers. During the intake process, each provider is responsible for attempting to identify whether a client is already receiving treatment from another Medicaid provider and notifying any other involved Medicaid providers of the client's need for services. Needed services should never be denied to an individual because another provider has been identified as the service provider. Each provider should also notify other involved agencies or providers immediately if an individual in an overlapping situation discontinues his or her services.

OUT-OF-HOME PLACEMENT SERVICES

Some children in out-of-home placements have specific treatment needs that cannot be adequately addressed by the out-of-home placement provider's staff. If a child requires therapeutic interventions beyond the clinical scope of the out-of-home placement providers' treatment capacity, the out-of-home placement provider may seek the services of

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PROGRAM REQUIREMENTS

OUT-OF-HOME PLACEMENT SERVICES (CONT'D.)

an outside provider.

Community mental health service providers may provide services to children of which there is no duplication of services with the out-of-home placement provider. Community mental health services may provide the following services where there is clearly no duplication of services: Psychiatric Medical Assessment, Injectable Medication Administration, and Nursing Services.

Since there is no way to address all of the possibilities that may arise, each situation must be judged on its own merit. Those most clinically knowledgeable of the child's treatment needs and/or direct care staff, as well as the Case Manager from the state agency that placed the child, should discern the appropriateness for the need of an outside provider. Emergency situations do not require approval from the child-placing agency.

Services must be documented in the child's clinical record, in accordance with the requirements of this manual, and must clearly show no duplication of services.

It is NEVER appropriate for an out-of-home placement provider to seek the service of an outside provider to replace his or her required treatment services.

Regardless of the special needs of any one child, it is inappropriate for the out-of-home placement provider to rely on an outside provider to render most or all of the treatment service to any child.

PROVIDER QUALIFICATIONS

The community mental health service provider may bill for only those services rendered by clinical staff who hold the credentials required by each covered, billable service. The community mental health service provider is responsible for the appropriate billing for services administered by staff members who possess the credentials required by each covered, billable service.

The CMHC shall have a credentials folder on file for each clinician that includes **all** of the following:

- Curriculum vitae or resume
- Copy of diploma or transcripts representing the highest degree attained
- Copy of licenses or certification, including current renewals or required training

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

PROVIDER QUALIFICATIONS (CONT'D.)

Each community mental health service provider shall also maintain a file that lists the clinical staff, their professional titles, and the services each staff member is privileged to render.

General Staff Requirements

The following information describes the credentialing requirements for staff delivering services in community mental health service programs. Prior to delivery of services, each staff member should be appropriately credentialed and privileged by the authorizing community mental health service provider. Each community mental health center shall adhere to the standards of qualification of service provider credentials as defined below.

Community mental health services must be rendered by, or under the supervision of, a Mental Health Professional (MHP) as outlined in the individual service standard and in accordance with their respective scope of practice as allowed under SC Law.

Mental Health Professional (MHP)

The following professionals are considered to be MHPs:

- A **Psychiatrist** must be a licensed Doctor of Medicine or Doctor of Osteopathy who has completed a residency in psychiatry and who is licensed to practice medicine in South Carolina.
- A **Physician** must be licensed to practice medicine in South Carolina.
- A **Psychiatric Nurse** or **Advanced Practice Registered Nurse** must be a registered nurse, licensed in South Carolina, with a minimum of a master's degree in nursing.
- A **Psychologist** must possess a doctoral degree from an accredited university or college, and be licensed in the state of South Carolina in the clinical, school, or counseling areas.
- A **Social Worker** must possess a master's degree in social work from an accredited university or college and be licensed by the State Board of Social Work Examiners.
- A **Clinical Chaplain** must possess a Master of Divinity from an accredited theological seminary and have two years of pastoral experience as a priest, minister, or rabbi and one year of Clinical

SECTION 2 POLICIES AND PROCEDURES

PROGRAM REQUIREMENTS

Mental Health Professional (MHP) (Cont'd.)

Pastoral Education that includes a provision for supervised clinical services.

- A **Mental Health Counselor (MHC)** must possess a master's or doctoral degree from a program that is primarily psychological in nature from an accredited university or college (*e.g.*, counseling, guidance, or social science equivalent).
- A **Mental Health Professional with a Master's Equivalent** must possess a master's degree in a closely related field that is applicable to the bio-psycho-social treatment of the mentally ill. Included in this category are those appropriate Ph.D. candidates who have bypassed the master's degree but have more than enough hours to satisfy a master's requirement.

Other Qualified Professionals

The following qualified professionals may provide community mental health services as outlined in the individual service standards and in accordance with State Law and their respective scope of practice:

- A **Registered Nurse (RN)** must be licensed in South Carolina and at a minimum must possess an associate's degree in nursing from a Board-approved nursing education program and one year of experience working with the population to be served
- A **Licensed Practical Nurse (LPN)** must be licensed in South Carolina with the completion of an accredited program of nursing approved by the Board of Nursing and one year of experience working with the population to be served
- A **Physician's Assistant (PA)** must be licensed in South Carolina with the completion of an educational program for physician assistants approved by the Commission on Accredited Allied Health Education Programs
- A **Non-Mental Health Professional** must possess a bachelor's degree from an accredited university or college; or must have three years experience in the direct care of persons with serious mental illness. They must also have completed an approved curriculum program as specified by the authorizing community mental health service provider

SECTION 2 POLICIES AND PROCEDURES
PROGRAM REQUIREMENTS

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SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

MEDICAL RECORDS

Each client shall have a medical record that includes sufficient documentation to justify Medicaid participation and permit a clinician not familiar with the client to evaluate the course of treatment.

The client's medical record should contain the following:

- A written comprehensive bio-psycho-social examination or initial clinical assessment conducted by an MHP
- A Psychiatric Medical Assessment
- All plans of care, reviews, and addenda
- Physician's orders, laboratory results, lists of medications, and prescriptions (when performed or ordered)
- Clinical Service Notes
- Copies of any testing performed on the client
- Copies of all written reports
- Consents and eligibility information, and any other documents relevant to the care and treatment of the client

The medical record must be arranged in a logical order to facilitate the review, copy, and audit of the clinical information and course of treatment.

Medical records will be kept confidential in conformance with the Health Insurance Portability and Accountability Act (HIPAA) regulations and safeguarded as outlined in Section 1.

CONSENT TO EXAMINATIONS AND TREATMENT

A "Consent to Examinations and Treatment" form [hereinafter referenced as "Consent form"], dated and signed by the client or representative, must be obtained at the onset of treatment from all clients except in the circumstances indicated below.

If the client cannot sign the Consent form due to a crisis, and is accompanied by a next of kin or responsible party, that individual may sign the Consent form. If the client is

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

CONSENT TO EXAMINATIONS AND TREATMENT (CONT'D.)

alone and unable to sign, a statement such as “client unable to sign and requires emergency treatment” should be noted on the Consent form and must be signed by the physician or MHP and one other staff member. The client should sign the Consent form as soon as circumstances permit.

A new Consent form should be signed and dated each time a client is readmitted to the system after discharge.

Consent forms are not necessary to conduct designated examinations ordered by probate court. However, a copy of the probate court order must be kept in the medical record.

ABBREVIATIONS AND SYMBOLS

Community mental health service abbreviations on the Plan of Care (POC) and/or Clinical Service Notes (CSNs) must use only the approved abbreviation for services. Approved abbreviations for services can be found in the “Medicaid Billable Services” chart in Section 4 of this manual. Service providers shall maintain a list of abbreviations and symbols used in clinical documentation, which leaves no doubt as to the meaning of the documentation.

LEGIBILITY

All clinical documentation must be typed or handwritten using only black or blue ink, legible, and filed in chronological order. All clinical records must be current, consistently organized, and meet documentation requirements. Records must be arranged in a logical order so they can be easily and clearly reviewed, copied, and audited.

Original legible signature and credential (*e.g.*, Registered Nurse) or functional title (*e.g.*, MHP) of the person rendering the service must be present in all clinical documentation. Photocopied signatures, stamped signatures, or signatures of anyone other than the person rendering the service and/or co-signature, when required, are not acceptable.

ERROR CORRECTION

Medical records are legal documents. Staff should be extremely cautious in making alterations to the records. In the event that errors are made, adhere to the following guidelines:

- Draw one line through the error, and write “error,” “ER,” “mistaken entry,” or “ME” to the side of the error in parenthesis.

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

ERROR CORRECTION (CONT'D.)

- Enter the correction, sign or initial, and date it.
- Errors cannot be totally marked through; the information in error must remain legible.
- No correction fluid may be used.

LATE ENTRIES

Late entries (entries to provide additional documentation to supplement entries previously written) may be necessary at times to handle omissions in documentation. Late entries should rarely be used, and then only to correct a genuine error of omission or to add new information that was not discovered until a later time. When late entries are made, adhere to the following guidelines:

- Identify the new entry as a “late entry.”
- Enter the current date and time.
- Identify or refer to the date and incident for which the late entry is written.
- If the late entry is used to document an omission, validate the source of additional information as much as possible.
- When using late entries, document as soon as possible.

RECORD RETENTION

Medical records must be retained for a period of five years after the last payment date. If any litigation, claims, or other actions involving the records are initiated prior to the expiration of the five-year period, the records shall be retained until completion of the action/resolution of all issues which arise from it, or until the end of the five-year period, whichever is later.

INITIAL CLINICAL ASSESSMENT

An MHP shall perform an initial clinical assessment or comprehensive bio-psychosocial examination for each client at the onset of treatment.

Initial Clinical Assessments or bio-psychosocial examinations are provided to evaluate a client’s mental condition, establish medical necessity, and, based on their diagnosis, determine the appropriate treatment. The initial assessment or comprehensive bio-psychosocial examination must be completed within the first three non-emergency visits and shall include, at least, the following areas:

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

INITIAL CLINICAL

ASSESSMENT (CONT'D.)

- Presenting problem/history
- Psychiatric history/care
- Integrated Substance Abuse Disorder Assessment (as appropriate)
- Medical history/care/current medications
- Personal history/developmental/family/social/occupational
- Mental status examination
- Diagnosis

PLAN OF CARE (POC)

The Plan of Care (POC) is an individualized comprehensive plan of care to improve the client's condition developed in collaboration with a client and/or significant other(s). Multiple staff or members of an interdisciplinary team may participate in the process of developing, preparing and/or reviewing the POC. The signature of the MHP responsible for the POC is required. The signature of a physician is required to confirm the diagnosis, medical necessity of the treatment, and the appropriateness of care.

POC Due Date

The initial POC must be formulated, signed, and dated by the MHP and the reviewing physician within 90 calendar days from the day a client enters services at the mental health center.

For beneficiaries receiving retroactive coverage, and for whom a Psychiatric Medical Assessment (PMA) has not been rendered during a retroactively covered period, the PMA must occur within 45 days from the date that a client is determined Medicaid eligible. The initial POC must be developed, signed, and dated by the MHP and reviewing physician/psychiatrist within 45 calendar days from the day the client becomes retroactively eligible. A note indicating the date the client became retroactively eligible should be placed in the medical record.

Duration of the POC

The maximum duration of a POC is 12 months from the date of the physician/psychiatrist's signature on the POC. If the POC is reformulated prior to its expiration, the maximum duration is 12 months from the reviewing physician's signature.

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

POC Requirements

The POC must be in writing or print and include the following:

1. The client's name and Medicaid ID number
2. The primary diagnosis that is the basis for the treatment planned, as well as the code and description according to the current edition of the Diagnostic Statistical Manual (DSM)

For individuals who have more than one diagnosis regarding mental health, substance use, and/or medical conditions, all diagnoses should be recorded.

3. Justification for treatment, frequency of services, and continuation of treatment statement based on the diagnosis and needs of the client

For individuals who have concurrent substance abuse disorders, the other diagnoses should be integrated into the POC. A list of specific goals and objectives, and as appropriate, interventions coordinated with substance abuse service providers, should also be included.

4. Authorized treatment process including the following:
 - Goals (stated by the client as possible) that are relevant to treatment
 - Objectives that are outcome oriented and individualized
 - Interventions which include a list of specific services used to meet the stated goals and objectives must be included
 - Services necessary to meet each objective
 - The appropriate frequency of the services that are required in the POC
 - The frequency of services must be listed on the POC. Each service should be listed by its name or approved abbreviation with either a planned frequency or, if allowable, PRN (as necessary for client needs). Services cannot be listed as both. Services which may be listed as PRN are

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

POC Requirements (Cont'd.)

PMA, MH Assessment by Non-Physician, Injectable Medication Administration, Nursing Services, Crisis Intervention Services, MH Service Plan Development by Non-Physician

- Expected dates to meet each objective, which should not exceed the duration of the POC
 - The type of staff who will be rendering the service and professional title (MD, MHP, RN, etc.)
5. Client signature (If a client refuses to sign the POC or it is not deemed clinically appropriate to obtain the client's signature, the reason the client's signature was not obtained must be documented.)
 6. The signature(s) and title(s) of the MHP that developed the POC

Multiple staff or members of an interdisciplinary team may participate in the process of developing, preparing and/or reviewing the POC. The signature of the MHP responsible for the POC is required. The signature of a physician is required to confirm the diagnosis, medical necessity of the treatment, and the appropriateness of care.

7. The physician/psychiatrist's signature and date is required to confirm the medical necessity and appropriateness of care.

Services Required to be Listed on the POC

The following services must be listed in the POC to receive reimbursement:

- Family Therapy
- Group Therapy
- Individual Therapy

The following services may be listed in the POC, but are not required. However, when a combination of these services are to be provided due to the medical needs of a client it is recommended that these services be included on the POC to maintain the integrity of the plan of care.

- Injectable Medication Administration
- MH Assessment by Non-Physician
- Psychiatric Medical Assessment

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

Services Required to be Listed on the POC (Cont'd.)

- Crisis Intervention Services
- MH Service Plan Development by Non-Physician
- Nursing Services

POC Additions or Changes

Services added or frequencies of services changed in an existing POC must be signed or initialed and dated by the reviewing physician. Clients are not required to have face-to-face contact with physicians/psychiatrists for the addition of services or changes in service frequency. All additions to the POC should be listed in chronological order.

When additions or changes are authorized without face-to-face contact with the physician, the contact should be documented in the record and should be signed and/or initialed by the physician immediately upon return. Should the service be provided before the physician signature is obtained, the record must contain a CSN justifying the change.

Addendum POC/Goal Sheet

An addendum POC and/or Goal Sheet, used in conjunction with an existing POC if the space is insufficient on the current POC, must be labeled “Addendum POC” or “Addendum Goal Sheet(s)” and must accompany to the existing POC. The addendum must include the signature and title of the MHP who formulated the addendum(s), and the date it was formulated. The addendum(s) must also be signed by the reviewing physician. In order to avoid duplication or repeating unchanged information from the original POC, the addendum can state, “see POC of [appropriate date].”

Progress Summaries

Progress summaries are periodic reviews to evaluate a client’s progress toward the treatment objectives, appropriateness of the services being furnished and need for the client’s continued participation in the community mental health service program. A review of the client’s participation in all services must be conducted at least every 90 calendar days from the date clients begin receiving services, and must be summarized by the MHP and documented in the POC Progress Summary Report. The MHP will review the following areas:

- The client’s progress toward treatment objectives

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

Progress Summaries (Cont'd.)

and goals

- The appropriateness of the services provided and their frequency
- The need for continued treatment
- Recommendations for continued services

POC Review

Upon termination or expiration of the treatment period, the MHP must review the POC, preferably with the client, and evaluate the client's progress in reference to each of the treatment objectives. Multiple staff members of an interdisciplinary team may participate in the process of developing, preparing and/or reviewing the POC. The signature of the MHP responsible for the review is required. The clinician should also assess the need for continued services and the specific services needed based on the progress of the client. Newly recommended services will either be added to the existing POC, or a new POC can be developed that includes needed services. The physician signature is required to confirm the diagnosis, medical necessity of the treatment, and the appropriateness of care for newly recommended services.

The POC must include the signature and title of the MHP, and the date when the review was completed.

Continued Treatment

In situations where it appears necessary to continue treatment beyond the initially authorized duration, the POC can be reviewed up to 30 days prior to its expiration date without altering the due date of the initial POC. The physician must sign and date the POC, and then state an effective date, which is presumably consistent with the current POC expiration date. Failure to list an effective date will result in the POC expiring 12 months from the physician's signature date. At this time, the MHP should meet with the client to discuss the continuation of treatment and make the necessary changes on the POC.

Physician Signature on the POC

For services to be eligible for Medicaid reimbursement, the POC must be signed by the reviewing physician within 90 calendar days of a client's admission to a CMHC.

The physician signature is required to confirm the diagnosis, medical necessity of the treatment, and the appropriateness of care. The physician must sign a

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

Physician Signature on the POC (Cont'd.)

continued POC immediately after the MHP reviews it and prior to any delivery of services. This is crucial when the POC is not reviewed until its expiration date.

Clinical Service Note (CSN)

All community mental health services provided to Medicaid beneficiaries shall be documented on a CSN. PMA services rendered by a physician/psychiatrist may be documented on a PMO. Each service should be documented on a separate CSN or PMO. CSNs and PMOs must also be typed or handwritten using only black or blue ink, legible, and filed in chronological order. Additionally, CSNs must be dated, legibly signed, and include professional titles of appropriately credentialed staff. CSNs should be completed immediately after the delivery of a service.

Only approved abbreviations and symbols may be used in the clinical documentation. An Abbreviation Key must be maintained to support use of abbreviations and symbols in entries.

The CSN must reflect the following:

- Delivery of specific billable services as identified on the POC
- Documentation that services correspond to billing in type, amount, duration, and date
- A pertinent clinical description of the service
- The date and actual time the service was rendered
- A signature, with the name and title, of the appropriate service provider
- The duration of the service rendered

When two or more staff members write on the same CSN, the individual responsible for that segment must sign each entry.

Generic Notes

Generic notes may be used as an extension of the CSN. These notes should be filed adjacent to the corresponding CSN and kept in chronological order. It is preferable that generic notes be used rather than writing on the back of the CSN to prevent destruction of critical information concerning a client.

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

Referenced Information

Additional information, for example test results and interview information that is located within the medical record, must be referenced on the CSN, and the CSN should clearly identify where this information can be located.

When a physician/psychiatrist renders services to clients, the documentation on the CSN should reference the PMO.

Availability of Clinical Documentation

A CSN or PMO should be completed and placed in the medical record immediately after the delivery of a service. If this is not possible due to the nature of the service, the CSN must be placed in the medical record no later than ten working days from the date of the service, unless otherwise indicated in the service standard.

If a CSN or PMO is dictated, the transcription must occur within one working day from the date of the service. The note must be placed in the medical record no later than ten working days from the date the service was provided.

Clinical Service Note Billing Information

The following billing information should be included in the documentation:

- The specific service that was rendered or its approved abbreviation
- The date, start time, and bill time that the service was rendered (Bill time is defined as time spent face-to-face with clients providing direct care.)
- The signature and title of the clinician who renders the service
- The place of service as appropriate for the particular service provided

See the “Billable Places of Service” heading for each service under “Program Services” in this manual section. The following list provides the codes most commonly used:

- o 03 – School
- o 11 – Doctor’s Office
- o 12 – Client’s Home
- o 21 – Inpatient Hospital
- o 22 – Outpatient Hospital

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

Clinical Service Note Billing Information (Cont'd.)

- o 23 – Emergency Room
- o 51 – Inpatient Psychiatric Facility
- o 53 – Community Mental Health Center
- o 99 – Other Unlisted Facility

For billing purposes, services provided in the client's natural/community environment, school, Community Residential Care Facility, nursing facility, other approved community mental health facility, or other allowable places of service will use the place of service code 99 - Other Unlisted Facility.

Clinical Documentation on the CSN

The documentation of services must provide a pertinent clinical description, assure that the service conforms to the service description, and authenticate the charges.

The documentation of the CSNs should include the information outlined in the next two subsections of this manual, with the exception of the following services:

- Psychiatric Medical Assessment
- Injectable Medication Administration
- Crisis Intervention
- MH Assessment
- MH Service Plan Development by a non-physician

The content of the CSNs for the excepted services is detailed under their individual service descriptions.

Content of Service Notes

Clinical service notes must document:

- The focus or reason for the session/intervention (This should be related to a treatment objective or goal listed on the POC.)
- The intervention(s) provided by the clinician
- The response of the client to the clinician's intervention(s)
- The results of tests or measurements, if applicable
- The general progress and status of the client in reference to the treatment goals and objectives
- The plan for the next session

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

Content of Service Notes (Cont'd.)

For individuals with co-occurring disorders receiving billable mental health interventions for a mental health diagnosis, attention to the substance use disorders or other medical disorders should be documented on the CSN using the criteria listed above. This is in addition to the documentation relating to the mental health diagnosis.

MEDICAL MANAGEMENT ONLY

Medical Management Only is a level of care provided to clients who due to their level of functioning and psychiatric stability do not require ongoing psychotherapeutic intervention. Clients that are eligible for Medical Management Only require only the prescription of appropriate medications and continued monitoring for side effects. Based on the judgment of the physician, these identified clients who can benefit from medical management to maintain therapeutic gains and emotional stabilization will be managed by medical staff with the exception of situations of crisis when the client may be seen by a qualified MHP and if client is receiving Targeted Case Management to be assisted in assessing resources to meet general needs. Services may be provided by physicians, Advanced Practice Registered Nurses (APRNs), Registered Nurses (RNs), Physician Assistants (PAs), and Licensed Practical Nurses (LPNs). The physician must determine that a patient is appropriate for Medical Management Only level of care.

Clients meeting Medical Management Only criteria, as determined by the physician, may only receive the following services:

- Nursing Services
- Mental Health Service Plan Development by Non-Physician (SPD)
- Injectable Medication Administration
- Mental Health Assessment by a non-physician
- Psychiatric Medical Assessment (PMA)
- Psychiatric Medical Assessment Advanced Practice Registered Nurse

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

MEDICAL MANAGEMENT ONLY (CONT'D.)

- Crisis Intervention services (up to two contacts per year)

The physician will perform the initial PMA to determine the appropriateness of the client for the program. The physician will assign the client to the program and prescribe the plan of care to be followed. The physician must include a properly completed Physician's Medical Order (PMO) form in the record that clearly identifies the client to be appropriate for this level of care. The physician must sign and date the PMO. All eligible clients will be assessed at least annually to determine ongoing appropriateness of this level of care. When subsequent assessments are performed by an APRN, the physician must co-sign the note, thereby authorizing the plan of care and continued participation in this level of care. Thereafter, medical staff may see the client and must document the client's need to remain at this level of care. An assessment of each client in this level of care must be conducted at least annually by a physician or an APRN.

Participation in the Medical Management Only level of care must be clearly documented in the client's medical record. In addition to general documentation requirements and those specified in the individual service standard, the PMO or the Clinical Service Note must contain the following:

- Intervening services since the last PMA
- Assessment of whether the client is meeting his or her goal(s) and any desire to change the goal(s). Examples of goals may include "take my medicine and stay out of the hospital," or "continue to work," or "learn more about my medicine."
- An indication of any change in the client's goal(s) and that the client verbally agrees to continue this level of care
- Justification of treatment

The client's progress and any significant changes in the client's treatment shall be documented in the client's record every 90 days. The summary may be documented in the PMO note or a CSN. If a client has not been seen by a physician, an APRN, or a RN during the preceding 90-day period, and does not have sufficient clinical information to evaluate the treatment prescription, a progress summary

SECTION 2 POLICIES AND PROCEDURES

DOCUMENTATION REQUIREMENTS

MEDICAL MANAGEMENT ONLY (CONT'D.)

must be completed during the first contact thereafter. If the physician determines that the client needs additional Community Mental Health Services other than those allowed under this level of care, the client no longer meets the Medical Management Only criteria and all Medicaid standard Community Mental Health Services requirements shall apply.

All Medicaid billing requirements as set forth in the “Billing Requirements” section of Section 2 of this manual must be maintained.

SECTION 2 POLICIES AND PROCEDURES

BILLING REQUIREMENTS

Medicaid community mental health services are billed in units of 15 or 30 minutes, depending on the service. Units billed must be substantiated by the clinical documentation.

Each procedure code has a unit time and maximum frequency limit. All services must be billed in units, not to exceed the maximum number of units allowed per day. A billable unit of time is defined in increments of 15 or 30 minutes of service time with an eligible client. Service time is defined as the actual time the service provider spends “face-to-face” with clients and/or time spent working on behalf of clients while providing a community mental health service. Service time does not include any “non-billable” activities, to include preparation time, and travel time. The heading “Non-Billable Medicaid Activities” below outlines additional activities that fall under this category.

Service time must be converted to units and the total number of units is required to be submitted on the claim form. In all instances, service documentation must justify the number of units billed. See the “Documentation” heading in this manual section.

In some cases, service time may exceed the allowable billing time. For billing purposes, only the converted bill time (total number of units) is required on the documentation, up to the maximum number of units allowed per day.

NON-BILLABLE MEDICAID ACTIVITIES

The following is a list of activities that are not Medicaid-reimbursable under the Community Mental Health Service Program guidelines. Professional judgment should be exercised in distinguishing between billable and non-billable activities. This list is not exhaustive, but serves as a guide to non-billable activities.

- Travel time
- Attempted phone calls, home visits, and face-to-face contacts
- Record audits

SECTION 2 POLICIES AND PROCEDURES

BILLING REQUIREMENTS

NON-BILLABLE MEDICAID ACTIVITIES (CONT'D.)

- Completion of any specially requested information regarding clients from the state office or from other agencies for administrative purposes
- Recreation or socialization with a client
- Documentation of service notes
- Completion of Management Information System (MIS) reports and monthly statistical reports
- Unstructured client time (Inactivity, free, and unstructured time may be necessary for a client, but is not part of a billable service.)
- Educational services provided by the public school system such as homebound instruction, special education or defined educational courses (GED, Adult Development), or tutorial services in relation to a defined education course
- Education interventions that do not include individual process interactions
- Filing and mailing of reports
- Medicaid eligibility determinations and re-determinations
- Medicaid intake processing
- Prior authorization for Medicaid services
- Required Medicaid utilization review
- Early and Periodic Screening Diagnostic and Treatment (EPSDT) administration
- “Outreach” activities in which an agency or a provider attempts to contact potential Medicaid recipients
- Participation in job interviews
- The on-site instruction of specific employment tasks
- Staff supervision of actual employment services
- Assisting clients in obtaining job placements
- Assisting clients in filling out applications (*i.e.*, job, disability, etc.)

SECTION 2 POLICIES AND PROCEDURES

BILLING REQUIREMENTS

NON-BILLABLE MEDICAID ACTIVITIES (CONT'D.)

- Assisting clients in performing the job or performing jobs for clients
- Drawing client's blood and/or urine specimen, and/or taking the specimen(s) to the lab
- Visiting clients while in another mental health service program, unless for a special treatment activity
- Retrieving medications for a client kept at the CMHC and handing out prescriptions or medications
- Scheduling appointments with the physician or any other clinician at the CMHC
- Providing non-authorized services to children placed in high or moderate management group homes
- Staffing between clinicians in the same clinical unit within the mental health center for the purpose of supervision
- Transporting clients to appointments or waiting for clients in waiting rooms
- Respite care

TELEPSYCHIATRY

To qualify for Medicaid reimbursement, interactive audio and video equipment must be involved that permits two-way – real-time (synchronous) or near-real-time (asynchronous) – communication between the client, consultant, interpreter, and referring clinician.

Please note the following requirements:

- Reimbursement requires the “real-time” presence of the client.
- Reimbursement is available for all community mental health services except; injectables, Crisis Intervention (if there is no other MH staff with the client), Group Therapy and Psychological Testing which require “hands on” encounters. GT modifier must be used when billing these services.
- All equipment must operate at a minimum communication transfer rate of 384 kbps.

SECTION 2 POLICIES AND PROCEDURES
BILLING REQUIREMENTS

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SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

PSYCHIATRIC MEDICAL ASSESSMENT (PMA), PSYCHIATRIC MEDICAL ASSESSMENT -ADVANCED PRACTICE REGISTERED NURSE (PMA-APRN), AND PSYCHIATRIC MEDICAL ASSESSMENT - TELEPSYCHIATRY (PMA-T)

Service Description

Psychiatric Medical Assessments are face-to-face clinical interactions between a client and a physician (PMA), or advanced practice registered nurse (PMA-APRN), or Telepsychiatry (PMA-T) to assess and monitor the client's psychiatric and/or physiological status for one or more of the following purposes:

- Assess the mental status of a client and provide a psychiatric diagnostic evaluation, including the evaluation of concurrent substance use disorders
- Provide specialized medical, psychiatric, and/or substance use disorder assessment
- Assess the appropriateness of initiating or continuing the use of medications, including medications treating concurrent substance use disorders
- Provide or review information on which to base a psychiatric evaluation and establish the medical necessity for care
- Assess or monitor a client's status in relation to treatment
- Assess the need for a referral to another health care, substance abuse, and/or social service provider
- Diagnose, treat, and monitor chronic and acute

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Service Description (Cont'd.)

health problems. This may include completing annual physicals and other health maintenance care activities such as ordering, performing, and interpreting diagnostic studies such as lab work and x-rays.

- Plan treatment and assess the need for continued treatment

Delivery of this service may include contacts with collateral persons for the purpose of securing pertinent information necessary to complete an evaluation of the client.

Telepsychiatry

When provided by a physician, PMAs can be rendered via interactive telecommunication. All other requirements must be met to render this service.

Eligibility

All Medicaid clients admitted to a mental health facility are eligible to receive PMA service and must receive this service at least once within the first 90 days from the date of admission to the mental health center or as the first service thereafter. PMAs may be repeated as often as is medically necessary.

If a PMA has not been rendered during a retroactively covered period, the PMA must be rendered within 90 calendar days from the date a client is retroactively determined Medicaid eligible.

Clients receiving psychotropic medications are strongly encouraged to receive a PMA every six months at a minimum.

Clients who have not had a face-to-face treatment service during a six-month period will require a new PMA completed by a physician or an Advanced Practice Registered Nurse (APRN) within 90 calendar days.

Staff Qualifications

Any physician or APRN who is deemed suitable under the provider qualification's provisions may render PMA services.

APRN Restriction

An APRN may render subsequent PMA services only after a physician has conducted the initial or first psychiatric assessment.

SECTION 2 POLICIES AND PROCEDURES**PROGRAM SERVICES****Service Documentation**

PMAs are not required to be listed on the POC. The physician or APRN who renders the service must include a properly completed PMO form in the record. The physician or APRN must sign and date the PMO. A Clinical Service Note (CSN) must be entered in the record that references the PMO.

A community mental health services provider may obtain a copy of a PMA performed by another provider for the purpose of the initial PMA requirement, provided there are no clinical indications that necessitate another PMA. In these cases, under all circumstances, the receiving service provider is responsible for ensuring that clients receive PMAs as clinically necessary and for Medicaid billing purposes, in accordance with Medicaid requirements.

Billing/Frequency Limits

Psychiatric Assessments are billed as one encounter per date of service. Any services rendered after 90 calendar days from the day a client enters service and before the rendering of a PMA may not be billed. Once the PMA has been completed, billing may resume.

Billable Places of Service

PMAs may be provided in a client's home, an inpatient or outpatient general hospital, a Community Mental Health Center, school, nursing facility, or other approved facility.

**INJECTABLE MEDICATION
ADMINISTRATION
(MED. ADM.)****Service Description**

Injectable Medication Administration is the injection of a medication in response to the order of a licensed physician. It is used as an adjunctive treatment to primary mental health services to restore, maintain, or improve a client's role performance or mental status.

Eligibility

All Medicaid clients in need of this service that have been identified by a physician or an APRN are eligible for this service.

Staff Qualifications

A physician licensed to practice medicine in the state of South Carolina may render Medication Administration Services. A Registered Nurse (RN), Licensed Practical Nurse (LPN), or licensed Physician Assistant (PA) under

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Staff Qualifications (Cont'd.)

the supervision of a physician or APRN may also render this service. However, when an RN, LPN, or PA renders this service, the supervising physician must be accessible in case of an emergency.

Service Provision

Medication Administration is rendered in response to a physician or APRN order documented on a PMO. The physician or APRN must assure the form is properly completed and included in the medical record to confirm the initial and any subsequent contacts with the client.

Only the provision of administration of those injectable procedure codes listed below are reimbursable under this service:

| REIMBURSABLE MEDICAID CODES FOR INJECTIONS | |
|--|---|
| J2060 | Ativan, to 4 mg |
| J1200 | Diphenhydramine, up to 50 mg |
| J0515 | Benztropine, up to 1 mg |
| J1630 | Haldol, up to 5 mg. |
| J1631 | Haldol Decanoate to 50 mg. IM. |
| J1990 | Librium, up to 100 mg. |
| 96372 | Therapeutic, Prophy, DX Inj, Subcut/Intramuc |
| J2680 | Prolixin Decanoate, Fluphenazine, up to 25 mg |
| J3230 | Torazine, Chlorpromazine, up to 50 mg |
| J3310 | Perphenazine, up to 5 mg |
| J3360 | Valium, up to 5 mg |
| J3410 | Vistaril, up to 25 mg |
| J2794 | Risperidone, 0.5 mg |
| J3486 | Ziprasidone Mesylate, 10 mg |

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Service Documentation

Injectable Medication Administration is not required to be listed on the POC. A CSN will be used to document this service. This service must be entered as the service to be rendered on the CSN. The provider of the service should include the following items in order to provide a relevant clinical description, assure the service conforms to the service description, and authenticate the charges:

- The medication administered
- The dosage given (quantity and strength)
- The route (I.M., I.D., I.V.)
- The injection site
- The side effects or adverse reactions noted

Billing/Frequency Limits

Only the injectable procedure codes listed in the table on the previous page are reimbursable under this service. Injections must be billed using the appropriate procedure code. Injection codes include both the cost and the administration of the drug.

Billable Places of Service

Medication Administration may be provided at a client's home or natural environment, CMHC, or a Community Residential Care Facility.

Relationship to Other Services

No restrictions

NURSING SERVICES (NS)

Service Description

Nursing Services offer a variety of face-to-face or telephonic interventions to a client. When providing this service, RNs utilize a holistic approach that addresses the medical, physical, and psychiatric needs of a client, recognizes the interaction of the two, and prevents unnecessary psychiatric hospitalization. Services are designed to:

- Provide limited or comprehensive medically necessary nursing care intervention to address the physical and/or mental health needs of a client to promote positive psychiatric treatment outcomes, and/or

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Service Description (Cont'd.)

- Promote health education/intervention regarding coexisting conditions that affect psychiatric symptomatology and functioning and promote client competence. This includes education about psychiatric medications and concurrent substance use in accordance with national practice guideline standards, and/or
- Determine and evaluate the nutritional status of mentally ill clients in support of improved treatment outcomes when it medically interferes with the psychiatric status of clients, and/or
- Provide follow-up nursing care to address identified problems and assess progress, and/or
- Promote the consistent use of health/medical services designed to promote positive psychiatric treatment outcomes.

Medication Monitoring is provided to do any or all of the following:

- Assess the need for clients to see the physician
- Determine the overt physiological effects related to the medication(s)
- Determine psychological effects of medications
- Monitor clients' compliance to prescription directions
- Educate clients as to the dosage, type, benefits, actions, and potential adverse effects of the prescribed medications
- Educate clients about psychiatric medications and substance abuse in accordance with nationally accepted practice guidelines

Eligibility

All Medicaid beneficiaries who physicians and APRNs, within the scope of their medical or nursing practice, believe will benefit from this service are eligible.

Staff Qualifications

Any RN, under the supervision of a physician or an APRN, may render Nursing Services. The physician must be accessible in case of emergency.

An RN or a Licensed Pharmacist, under the supervision of

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Staff Qualifications (Cont'd.)

a physician or an APRN, may render medication-monitoring activities. The physician or the APRN must be accessible in case of emergency.

Special Restrictions

Telephone contacts between an RN and clients are not Medicaid reimbursable under the following circumstances:

- Brief conversations to inform clients about appointment times
- Monitoring a client's general condition
- Billing more than two units per day

Telephonic contact may occur between a client and/or collateral to assess the client's physiological or psychological response to a medication order, but cannot be billed for more than two units per day.

Service Documentation

Nursing Services are not required to be listed on the POC. A CSN will be used to document this service. Nursing Services shall be entered on the CSN as the service to be rendered.

Medication Monitoring services require that the provider of the service also include the following items in addition to those required in the general CSN requirements:

- The medications the client is currently taking, or reference to the physician's order or other document in the medical record that lists all the medications prescribed to the client
- The side effects or adverse reactions experienced by the client
- Whether the client is refusing or unable to take medications as ordered, or is compliant in taking medications as prescribed
- How effective the medication(s) is in controlling symptoms
- Any issues relating to concurrent substance use, documentation of education to the client, and support for the rationale for continuing the necessary medication

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

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|---------------------------------------|--|
| Billing/Frequency Limits | Nursing Services are billed in units of 15 minutes for a maximum of seven units per day. |
| Billable Places of Service | Nursing Services may be rendered at a client's home, natural environment, or at a CMHC. |
| Relationship to Other Services | No restrictions. |

CRISIS INTERVENTION (CI) SERVICE

Service Description Crisis Intervention (CI) is a face-to-face or telephonic, time-limited, intensive therapeutic intervention with the client provided by an MHP or a RN.

Face-to-face interventions are intended to:

- Stabilize the client
- Identify the precipitant(s) or causal agent(s) that triggered the crisis
- Reduce the immediate personal distress felt by the client
- Reduce the chance of future crises through the implementation of preventive strategies

Telephonic interventions are provided either to the client or on behalf of the client. Telephonic interventions are intended to:

- Stabilize the client
- Prevent a negative outcome
- Link the necessary services to assist the client

Eligibility All clients who experience an abrupt substantial change in their role function and/or emotional state resulting in a marked increase in personal distress that results in an emergency for the client and/or the client's environment are eligible.

Individuals in crisis who require this service may commonly be using substances during the crisis.

Substance use should be recognized and addressed in an

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

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|-----------------------------------|---|
| Eligibility (Cont'd.) | integrated fashion, as it may add to risk, increasing the need for engagement in care. |
| Staff Qualifications | CI services shall be rendered by an MHP or a RN within their scope of practice. |
| Special Restrictions | Telephonic interventions are limited to a maximum of four units per day. |
| Service Documentation | <p>CI services are not required to be listed on the POC. A CSN must be completed daily on contact and should include the following:</p> <ul style="list-style-type: none"> • The focus of the session or the nature of the crisis • The content of the session • The intervention of the staff • The response of the client to the intervention(s) of the staff • The client's status at the end of the session • The disposition at the end of the session |
| Billing/Frequency Limits | CI services are billed in units of 15 minutes for a maximum of 20 units per day. Face-to-face interventions may be billed in units of 15 minutes for a maximum of 16 units per day. Telephonic interventions may be billed in units of 15 minutes for a maximum of four units per day. |
| Billable Places of Service | CI services may be provided at the CMHC, client's home or natural environment, Doctor's office, nursing facility, or outpatient hospital. |

MENTAL HEALTH ASSESSMENT BY NON- PHYSICIAN (ASSMT)

| | |
|----------------------------|---|
| Service Description | <p>Mental Health Assessment by a Non-Physician is a face-to-face clinical interaction between a client and an MHP that determines the following:</p> <ul style="list-style-type: none"> • The nature of the client's problems • Factors contributing to those problems • The client's strengths, abilities, and resources to |
|----------------------------|---|

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Service Description (Cont'd.)

help solve the problems

- One or more of the client's diagnoses
- The basis upon which to develop a POC for a client

When a client is unable to supply the information detailed above, the MHP may use this service when securing information from collaterals who have reason to know information pertinent to the status of the client.

The Initial Clinical Assessment or comprehensive bio-psychosocial examination must be completed for all clients within the first three non-emergency visits.

Eligibility

All Medicaid clients requesting mental health services, including those who present with co-occurring substance abuse symptomatology, are eligible.

Staff Qualifications

Assessment services shall be rendered by an MHP.

Other qualified professional staff time, if used while assisting the MHP, may be added to the MHP's bill time when the other qualified professional participates in the evaluation process. Staff time includes only face-to-face service time.

Service Provision

Assessments may be provided at different times during the treatment, to include:

- At the beginning of treatment, when the client first requests services at the clinic
- At any time during the treatment when it is necessary to ascertain the client's progress, response to treatment, need for continued participation in treatment, or change in behavior and/or condition
- At the time of the review of the POC to reassess the client's progress, response to treatment, and need for continued participation in treatment. The reassessment must be documented separately on a CSN and comply with the service documentation requirements.
- At the end or termination of treatment, to justify discontinuing treatment
- To conduct a court-ordered evaluation and

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Service Provision (Cont'd.)

designated examinations that meet Medicaid reimbursement requirements

- For screening a client for placement in an outpatient setting, only once per inpatient admission to a general hospital, to assess the services necessary for the client's treatment modality after discharge

Assessment Components

The following activities are considered an assessment:

- **Initial Clinical Assessment or Comprehensive Bio-psychosocial Evaluation** that is conducted at the beginning of treatment when a client first request services: It serves as the basis for the POC and includes a clinical history, as well as any substance abuse history. The service establishes one or more diagnoses and the medical necessity of treatment.
- **Psychological Testing** conducted by a psychologist or MHP within the scope of their qualifications: This test is used to assess the client's interests, ability, personality, or level of function as related to the medical and/or psychiatric diagnosis.
- **Integrated Substance Use Disorder Assessment** that provides the MHP with past patterns of substance use. This assessment includes the following:
 - When the substance disorder occurred in relation to the mental health symptoms
 - The specific abuse or **dependence diagnoses**
 - **An identification of periods of abstinence** or reduced use
 - A description of mental health symptoms, functioning, and treatment
 - Successful substance treatment during those periods
 - The client's current patterns of use, diagnoses, treatment participation, withdrawal risk, and the impact of substance use on the client's current mental health symptoms

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Assessment Components (Cont'd.)

- **Diagnostic Interview** that is conducted at the beginning of treatment or at any other time during treatment as deemed necessary by members of the treatment team: It is used to clarify a diagnosis or diagnoses and plan a course of treatment.

Service Documentation

Mental Health Assessment is not required to be listed on the POC, but shall be documented daily upon contact.

Billing/Frequency Limits

Assessment services are billed as an encounter per date of service.

Billable Places of Service

Assessment services may be provided in a client's home or natural environment, an inpatient hospital, nursing facility, or a CMHC.

INDIVIDUAL THERAPY (IND. TX.)

Service Description

Individual Therapy involves face-to-face, planned therapeutic interventions. These interventions focus on the enhancement of a client's capacity to manage his or her emotions and behaviors through effective decision making, developing and acquiring coping skills, making better choices and decisions regarding co-occurring substance abuse, achievement of personal goals, and development of self-confidence and self-esteem.

Individual Therapy may be psychotherapeutic and/or therapeutically supportive in nature. The client's needs and diagnosis – including substance abuse, strengths, and resources – determine the extent of the issues addressed in treatment, as well as the psychotherapeutic modalities used by the clinician.

Individual Therapy is directed toward the solution of problems and learning new adaptive behavior. Psychotherapeutic modalities include, but are not limited to, non-experimental therapies such as cognitive, dynamic, behavioral, humanistic, existentialist, psychoanalytical, and other recognized specialized psychotherapeutic practices. Individuals with severe disabilities are likely to benefit from interventions that are cognitive and behavioral in nature but are simplified to accommodate their level of functioning. Interventions should also be designed to

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

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| Service Description (Cont'd.) | <p>achieve specific behavioral targets, such as improving medication adherence or reducing substance abuse.</p> <p>This service does not include educational interventions without therapeutic process interaction or any experimental therapy not generally recognized by the profession.</p> |
| Eligibility | <p>All clients who physicians, within the scope of their clinical practice, believe would benefit from this service are eligible, including those with co-occurring disorders.</p> <p>Clients who are able to engage in personal exploration and who have no, or minimal, impairment of cognitive functions will benefit from more dynamic psychotherapeutic interventions. As noted above, clients with more severe cognitive disabilities will benefit from more cognitive and behavioral interventions with emphasis on decisions, choices, and skills.</p> <p>Clients experiencing an acute crisis or those with severe mental illness who need ongoing support are good candidates for supportive psychotherapy. These clients may also benefit from learning new skills that help them to manage the crisis and prevent recurrence.</p> |
| Staff Qualifications | Individual Therapy shall be rendered by an MHP. |
| Service Documentation | Individual Therapy is required to be listed on the POC with a planned frequency and must be documented daily on contact. |
| Billing/Frequency Limits | Individual Therapy may be billed in encounters depending on the length of time of the session. |
| Billable Places of Service | Individual Therapy may be provided in a client's home or natural environment, nursing facility, or in a CMHC. |
| FAMILY THERAPY (FAM. TX.) | |
| Service Description | Family Therapy includes interventions with the client's family unit (<i>i.e.</i> , immediate or extended family or significant others) with or on behalf of a client to restore, enhance, or maintain the function of the family unit. |

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Service Description (Cont'd.)

Family Therapy promotes and encourages the family support to facilitate a client's improvement. Services include the identification and resolution of conflicts arising in the family environment – including conflicts that may relate to substance use or abuse on the part of the client or family members; and the promotion of the family understanding of the client's mental disorder, its dynamics, and treatment. Services may also include addressing ways in which the family can promote recovery for the client from mental illness and/or co-occurring substance use disorders.

Family Therapy may be rendered to family members of the identified client as long as the identified client is the focus of the session. Only issues pertinent to the active client may be addressed under this service. When the focus changes to a family member other than the client, a new client record must be opened. Within this context, it is appropriate to work within the family to provide motivational and decisional strategies to family members whose substance abuse is adversely affecting the client. The goal of this therapy should be having that family member begin to recognize and address the problem; including, if indicated, seeking treatment for themselves to provide a more supportive environment for the client.

This service does not include educational interventions without psychotherapeutic process interaction or any experimental therapy not generally recognized by the profession.

Eligibility

All clients who physicians, within the scope of their clinical practice, believe would benefit from this service are eligible.

Staff Qualifications

Family Therapy shall be rendered by an MHP.

Service Documentation

Family Therapy is required to be listed on the POC with a planned frequency and documented daily on contact.

Billing/Frequency Limits

Family Therapy may be billed in units of 30 minutes for a maximum of six units per day.

Billable Places of Service

Family Therapy may be provided in a client's home or natural environment, a CMHC, or a general hospital.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

GROUP THERAPY (GP. TX.)

Service Description

Group Therapy involves face-to-face, planned, therapeutic interventions directed toward the restoration, enhancement, or prevention of deterioration of role performance levels. Group Therapy allows the therapist to address the needs of several clients at the same time and mobilize group support for the client. The group therapy process provides commonality of client therapy experience and utilizes a complex of client interaction under the guidance of a therapist. The participants benefit from a commonality of experiences, ideas, and group support and interaction.

These services can be therapeutic, psychoeducational, or supportive in orientation.

- **Group psychotherapy** is intended to help clients improve and manage their emotions and behaviors. Further, it helps clients change behavior and learn how to cope with problems in their lives, as well as encouraging personal development through the dynamics generated by the group.
- **Stage-specific groups for co-occurring substance use disorders** are an evidence-based, best-practice integrated treatment approach that may be incorporated into any program that offers an array of group services. These motivational or persuasion groups utilize a framework of support of peers to either help the client make better choices and decisions regarding substance use, or help the client develop or maintain skills to reduce or eliminate substance use (active treatment or relapse prevention groups).
- **Medication Compliance Group Therapy** focuses on increasing reality orientation, decreasing disorientation, and improving the physical skills of the client. Issues addressed by this service are:
 - o The orientation of a client to the psychiatric medical prescription and treatment
 - o Increasing client awareness to medication effect

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Service Description (Cont'd.)

- o Concerns for undesirable side effects and the process of their disease through client instruction

Structured activities are the core of this service. These may include medication usage, oral dosage, timing, route, frequency, special instructions and side effects, personal safety when taking medications or experiencing a medical condition, and procedures for increasing compliance with medication.

- **Caregiver Groups** are direct services provided to persons serving in primary caregiver roles for community mental health clients. Caregiver groups are intended to promote effective support from the caregivers to facilitate the improvement and/or recovery of the clients. These groups are psychoeducational in nature. They provide information and education to the participants about the nature of the severe mental illness or serious emotional disturbance that the clients experience. They allow and promote the participants to process the information, ventilate their feelings, share their experiences in caring for the clients, and receive support from the group.
- **Multiple Family Group Therapy** is directed toward the restoration, enhancement, or prevention of deterioration of role performance of families. Multiple Family Group Therapy allows the therapist to address the needs of several families at the same time and mobilizes group support for the families. The Multiple Family Group Therapy process provides commonality of Family Therapy experience – including experiences with co-occurring substance use disorders – and utilizes a complex of family interaction under the guidance of a therapist. The intended outcome of such family-oriented, psychotherapeutic services is the management, reduction, or resolution of the identified mental health problems, thereby allowing the client/family units to function more independently and competently in daily life.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Special Restrictions

This service does not include educational interventions that do not include psychotherapeutic process interactions, or experimental therapy not generally recognized by the profession.

Caregiver and Multiple Family Therapy Groups are rendered to caregivers or family members of the identified client as long as the identified client is the focus of the session. Both caregiver and staff must be actively involved in the group during the time to be billed.

Eligibility

All clients who physicians, within the scope of their clinical practice, believe would benefit from this service, including those who may have co-occurring substance use disorders, are eligible. The eligibility of participants for group, versus individual, therapy is the same. The advantage of the group over individual therapy is the commonality of experiences shared by the participants and the support received by the group. Further, when interpersonal relations play a role in triggering, maintaining, or worsening the client's symptoms and problems, group therapy may be more effective than individual therapy. Group interventions have been demonstrated to have particular value for individuals with co-occurring disorders.

Caregivers or family members of Medicaid eligible clients are also eligible to participate in either Caregiver Groups or Multiple Family Group Therapy as deemed appropriate by the physicians, within the scope of their clinical practice.

Staff Qualifications

Group Therapy shall be rendered by an MHP.

A RN or bachelor's level qualified professional may be privileged to provide caregiver groups or medication compliance groups, only under the supervision of an MHP and with appropriate training. A Licensed Practical Nurse (LPN) under the supervision of an MHP may be privileged to provide Medication Compliance Group Therapy.

Staff-to-Client Ratio

The staff-to-client ratio requires one staff member and a group of up to 12 clients, or groups of up to six family units, but no more than 12 family members per group.

Service Documentation

Group Therapy is required to be listed on the POC with a planned frequency and documented daily on contact.

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

Billing/Frequency Limits

For Caregiver Groups, both caregiver and staff must be actively involved in the group during the time to be billed. Group Therapy is billed in unit increments of 30 minutes for a maximum of eight units per day.

Billable Places of Service

Group Therapy may be provided at a CMHC, nursing facility, or other approved community mental health facility.

**BEHAVIORAL HEALTH
SCREENING
(ALCOHOL/DRUG) BHS****Service Description**

The purpose of this service is to provide early identification of behavioral health issues and to facilitate appropriate referral for a focused assessment and/or treatment. Behavioral Health Screening is a process designed to quickly assess the severity of behavioral health issues and/or substance use and to identify the appropriate level of treatment for individuals who have and/or are at risk of developing a behavioral health or substance use problem.

This service requires completion of a valid, brief questionnaire to examine the nature and context of the problem and identify patterns of behavior. Screenings are conducted using a standardized, DHHS approved tool, through interviews or self-report. Some of the common tools used for screenings are GAIN, AUDIT, ASSIST, DAST, ECBI, SESBI, CIDI. Screenings should be scored utilizing the tool's standardized scoring methodology and referrals made based on the interpretation of the results.

Screenings should focus on patterns of behavior and associated factors such as legal problems, mental health status, educational functioning, and living situation. The client's awareness of the problem, feelings about his or her behavior, mental health or substance use and motivation for changing behaviors may also be integral parts of the screen. Prior to the screening, attempts should be made to determine whether another screening had been conducted in the last 30 days. If a recent screening has been conducted, efforts should be made to access those records. A screening should be repeated, only if a significant change in behavior or functioning had been noted.

SECTION 2 POLICIES AND PROCEDURES**PROGRAM SERVICES**

| | |
|--|--|
| Service Description (Cont'd.) | <p>This screening creates a professional, helping atmosphere while gaining client information that will be used to make an appropriate referral, utilizing minimal client/staff time. The service is intended to encourage individuals to change their behavior and refers them for further assessment and/or treatment as appropriate.</p> <p>A positive screen results in a brief intervention or a referral for behavioral health or substance use treatment.</p> |
| Eligibility | <p>All Medicaid eligible beneficiaries are eligible for this service.</p> |
| Staff Qualifications | <p>Behavioral Health Screening must be provided by qualified clinical professionals who have been specifically trained to review the screening tool and determine the level of referral.</p> |
| Service Documentation | <p>Behavioral Health Screenings should be documented upon contact with the client. The completed screening tool and its interpretation results must be filed in the client's record within three working days from the date of the service. Documentation must include the outcome of the screening and support the number of units billed.</p> |
| Billing/Frequency Limits | <p>Behavioral Health Screening is billed in unit increments of 15 minutes for a maximum of two units per day.</p> |
| Billable Places of Service | <p>Behavioral Health Screenings may be provided in a community mental health center, substance abuse facility, office, an inpatient or outpatient general hospital, or an approved community setting.</p> |

**MH SERVICE PLAN
DEVELOPMENT BY NON-
PHYSICIAN**

| | |
|----------------------------|--|
| Service Description | <p>MH Service Plan Development by Non-Physician is a face-to-face or telephonic interaction between a physician and a Mental Health Professional (MHP) or Registered Nurse (RN) to jointly assess the client's mental and physical strengths, weaknesses, social history, and support systems; and to establish treatment goals and treatment services to reach those goals.</p> |
|----------------------------|--|

SECTION 2 POLICIES AND PROCEDURES

PROGRAM SERVICES

| | |
|------------------------------|--|
| Eligibility | All clients are eligible for MH Service Plan Development by Non-Physician. |
| Staff Qualifications | A physician, MHP or a RN may render this service. |
| Service Documentation | <p>The CSN shall document the physician and MHP/RN's involvement in the following:</p> <ul style="list-style-type: none"> • The development, staffing, review and monitoring of the POC • Outcome data as it impacts diagnosis, treatment discharge plans, frequency and focus of types of service (may include progression through stages of change reduction in use, reduction in risky or harmful behavior associated with use, reduction in acute service utilization, as well as achievement of abstinence if the client has a co-occurring disorder) • Confirmation of medical necessity • Establishment of one or more diagnoses, including co-occurring substance abuse or dependence if present • Recommended treatment <p>The MHP/RN and the physician are required to sign and date the CSN corroborating the delivery of the service.</p> |
| Service Content | <p>MH Service Plan Development by Non-Physician is the joint interaction between a physician and MHP or a physician and a RN, designed to:</p> <ul style="list-style-type: none"> • Assess the client's mental and physical history, mental status examination, symptoms, strengths, weaknesses, social history and support systems, etc. • Establish treatment goals and treatment services to reach these goals <p>The physician shall establish one or more diagnoses, including co-occurring substance abuse or dependence if present; confirm medical/psychiatric necessity of treatment; determine the appropriateness of treatment services – including the need for integrated treatment of co-occurring disorders; and upon periodic review, determine progress towards goals and justify continuation of treatment.</p> |

SECTION 2 POLICIES AND PROCEDURES**PROGRAM SERVICES**

| | |
|-----------------------------------|--|
| Service Content (Cont'd.) | The MHP and/or RN shall provide multidisciplinary input and assure effective linkage and continuity of care. |
| Billable Places of Service | MH Service Plan Development by Non-Physician may be provided at the community mental health center, inpatient hospital or other approved community mental health facility. |
| Billing/Frequency Limits | MH Service Plan Development by Non-Physician is billed in unit increments of 15 minutes for a maximum of two units per day. |

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PROGRAM SERVICES

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SECTION 3

BILLING PROCEDURES

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SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

The South Carolina Department of Health and Human Services (SCDHHS) strives to make billing as simple for providers as possible. This section is a “how-to” manual on billing procedures with information on how to file a claim, what to do with a rejected claim, etc. Also included is information concerning administrative procedures such as adjustments and refunds. This section will help with these issues, but may not answer all of your questions. You should direct any questions the Provider Service Center (PSC) at 1-888-289-0709. Providers can also submit an online inquiry at <http://www.scdhhs.gov/contact-us> and a provider service representative will then respond to you directly.

USUAL AND CUSTOMARY RATES

Providers are required to bill their usual and customary rate when filing Medicaid claims. Charges to Medicaid cannot exceed charges to private patients, whether they are self-pay or covered by another carrier. Billing of covered procedures prior to the date of service is prohibited.

CLAIM FILING TIMELINESS

Medicaid policy requires that only “clean” claims and related Edit Correction Forms (ECFs) received and entered into the claims processing system within one year from the date of service be considered for payment. A “clean” claim is free of errors and can be processed without obtaining additional information from the provider or another third party. Claims with an edit code of 509 or 510 on remittances, or CARC 29 on an electronic Remittance Advice, have not met these criteria. It is the provider’s responsibility to follow up on claims in a timely manner to ensure that all claims and ECFs are filed and corrected within Medicaid policy limits

DUAL ELIGIBILITY

When a beneficiary has both Medicare and Medicaid, Medicare is considered to be the primary payer. Services rendered to persons who are certified dually eligible for Medicare/Medicaid must be billed to Medicare first.

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

MEDICARE CROSSOVER CLAIMS FOR COINSURANCE AND DEDUCTIBLE

All claims not paid in full by Medicare must be filed directly to Medicaid as claims no longer cross over for automatic payment review.

MEDICARE PRIMARY CLAIM

Claims for payment when Medicare is primary must be received and entered into the claims processing system within two years from the date of service or discharge, or within six months following the date of Medicare payment, whichever is later.

RETROACTIVE ELIGIBILITY

Effective December 1, 2009, claims and related ECFs involving retroactive eligibility must meet both of the following criteria to be considered for payment:

- Be received and entered into the claims processing system within **six months** of the beneficiary's eligibility being added to the Medicaid eligibility system **AND**
- Be received within **three years** from the date of service or date of discharge (for hospital claims). Claims for dates of service that are more than three years old will not be considered for payment.

To document retroactive eligibility, the provider is responsible for submitting one of the following documents with each claim or ECF within the above time frames:

- DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or
- The computer-generated Medicaid eligibility approval letter notifying the beneficiary that Medicaid benefits have been approved. This can be furnished by the beneficiary or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)

Claims and related ECFs involving retroactive eligibility that are received more than three years from the date of service will be rejected with edit code 533 (date of service more than three years old) and CARC 29 (the time limit for filing has expired).

SCDHHS will no longer consider claims that exceed the

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

**RETROACTIVE ELIGIBILITY
(CONT'D.)**

timely filing limits due to the provider being unaware of the beneficiary's coverage.

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

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SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Providers may choose one or more of the following options for filing claims:

- Paper Claims
- Electronic Claims
 - o SC Medicaid Web-based Claims Submission Tool
 - o Tapes, Diskettes, CDs, and Zip Files
 - o File Transfer Protocol (FTP)

PAPER CLAIMS SUBMISSIONS

Paper claims are mailed to Medicaid Claims Receipt at the following address:

Medicaid Claims Receipt
Post Office Box 1412
Columbia, SC 29202-1412

CMS-1500 Claim Form

Professional Medicaid claims must be filed on the CMS-1500 claim form (08/05 version). Alternate forms are not acceptable. “Super Bills” and Continuous Claims are not acceptable and will be returned to the provider for correction. Use only black or blue ink on the CMS-1500.

Each CMS-1500 submitted to SC Medicaid must show charges totaled. ONLY six lines can be processed on a hard copy CMS-1500 claim form. If more than six lines are submitted, only the first six lines will be processed for payment or the claim may be returned for corrective action.

SCDHHS does not supply the CMS-1500 (08/05 version) to providers. Providers should purchase the form in its approved format from the private vendor of their choice. A list of vendors who supply the form can be found in Section 5 of this manual. Examples of the CMS-1500 claim form can be found in the Forms section of this manual.

Providers using computer-generated forms are not exempt from Medicaid claims filing requirements. The SCDHHS data processing personnel should review your proposed format before it is finalized to ensure that it can be processed.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Procedural Coding

SC Medicaid requires that claims be submitted using codes from the current editions of the Healthcare Common Procedure Coding System (HCPCS) and the Current Procedural Terminology (CPT). Providers may also use supplemental codes as outlined in the various sections of this manual.

The Centers for Medicare and Medicaid Services revises the nomenclature within the HCPCS/CPT each quarter. When a HCPCS/CPT code is deleted, the SC Medicaid program discontinues coverage of the deleted code. SC Medicaid will not accept billing of discontinued codes for dates of service after the date on which the code is discontinued. When new codes are added, SCDHHS reviews the new codes to determine if the SC Medicaid program will cover them. Until the results of the review are published, SCDHHS does not guarantee coverage of the new codes.

Providers must adopt the new codes in their billing processes effective January 1 of each year and begin using them for services rendered on or after that time to assure prompt and accurate payment of claims.

The current editions of HCPCS/CPT may be ordered from:

Order Department
American Medical Association
PO Box 930876
Atlanta, GA 31193-0876

You may order online at
<http://www.amabookstore.com/> or call toll free 1-800-621-8335.

Code Limitations

Certain procedures within the HCPCS/CPT may not be covered or may require additional documentation to establish their medical necessity or meet federal guidelines.

Diagnostic Codes

SC Medicaid requires that claims be submitted using the current edition of the *International Classification of Diseases, Ninth Edition, Clinical Modification* (ICD-9-CM). Only Volumes I and II are necessary to determine diagnosis codes.

SC Medicaid will not accept billing of discontinued codes for dates of service after the date on which the

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Diagnostic Codes (Cont'd.)

code is discontinued. Physicians, practitioners, and suppliers must bill using the diagnosis code that is valid for that date of service. Providers must adopt the new codes for billing processes effective October 1 of each year and use for services rendered on or after that time to assure prompt and accurate payment of claims.

Medicaid requires the addition of a fourth or fifth digit, if applicable, to an ICD-9 code. Valid diagnosis coding can only be obtained from the most current edition of ICD-9-CM, Volume I. “E” codes are sub-classification codes of external causes of injury and poisoning and are not valid as diagnosis codes.

A current edition of the ICD-9-CM may be ordered from:

Practice Management Information Corporation
4727 Wilshire Boulevard, Suite 300
Los Angeles, CA 90010

You may order online at
<http://www.pmiconline.com/> or call toll free 1-800-MED-SHOP.

Modifiers

Certain circumstances must be identified by the use of a two-character modifier that follows the procedure code. Failure to use these modifiers according to policy will slow turnaround time and may result in a rejected claim.

Only the first modifier entered is used to process the claim. Failure to use modifiers in the correct combination with the procedure code, or invalid use of modifiers, will result in a rejected claim.

Refer to the procedure code list in Section 4 of this manual for the appropriate modifiers.

Place of Service Key

Place of Service Codes

| <u>Code</u> | <u>Description</u> |
|--------------------|--------------------------------|
| 03 | School |
| 11 | Doctor's Office |
| 12 | Client's Home |
| 21 | Inpatient Hospital |
| 22 | Outpatient Hospital |
| 23 | Emergency Room |
| 51 | Inpatient Psychiatric Facility |

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

| | | |
|-----------------------------|----|--------------------------------|
| <i>Place of Service Key</i> | 53 | Community Mental Health Center |
| <i>(Cont'd.)</i> | 99 | Other Unlisted Facility |

National Provider Identifier and Medicaid Provider Number

Providers who are covered entities under HIPAA are required to obtain a National Provider Identifier (NPI). These “typical” providers must apply for an NPI and share it with SC Medicaid. to obtain an NPI and taxonomy code, please visit <http://www1.scdhhs.gov/openpublic/serviceproviders/npi%info.asp> for more information on the application process.

When submitting claims to SC Medicaid, typical providers must use the NPI of the ordering/referring provider and the NPI and taxonomy code for each rendering, pay-to, and billing provider.

Atypical providers (non-covered entities under HIPAA) identify themselves on claims submitted to SC Medicaid by using their six-character legacy Medicaid provider number.

CMS-1500 Form Completion Instructions

All claims, regardless of the date of service, must be submitted on the 08/05 version of the CMS-1500 (see sample claims in the Forms section of this manual). Use only black or blue ink on this claim form.

Field **Description**

- * Required for claim to process
- ** Required if applicable (based upon the specific program area requirements)

1 Health Insurance Coverage

Show all types of coverage applicable to this claim by checking the appropriate box(es). If Group Health Plan is checked and the patient has only one primary health insurance policy, complete either block 9 (fields 9a, 9c, and 9d) **or** block 11 (fields 11, 11b, and 11c). If the beneficiary has two policies, complete both blocks, one for each policy.

IMPORTANT: Check the “**MEDICAID**” field at the top of the form.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

1a* Insured's ID Number

Enter the patient's Medicaid ID number, exactly as it appears on the South Carolina Healthy Connections Medicaid card (10 digits, no letters).

2 Patient's Name

Enter the patient's first name, middle initial, and last name.

3 Patient's Birth Date

Enter the date of birth of the patient written as month, day, and year.

Sex

Check "M" for male or "F" for female.

4 Insured's Name

Not applicable

5 Patient's Address

Enter the full address and telephone number of the patient. *Optional*

6 Patient Relationship to Insured

Not applicable

7 Insured's Address

Not applicable

8 Patient Status

Check the appropriate box for patient's marital status and whether employed or a student.

9 Other Insured's Name

When applicable, enter the name of the insured.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

9a Other Insured's Policy or Group Number**

When applicable, enter the policy number.

9b Other Insured's Date of Birth

When applicable, enter the date of birth of the insured.

9c Employer's Name or School Name**

If the insurance has paid, indicate the amount paid in this field. If the insurance has denied payment, enter "0.00" in this field.

9d Insurance Plan Name or Program Name**

When applicable, enter the three-digit carrier code. A list of the carrier codes alphabetized by name of insurance company can be found in Appendix 2.

10a Is Patient's Condition Related to Employment?

Check "YES" or "NO."

10b Is Patient's Condition Related to an Auto Accident?

Check "YES" or "NO." If "YES," enter the two-character state postal code in the State/Place field (*e.g.*, "SC").

10c Is Patient's Condition Related to an Other Accident?

Check "YES" or "NO."

10d Reserved for Local Use**

When applicable, enter the appropriate TPL indicator for this claim. Valid indicators are as follows:

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

Code Description

1 Insurance denied

6 Crime victim

8 Uncooperative beneficiary

11 Insured's Policy Group or FECA Number**

If the beneficiary is covered by health insurance, enter the insured's policy number.

11a Insured's Date of Birth

When applicable, enter the insured's date of birth.

11b Employer's Name or School Name**

If payment has been made by the patient's health insurance, indicate the payment in this field. If the health insurance has denied payment, enter "0.00" in this field.

11c Insurance Plan Name or Program Name**

When applicable, enter the three-digit carrier code. An alphabetical list of the carrier codes for insurance companies can be found in Appendix 2.

11d Is There Another Health Plan?

Check "YES" or "NO" to indicate whether or not there is another health insurance policy. If "YES," items 9a, 9c, and 9d **or** 11, 11b, and 11c must be completed (If there are two policies, complete both).

12 Patient's or Authorized Person's Signature

"Signature on File" or patient's signature is required.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

| <u>Field</u> | <u>Description</u> |
|---------------------|--|
| | * Required for claim to process |
| | ** Required if applicable (based upon the specific program area requirements) |
| 13 | Insured's or Authorized Person's Signature Not applicable |
| 14 | Date of Current Illness, Injury, or Pregnancy Not applicable |
| 15 | If Patient Has Had Same or Similar Illness Not applicable |
| 16 | Dates Patient Unable to Work in Current Occupation Not applicable |
| 17 | Name of Referring Provider or Other Source Enter the name of Referring or Ordering Provider. |
| 17a | ID Number of Referring Physician If applicable, enter the license number of the referring physician. |
| 17b | NPI Enter the NPI of Referring or Ordering Provider. |
| 18 | Hospitalization Dates Related to Current Services Complete this field when a medical service is furnished as a result of, or subsequent to, a related hospitalization. |
| 19** | Reserved for Local Use For beneficiaries participating in special programs (<i>i.e.</i> , Medical Homes, Hospice, etc.), enter the primary care provider's referral number. |

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

20 Outside Lab

Not applicable

21* Diagnosis or Nature of Illness or Injury

Enter the diagnosis code of the patient indicated in the current edition of the ICD-9-CM, Volume I. SC Medicaid requires the fourth or fifth digit, if applicable, of the ICD-9 diagnosis code. Enter up to two diagnosis codes in priority order (primary, then secondary condition). Only one diagnosis is necessary to process the claim.

22 Medicaid Resubmission Code

Not applicable

23 Prior Authorization Number**

If applicable, enter the prior authorization number for this claim.

Fields 24A through 24J pertain to line item information. There are six billable lines on this claim. Each of the six lines contains a shaded and unshaded portion. The shaded portion of the line is used to report supplemental information.

24A Shaded**

NDC Qualifier/NDC Number

Not applicable

24A Unshaded*

Date(s) of Service

Enter the month, day, and year for each procedure, service, or supply.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

24B Unshaded*

Place of Service

Enter the appropriate two-character place of service code. See “Place of Service Key” earlier in this section for a listing of place of service codes.

24C Unshaded**

EMG

Not applicable

24D Unshaded*

Procedures, Services, or Supplies

Enter the procedure code and, if applicable, the two-character modifier in the appropriate field. If two modifiers are entered, the first modifier entered will be used to process the claim. For unusual circumstances and for unlisted procedures, an attachment with a description of each procedure must be included with the claim.

When more than one service of the same kind is rendered to the **same** patient by the **same** provider on the **same** day, the second service must be billed with the 76 modifier (repeat procedure – same day provider). No more than two services for the same provider and date of service may be billed. Documentation to support billing of repeat procedures to the same patient by the same provider on the same day must be contained in the record.

24E **Diagnosis Code**

Not applicable

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

24F Unshaded*

Charges

Enter the charge for each listed service. Do not use dollar signs or commas when reporting dollar amounts. Enter "00" in the cents area if the amount is a whole number.

24G Unshaded**

Days or Units

If applicable, enter the days or units provided for each procedure listed.

24H Unshaded**

EPSDT/Family Planning

If applicable, if this claim is for EPSDT services or a referral from an EPSDT Screening, enter a "Y."

This field should be coded as follows:

N = No problems found during visit

1 = Well child care with treatment of an identified problem treated by the physician

2 = Well child care with a referral made for an identified problem to another provider

Not applicable

24I Shaded*

ID Qualifier

Typical Providers:

Enter ZZ for the taxonomy qualifier.

Atypical Providers:

Enter 1D for the Medicaid qualifier.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

24J Shaded**

Rendering Provider ID #

Enter the six-character legacy Medicaid provider number or taxonomy code of the rendering provider/individual who performed the service(s)

Typical Providers:

Enter the provider's taxonomy code.

Atypical Providers:

Enter the six-character legacy Medicaid provider number.

24J Unshaded**

Rendering Provider ID #

Typical Providers:

Enter the NPI of the rendering individual provider. If the provider is billing as a member of a group, the rendering individual provider's 10-character NPI may be entered.

Atypical Providers:

Not applicable

25 Federal Tax ID Number

Enter the provider's federal tax ID number (Employer Identification Number) or Social Security Number.

Not applicable

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

| <u>Field</u> | <u>Description</u> |
|---------------------|--|
| | * Required for claim to process |
| | ** Required if applicable (based upon the specific program area requirements) |
| 26 | Patient's Account Number Enter the patient's account number as assigned by the provider. Only the first nine characters will be keyed. The account number is helpful in tracking the claim in case the beneficiary's Medicaid ID number is invalid. The patient's account number will be listed as the "Own Reference Number" on the Remittance Advice. |
| 27 | Accept Assignment Complete this field to indicate that the provider accepts assignment of Medicaid benefits. Submitting a claim to SC Medicaid automatically indicates the provider accepts assignment. |
| 28* | Total Charge Enter the total charge for the services. |
| 29** | Amount Paid If applicable, enter the total amount paid from all insurance sources on the submitted charges in item 28. This amount is the sum of 9c and 11b. |
| 30* | Balance Due Enter the balance due. When a beneficiary has third party coverage, including Medicare, this is where the patient responsibility amount is entered. The third party payment plus the patient responsibility cannot exceed the amount the provider has agreed to accept as payment in full from the third party payer, including Medicare. |
| 31 | Signature of Physician or Supplier Not applicable |

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

| <u>Field</u> | <u>Description</u> |
|---------------------|---------------------------|
|---------------------|---------------------------|

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

32 Service Facility Location Information**

Note: Use field 32 only if the address is different from the address in field 33.

If applicable, enter the name, address and ZIP+4 code of the facility if the services were rendered in a facility other than the patient's home or provider's office.

32a Service Facility Location Information**

Typical Providers:

Enter the NPI of the service facility.

Atypical Providers:

Not applicable

32b ** Service Facility Location Information

Typical Providers:

Enter the two-byte qualifier ZZ followed by the taxonomy code (no spaces).

Atypical Providers:

Enter the two-byte qualifier 1D followed by the six-character legacy Medicaid provider number (no spaces).

33* Billing Provider Info & PH #

Enter the provider of service/supplier's billing name, address, ZIP+4 code, and telephone number.

Note: Do not use commas, periods, or other punctuation in the address. When entering a nine-digit zip code (ZIP+4), include the hyphen. Do not use a hyphen or space as a separator within the telephone number. Claims will be paid to the provider number submitted in field 33 of the CMS-1500 form. This pay-to-provider number is indicated on the Remittance Advice and check.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

CMS-1500 Form Completion Instructions (Cont'd.)

Field Description

* Required for claim to process

** Required if applicable (based upon the specific program area requirements)

33a* Billing Provider Info

Typical Providers:

Enter the NPI of the billing provider or group. If the provider rendering the services is a member of a group, the 10-character NPI group/organization number must be entered. If not billing as a member of a group, enter the 10-character individual NPI in the field.

Atypical Providers:

Not applicable

33b* Billing Provider Info

Typical Providers:

Enter the two-byte qualifier ZZ followed by the taxonomy code (no spaces).

Atypical Providers:

Enter the two-byte qualifier 1D followed by the six-character legacy Medicaid provider number (no spaces).

ELECTRONIC CLAIMS SUBMISSIONS

Trading Partner Agreement

SCDHHS encourages electronic claims submissions. All Medicaid providers who elect to submit or receive electronic transactions are required to complete a SC Medicaid Trading Partner Agreement (TPA) with SCDHHS. The TPA outlines the basic requirements for receiving and sending electronic transactions with SCDHHS. For specifications and instructions on electronic claims submission or to obtain a TPA, visit <http://www1.scdhhs.gov/openpublic/hipaa/Trading%20Partner%20Enrollment.asp> or contact the EDI Support Center via the SCDHHS Medicaid Provider Service Center at 1-888-289-0709.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Trading Partner Agreement (Cont'd.)

Providers should return the completed and signed SC Medicaid TPA Enrollment Form by mail or fax to:

SC Medicaid TPA
Post Office Box 17
Columbia, SC 29202
Fax: (803) 870-9021

If a provider utilizes a billing agent and elects to have the billing agent access their electronic remittance package, both the provider and the billing agent must have a TPA on file.

Note: SCDHHS only distributes remittance advices and associated ECFs electronically through the Web Tool. **All providers must complete a TPA in order to receive these transactions electronically.** Providers that currently use the Web Tool do not need to complete another TPA. Providers who have previously completed a TPA, but are not current users of the Web Tool, must register for a Web Tool User ID by contacting the EDI Support Center via the SCDHHS Medicaid Provider Service Center at 1-888-289-0709.

Companion Guides

Providers submitting electronic transactions must comply with all federal guidelines as contained in the HIPAA-required ANSI X-12 Implementation Guide, and with SCDHHS guidelines as contained in the SC Medicaid Companion Guides. The Companion Guides explain the situational and optional data required by SC Medicaid. Please visit the SC Medicaid Companion Guides webpage at <http://www.scdhhs.gov/resource/sc-medicaid-companion-guides> to download the Companion Guides.

Information regarding placement of NPIs, taxonomy codes, and six-character legacy Medicaid provider numbers on electronic claims can also be found here.

Companion Guides are available for the following transactions:

- 837P Professional Health Care Claim
- 837I Institutional Health Care Claim
- 837D Dental Health Care Claim
- 835 Claim Payment/Advice
- 276/277 Claim Status Inquiry/Response

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

Companion Guides (Cont'd.)

- 270/271 Eligibility Verification Request/Response
- 278 Prior Authorization

Transmission Methods

An Electronic Data Interchange (EDI) transaction is the movement of data between two entities. EDI software enables providers to submit claims directly to SC Medicaid.

The following options may be used to submit claims electronically:

Tapes, Diskettes, CDs, and Zip Files

A biller using this option records transactions on the specified media and mails them to:

SC Medicaid Claims Control System
Post Office Box 2765
Columbia, SC 29202-2765

File Transfer Protocol

A biller using this option exchanges electronic transactions with SC Medicaid over the Internet.

SC Medicaid Web-based Claims Submission Tool

The SC Medicaid Web-based Claims Submission Tool is a free, online Web-based application for submitting HIPAA-compliant professional claims, institutional claims, and associated adjustments to SC Medicaid. The Web Tool offers the following features:

- Providers can submit online CMS-1500, and UB claims.
- List Management allows users to develop their own list of frequently used information (*e.g.*, beneficiaries, procedure codes, diagnosis codes, etc.). During claims entry the user has the ability to select information from lists rather than repetitively keying, thus saving valuable time and increasing accuracy.
- Providers can check claims status using either of two options. Claims Status displays status for claims regardless of the submission method. Web Submitted Claims displays status for claims submitted via the Web Tool.
- No additional software is required to use this application.
- Data is automatically archived.

SECTION 3 BILLING PROCEDURES

CLAIM FILING OPTIONS

SC Medicaid Web-based Claims Submission Tool (Cont'd.)

- Providers can verify beneficiary eligibility online by entering Medicaid ID, Social Security Number, or a combination of name and date of birth.
- Providers can view, save and print their own remittance advices and associated ECFs.
- Providers can change their own passwords.

The minimum requirements necessary for using the Web Tool are:

- Signed SC Medicaid Trading Partner Agreement (TPA) Enrollment Form
- Microsoft Internet Explorer (version 6.0 or greater)
- Internet Service Provider (ISP)
- Pentium series processor (recommended)
- Minimum of 32 megabytes of memory
- Minimum of 20 megabytes of hard drive storage

Note: In order to access the Web Tool, all users must have individual login IDs and passwords.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

REMITTANCE PACKAGE

Each week, SCDHHS generates electronic remittance packages for all providers who have had claims processed during the previous week. This package contains any or all of the following:

- A Remittance Advice which lists all claims processed during that week and the status of each claim. (See “Remittance Advice” information on the following page.)
- For every claim with status R (rejected), an edit correction form (ECF) will be included in the remittance package.

Note: Claims with line item rejects resulting in partially paid claims will not generate an ECF. To be considered for payment, the rejected lines must be filed back to Medicaid.

- Unless an adjustment has been made, a reimbursement payment equaling the sum total of all claims on the Remittance Advice with status P (paid) will be deposited by electronic funds transfer (EFT) into the provider’s account. (See “Electronic Funds Transfer (EFT)” later in this section.

Providers must access their remittance packages electronically through the SC Medicaid Web-Based Claims Submission Tool (Web Tool). Providers can view, save, and print their remittance advice(s), but not a Remittance Advice belonging to another provider. Electronic remittance packages are available on Friday for claims processed during the previous week. Remittance advices and associated ECFs for the most recent 25 weeks will be accessible.

SCDHHS only distributes remittance advices and associated ECFs electronically through the Web Tool.

Duplicate Remittance Package

Effective December 2010, SCDHHS will charge for requests of duplicate Remittance Advice(s) including ECFs. Providers must use the Remittance Advice Request Form located in the Forms Section of this provider manual. Providers will have the option of requesting the complete

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Duplicate Remittance Package (Cont'd.)

remittance package, the remittance pages only, or the ECF pages only. The charges associated with the request will be deducted from a future Remittance Advice and will appear as a debit adjustment.

Remittance Advice

The Remittance Advice is an explanation of payments and action taken on all processed claim forms and adjustments. The information on the Remittance Advice is drawn from the original claim submitted by the provider. (See the Forms section of this manual for a sample Remittance Advice.) If a claim is rejected or suspended, the Remittance Advice will display the claim without payment. For a claim that is rejected, edit codes will be listed on the Remittance Advice (under “Recipient Name”) and an Edit Correction Form (ECF) will be attached. If some lines on the claim have paid and others are rejected, an ECF will not be generated for the rejected lines. *Evaluate the reason for the rejection and refile the rejected lines only, if appropriate. Corrections cannot be processed from the Remittance Advice.*

Processed claims and/or lines are assigned one of four statuses in field 10 on the Remittance Advice:

- **Status “P”** – Paid claims or lines
- **Status “S”** – Claims in process that require medical or technical review and are suspended pending further action. Status “S” will be resolved by SCDHHS. Provider response is not required for resolution unless it is requested by SCDHHS. If the claim is not resolved within 30 days, check it for errors and refile.
- **Status “R”** – Rejected claims or lines
- **Status “E”** – Encounter data (line contains service provided by the PCP). No action required.

EDI Remittance Advice – 835 Transaction

Providers who file electronically using EDI Software can elect to receive their Remittance Advice via the ASC X12 835 (005010X221A1) transaction set or a subsequent version. These electronic 835 EDI Remittance Advices contain Claim Adjustment Reason Codes (CARCs), broad definitions of why claims did not pay as billed, and Remittance Advice Remark Codes (RARCs), more detailed reasons for why claims did not pay as billed. (See Appendix 1 for a listing of CARCs and RARCs.) The

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

EDI Remittance Advice – 835 Transaction (Cont'd.)

electronic 835 EDI Remittance Advice will only report items that are returned with P (paid) or R (rejected) statuses.

Providers interested in utilizing this electronic transaction should contact the EDI Support Center via the SCDHHS Medicaid Provider Service Center at 1-888-289-0709.

Reimbursement Payment

SCDHHS no longer issues paper checks for Medicaid payments. Providers receive reimbursement from SC Medicaid via electronic funds transfer.

The reimbursement payment is the sum total of all claims on the Remittance Advice with status P. If an adjustment request has been completed, it will appear on the Remittance Advice. (See “Claim Adjustments” later in this section.)

Note: Newly enrolled providers will receive a hard copy check until the Electronic Funds Transfer (EFT) process is successfully completed.

Electronic Funds Transfer (EFT)

Upon enrollment, SC Medicaid providers must register for Electronic Funds Transfer (EFT) in order to receive reimbursement. SCDHHS will not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside the United States.

Prior to revoking or revising the EFT authorization agreement, the provider must provide 30 days written notice to:

Medicaid Provider Enrollment
PO Box 8809
Columbia, SC 29202-8809

The provider is required to submit a completed and signed EFT Authorization Agreement Form to confirm new and/or updated banking information. Refer to the Forms section for a copy of the EFT Authorization form.

All EFT requests are subject to a 15-day pre-certification period in which all accounts are verified by the qualifying financial institution before any SC Medicaid direct deposits are made.

During the pre-certification period, the provider will receive reimbursement via hard copy checks.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Electronic Funds Transfer (EFT) (Cont'd.)

If the bank account cannot be verified during the pre-certification period, the provider will be notified and will be required to submit an EFT form and bank account verification from their financial institution.

Upon completion of the pre-certification period, reimbursement payment will be deposited directly into the provider's bank account.

Providers may view their Remittance Advice (RA) on the Web Tool for payment information. The last four digits of the bank account are reflected on the RA.

When SCDHHS is notified that the provider's bank account is closed or the routing and/or bank account number is no longer valid, the provider will be notified and will be required to submit an EFT form and bank account verification from their financial institution.

Each time banking information changes, the 15-day pre-certification period will occur and the provider will receive reimbursement via copy checks.

Uncashed Medicaid Checks

SCDHHS may, under special circumstances, issue a paper reimbursement check. In instances where Medicaid checks to providers remain outstanding 180 days or longer from the date of check issue, SCDHHS is required by federal regulations to refund to the federal government the federal share of those Medicaid checks. Therefore, SCDHHS will have the bank return (or not honor) Medicaid checks presented for payment that are 180 days old or older.

Edit Correction Form (ECF)

When an entire claim rejects (status "R") the Remittance Advice will be accompanied by an Edit Correction Form (ECF). (See the Forms section of this manual for a sample ECF.)

The ECF is generated for the purpose of making corrections to the original claim. Except for possible data entry error, information on the ECF reflects the information submitted on the claim form.

Rejected claims may be resolved in either of two ways. An entirely new corrected CMS-1500 claim form may be submitted, or the appropriate corrections may be made to a hard copy of the ECF. Corrections must be made using **RED** ink and resubmitted for payment. **Do not circle any item.**

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Edit Correction Form (ECF) (Cont'd.)

It is possible for some lines on a claim to be paid while other lines on the same claim are rejected. Due to the fact that some payment was made on the claim, an ECF will not be provided in these cases. When part of a claim is paid and part is rejected, the unpaid line items must be corrected and resubmitted on a new claim form.

Note: Medicaid will pay claims that are up to one year old. If the date of service is greater than one year old, Medicaid will not make payment. The one-year time limit does not apply to **retroactive eligibility** for beneficiaries. Refer to “Retroactive Eligibility” earlier in this section for more information. Timeliness standards for the submission and resubmission of claims are also found in Section 1 of this manual.

Edit Identification

The upper right section of the ECF contains a field entitled EDITS; this is the edit identification section. Underneath that title, one or more three-digit edit codes will be listed to indicate all edits detected by the MMIS claims processing system. Except for possible data entry errors, all information on the ECF is taken from the claim form. A list of edit codes, along with CARCs, RARCs, and resolutions, can be found in Appendix 1.

Edit Types

Insurance Edits

These edit codes apply to third-party carrier coverage. They can stand alone or be prefaced by a number (00, 01, etc.). Always review these insurance edit codes first.

Claim Edits

These edit codes apply to the body of the claim (not the line items) and have rejected the entire claim from payment. Such edits either stand alone or are prefaced by “00.”

Line Edits

These edit codes are line specific and are always prefaced by a number (“01,” “02,” etc.). They apply to only the line indicated by the number.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Description of Fields

Claim Control

A 16-digit number followed by an alpha suffix is assigned to each original invoice (upper right corner of ECF). This is the Claim Control Number (CCN).

Doc Ind

The Document Indicator field will indicate “Y” when documentation was attached to the hard copy claim and “N” when documentation was not attached. Documentation is anything attached to the claim when originally received for processing (*i.e.*, medical records, insurance explanation of benefits, copy of a Medicaid card, letter, etc.).

EMC

The Electronic Media Content field will indicate “Y” when the claim was electronically transmitted and “N” when the claim was filed hard copy.

Rejections for Duplicate Billing

The original claim payment information is provided when a claim is rejected for duplicate billing. This eliminates the need for contacting SCDHHS program staff for the original reimbursement date.

When a claim is rejected for duplicate billing, the payment date of the original claim appears beside the duplicate edit code within a block named Claims/Line Payment Information. This block is located on the ECF on the upper right side above all other edit information.

Section 1: Provider/ Beneficiary Information

The following numbered items represent field numbers on the ECF:

Field Description

- | | |
|----------|---|
| 1 | Prov/Xwalk ID |
| | Six-character legacy Medicaid provider (pay-to Medicaid) number and/or ten-character National Provider Identifier (NPI) |

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

*Description of Fields
(Cont'd.)*

| <u>Field</u> | <u>Description</u> |
|--------------|--|
| 2 | <p>Recipient ID</p> <p>Beneficiary's ten-digit Medicaid identification number</p> |
| 3 | <p>P Auth Number (Prior Authorization Number)</p> <p>Prior authorization number</p> |
| 4 | <p>TPL (Third-Party Liability Indicator)</p> <p>TPL indicator entered by the provider on the claim. Valid indicators for this field are:</p> <p style="margin-left: 20px;">1 Insurance denied</p> <p style="margin-left: 20px;">6 Crime victim</p> <p style="margin-left: 20px;">8 Uncooperative beneficiary</p> |
| 5 | <p>Injury Code (Injury [Accident] Code Indicator)</p> <p>An indicator in this field prompts follow-up by the Division of Third-Party Liability for possible casualty coverage. Valid indicators are:</p> <p style="margin-left: 20px;">2 Work</p> <p style="margin-left: 20px;">4 Auto</p> <p style="margin-left: 20px;">6 Other</p> |
| 6 | <p>Emerg (Emergency Indicator)</p> <p>Not applicable</p> |
| 7 | <p>PC Coord (Primary Care Coordinator)</p> <p>If applicable, enter hospice prior authorization number in this field.</p> |
| 8 | <p>Primary Diagnosis</p> <p>The foremost reason for medical attention should be indicated with an ICD-9 code. To find the correct diagnosis code, always use Volume I of the current year's edition for final coding. A fourth and fifth digit are required when applicable.</p> |

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

*Description of Fields
(Cont'd.)*

Field Description

9 Secondary Diagnosis

The secondary diagnosis is a secondary reason medical attention is needed, but is of a lesser importance than the primary diagnosis. It is indicated by an ICD-9 code. A fourth and fifth digit are required when applicable. Use the current year's edition of ICD-9-CM.

10 Recipient Name

First name, middle initial, and last name based on the Recipient ID Number in field 2. This field is not keyed.

11 Date of Birth

Beneficiary's date of birth based on the Recipient ID Number in field 2. This field is not keyed and is the information on the beneficiary record at the time of processing.

12 Sex

Beneficiary's sex based on the Recipient ID Number in field 2. This field is not keyed and is the information on the beneficiary record at the time of processing.

Section II: Line Item Information

13 Res

Agency use only. Do not write in this field.

14 Allowed

Agency use only. Do not write in this field.

15 Date of Service

The date on which each service was rendered. This is entered from field 24A (unshaded), the "To" field, on the CMS-1500 claim form.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

*Description of Fields
(Cont'd.)*

| <u>Field</u> | <u>Description</u> |
|---------------------------------|--|
| 16 | Place This is the code for where the service was rendered - the place of service. |
| 17 | Proc Code (Procedure Code) This is the procedure code which reflects the service that was rendered. |
| 18 | Mod (Modifier) Two-character code used to modify the procedure. |
| 19 | Individual Provider This is the provider's six-character legacy Medicaid provider number or ten-character NPI, or rendering physician's six-character legacy Medicaid provider number and/or NPI if practicing within a group. |
| 20 | Charges The amount billed per procedure code |
| 21 | Pay Ind This indicator is only printed on the Remittance Advice. Refer to Medicaid Remittance Package. |
| 22 | Units Number of days/units/minutes, as applicable |
| 23 | NDC Not applicable |
| Section III: Third Party | |
| 24 | Ins Carr Number (Insurance Carrier Number) Three-digit insurance carrier code(s) |
| 25 | Policy Number Policy number with third-party payer(s) |

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

*Description of Fields
(Cont'd.)*

| <u>Field</u> | <u>Description</u> |
|--------------|---|
| 26 | Ins Carr Paid (Insurance Carrier Paid) Amount paid by third-party payer(s) |
| 27 | Total Charge Sum of all line item gross charges billed. (Indicate actual charges for your program.) |
| 28 | Amt Rec'd Ins (Amount Received Insurance) Total amount paid on this claim by insurance company(s) |
| 29 | Balance Due Enter the balance due. When a beneficiary has third party coverage, including Medicare, this is the patient responsibility amount. The third party payment plus the patient responsibility cannot exceed the amount the provider has agreed to accept as payment in full from the third party payer, including Medicare. |
| 30 | Own Ref # (Own Reference Number) Number assigned to a given claim by providers as their patient account number. (It will appear on the Remittance Advice. No edits are performed on this number. |

*Description of Fields
(Cont'd.)*

Additional Fields on the ECF

Return To

Return ECFs to the address shown.

Provider

Your computer-printed name and address

Insurance Policy Information

Carrier code, policy number, and name of insurance policyholder on file with SC Medicaid at the time the claim was processed.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Resolution Instructions

Each edit code has associated instructions to assist the providers in resolving their claims. **See Appendix 1 for a list of edit codes and their resolutions.**

Follow these instructions for resolving each edit on an ECF:

1. Match and compare the ECF with a copy of the original claim.
Note: Ensure the claim control number on the ECF is legible and complete. To correct an incomplete CCN, please log into the Web Tool for assistance.
2. Review the Edit Code section to determine the error(s).
3. Review the edit code description and resolution.
4. Make the appropriate corrections for each edit using RED ink by striking a line through the incorrect data and entering the correct data directly above or as close as possible to the data being corrected. If the field is blank, enter the missing data using RED ink.
5. Place a RED check mark over each corrected edit in the edit identification section. **DO NOT MAKE ANY OTHER MARKS OR NOTES ON THE ECF.**
6. If necessary, staple applicable attachments to the ECF.
7. Resubmit the ECF to the return address shown on the lower portion of the ECF.

Note: All corrections and additions to the ECF must be made in RED. Do not circle any item. In addition, ECFs must be resolved before resubmitting. Writing a note and/or signing an ECF and submitting to Medicaid Claims Receipt will not resolve the ECF. Any ECF returned to Medicaid Claims Receipt with no corrective action taken or critical information from the printed ECF is missing, illegible or incomplete will be returned to the provider and not processed. If you are unable to resolve an ECF, contact the PSC or submit an online inquiry at <http://scdhhs.gov/contact-us> for assistance before resubmitting your claim. Except for possible data entry

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Resolution Instructions (Cont'd.)

error, information on the ECF reflects the information submitted on the claim form.

THIRD-PARTY LIABILITY (TPL)

The SCDHHS Health Insurance Information Referral Form is used to document third-party insurance coverage, policy changes, beneficiary coverage changes, carrier changes, and policy lapse information. A copy of this form is included in the Forms section of this manual. Completed forms should be mailed or faxed directly to Medicaid Insurance Verification Services at the following address:

South Carolina Healthy Connections
Post Office Box 101110
Columbia, SC 29211-9804
Fax: (803) 252-0870

Cost Avoidance

Under the cost avoidance program, claims billed primary to Medicaid for many providers will automatically be rejected for those beneficiaries who have other resources available for payment that are responsible as the primary payer.

Providers should not submit claims to Medicaid until payment or notice of denial has been received from any liable third party. However, the time limit for filing claims cannot be extended on the basis of third-party liability requirements.

If a claim is rejected for primary payer(s), the Edit Correction Form will supply all information necessary for the provider to file with the third-party payer. This information is listed to the right of the Medicaid claims receipt address on the ECF under the heading "INSURANCE POLICY INFORMATION" and includes the insurance carrier code, the policy number, and the name of the policyholder. Information about the carrier address and telephone number may be found in Appendix 2 of this manual. Providers can also view carrier codes on the Provider Information page at <http://provider.scdhhs.gov>. More specific policy information such as the group number can be provided by your program representative.

Reporting Third-Party Insurance On a CMS-1500 Claim Form

After the claim has been submitted to the third-party payer, and the third-party payer denies payment or the third-party payment is less than the Medicaid allowed amount, the provider may submit the claim to Medicaid. To indicate

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Reporting Third-Party Insurance On a CMS-1500 Claim Form (Cont'd.)

that a claim has been submitted to a third-party insurance carrier, include the carrier code, the policy number, and the amount paid. Instructions are provided earlier in this section on coding the CMS-1500 claim for third-party insurance information.

If the third party denies payment, the TPL indicator for “insurance denied” should be entered in the appropriate field on the CMS-1500 claim form. For the CMS-1500 (version 08/05) the appropriate field for TPL coding is field 10d. The TPL indicators accepted are:

Code Description

- 1** Insurance denied
- 6** Crime victim
- 8** Uncooperative beneficiary

If the third-party payment is equal to or greater than the SC Medicaid established rate, Medicaid will not reimburse the balance. The Medicaid beneficiary **is not liable** for the balance.

Third-Party Liability Exceptions

Providers may occasionally encounter difficulties in obtaining documentation and payment from third parties and beneficiaries. For example, the third-party insurer may refuse to send a written denial or explanation of benefits, or a beneficiary may be missing or uncooperative. In such cases it is the provider’s responsibility to seek a solution to the problem.

Providers have many resources available to them for pursuing third party payments. Program areas will work with providers to explore these options.

As a final measure, providers may submit a reasonable effort document along with a claim filed as a denial. This form can be found in the Forms section of this manual. The reasonable effort document must demonstrate sustained efforts of claim submission and/or adequate follow-up to obtain the needed action from the insurance company or beneficiary. This document should be used only as a last resort, when all other attempts at contact and payment collection have failed.

The reasonable effort documentation process does not exempt providers from timely filing requirements for

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Third-Party Liability Exceptions (Cont'd.)

claims. Please refer to “Time Limit for Submitting Claims” in Section 1.

If the provider received an ECF or is filing a hard copy claim, the reasonable effort document should be attached to the claim form or ECF and returned to Medicaid Claims Receipt.

Dually Eligible Beneficiaries

When a dually eligible beneficiary also has a commercial payer, the provider should file to all payers before filing to Medicaid. If the provider chooses to submit a CMS-1500 claim form for consideration of payment, he or she must declare all payments and denials. If the combined payments of Medicare and the other payer add up to less than Medicaid’s allowable, Medicaid will make an additional payment up to that allowable not to exceed the remaining patient responsibility. If the sum of Medicare and other payers is greater than Medicaid’s allowable, the claim will reject with the 690 edit (payment from other sources is more than Medicaid allowable).

TPL Refunds

When reimbursed by both Medicaid and third-party insurance, the provider must refund the lesser of either the amount paid by Medicaid or the full amount paid by the insurance company. See “Claim Adjustments” and “Refunds” later in this section.

Medicaid Recovery Initiatives

Retro-Health Insurance

Where SCDHHS discovers a primary payer for a claim Medicaid has already paid, SCDHHS will pursue recovery. Once an insurance policy is added to the TPL policy file, claims that have services in the current and prior calendar years are invoiced directly to the third party.

Retro-Medicare

Every quarter, providers are notified by letter of claims Medicaid paid primary for beneficiaries with Medicare coverage. The letter provides the beneficiary’s Medicare number to file the claim with Medicare. The Medicaid payments will be recouped within 30 days of the date of the letter. Please retain the letter for accurate accounting of the recoupment. Questions about this letter may be referred to Medicaid Insurance Verification Services (MIVS) at 1-888-289-0709.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Retro-Medicare (Cont'd.)

Where claims have been pulled into retro Medicare and retro health for institutional providers, the provider should not attempt to refund the claim with a void or void/replacement claim. Should they do so, they will incur edits 561, 562, and 563.

Carrier Codes

All third-party payers are assigned a three-digit code referred to as a carrier code. The appropriate carrier code must be entered on the CMS-1500 form when reporting third-party liability.

The list of carrier codes (Appendix 2) contained in this manual is categorized both alphabetically by the names of the insurance companies and numerically by the carrier code assigned to each company. These codes are current at the time of publication of this manual; however, they are subject to change.

If a particular carrier or carrier code cannot be found in this manual, providers should visit the Provider Information page on the SCDHHS Web site at <http://provider.scdhhs.gov> to view and/or download the most current carrier codes. Carrier codes are updated each quarter on the Web site.

If a particular carrier code is neither listed in the manual nor on the SCDHHS Web site, providers may use the generic carrier code 199 for billing purposes. Contact the PSC or submit an online inquiry should an ECF list a numerical code that cannot be located in the carrier codes either in this manual or online.

CLAIM ADJUSTMENTS

Adjustments can be made to paid claims only. A request may be initiated by the provider or SCDHHS. SCDHHS-initiated adjustments are used when the agency determines that an overpayment or underpayment has been made to a provider; SCDHHS will notify the provider when this occurs. Questions regarding an adjustment should be directed to the PSC or submit an online inquiry for assistance. It is important to note that discontinuation of participation in Medicaid will **NOT** eliminate an existing overpayment debt.

A **claim-level adjustment** is a **detail-level** Void (debit) or Void/Replacement that is used to correct both the payment history **and** the actual claim record. It is limited to one claim per adjustment request. A Void claim will always

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

CLAIM ADJUSTMENTS (CONT'D.)

result in an account debit for the total amount of the original claim. A Void/Replacement claim will generate an account debit for the original claim and re-file the claim with the corrected information.

A **gross-level adjustment** is defined as a **provider-level** adjustment that is a debit or credit that will affect the financial account history for the provider; however, the patient claim history in the Medicaid Management Information System (MMIS) will not be altered, and the Remittance Advice will not be able to provide claim-specific information.

Claim-Level Adjustments

All Medicaid providers are able to initiate claim-level adjustments. Please note: gross-level adjustments may still be used as discussed in **Gross-Level Adjustments**. The process for claim-level adjustments gives providers the option of initiating their own corrections to individual claim records. This process allows providers to submit adjustments directly to SC Medicaid. Claim-level adjustments should only be submitted for claims that have been paid (status "P").

Claim-level adjustments should be initiated when:

- The provider has identified the need for a **Void/Replacement** of an original claim. This process should be used when the information reported on the original claim needs to be amended. **The original claim must have a date of service that is less than 12 months old.** (See "Claim Filing Timeliness" in this section for more information.)
- The provider has identified the need for a **Void Only** of a claim that was paid within the last 18 months. This process should be used when the provider wishes to withdraw the original claim entirely.

Claim-level adjustments can be submitted in several ways:

- Providers who submit claims using a HIPAA-compliant electronic claims submission format must use the void or replacement option provided by their system. (See "Void and Replacement Claims for HIPAA-Compliant Electronic Submissions" below.)

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Claim-Level Adjustments (Cont'd.)

- Providers who submit claims on paper using CMS-1500, or Transportation forms can use the Claim Adjustment Form 130 (DHHS Form 130, revised 03-13-2007). They can also use the Web Tool to initiate claim-level adjustments in a HIPAA-compliant electronic format, even if they continue using paper forms for regular billing. See “Electronic Claims Submissions” in this section for more information about the Web Tool.

Providers who use an electronic format that is not compliant with HIPAA standards to submit CMS-1500 or Transportation claims can use DHHS Form 130; they may also use the Web Tool to submit adjustments.

Void and Replacement Claims (HIPAA-Compliant Electronic Submissions)

Providers may use a HIPAA-compliant electronic format to void a claim that has been filed in error, processed, and for which payment has been received. Submitting a **Void claim** with the original Claim Control Number will alert SCDHHS that claim payment has been made in error. The amount paid for the original claim will be deducted from the next Remittance Advice.

Alternatively, these providers may submit a **Replacement claim** to change information on a claim that has been filed, processed, and for which payment has been received. Submitting a Replacement claim automatically voids the original claim and processes the Replacement claim. The Void and Replacement claims must have the same beneficiary and provider numbers.

Void Only and Void/Replacement Claims

Providers who file claims on paper or who submit electronic claims that are not in a HIPAA-compliant electronic format may use DHHS Form 130 to submit claim-level adjustments. (A sample DHHS Form 130 can be found in the Forms section of this manual.) Once a provider has determined that a claim-level adjustment is warranted, there are two options:

- Submitting a **Void Only** claim will generate an account debit for the amount that was reimbursed. A Void Only claim should be used to retract a claim that was paid in error. To initiate a Void Only claim, complete DHHS Form 130 and attach a copy of the original Remittance Advice.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Void Only and Void/Replacement Claims (Cont'd.)

- Submitting a **Void/Replacement** claim will generate an account debit for the original claim and re-file the claim with the corrected information. A Void/Replacement claim should be used to:
 - o Correct a keying or billing error on a paid claim
 - o Add new or additional information to a claim
 - o Add information about a third party insurer or payment

To initiate a Void/Replacement claim, complete DHHS Form 130 and attach a copy of the original Remittance Advice, as well as the new Replacement claim. Also attach any documentation relevant to the claim.

Form 130 Instructions

The completed DHHS Form 130 and any other documents specified above should be sent directly to SC Medicaid at the same address used for regular claims submission. All fields are required with the exception of field 13, "Comments."

1 Provider Name

Enter the provider's name.

2 Provider Address

Enter the provider's address.

3 Provider City, State, Zip

Enter the provider's city, state, and zip code.

4 Total amount paid on the original claim

Enter the total amount that was paid on the original claim that is to be voided or replaced.

5 Original CCN

Enter the Claim Control Number of the original claim you wish to Void or Void/Replace. The CCN is 17 characters long; the first 16 characters are numeric, and the 17th is alpha, indicating the claim type.

SECTION 3 BILLING PROCEDURES**CLAIM PROCESSING**

*Form 130 Instructions
(Cont'd.)*

- 6 Provider ID/NPI**
Enter the six-character Medicaid legacy provider number and/or NPI of the provider reimbursed on the original claim.
- 7 Recipient ID**
Enter the beneficiary's Medicaid ID as submitted on the original claim.
- 8 Adjustment Type**
Fill in the appropriate bubble to indicate Void or Void/Replace.
- 9 Originator**
Fill in the "Provider" bubble.
- 10 Reason for Adjustment**
Select only **one** reason for the adjustment and fill in the appropriate bubble.
- 11 Analyst ID**
This field is for agency use only.
- 12 For Agency Use Only**
These adjustment reasons are for agency use only.
- 13 Comments**
Include any relevant comments in this field. Comments are not required.
- 14 Signature**
The person completing the form must sign on this line.
- 15 Date**
Enter the date the form was completed.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Form 130 Instructions (Cont'd.)

16 Phone

Enter the contact phone number of the person completing the form.

Visit Counts

Because visit counts are stored on the claim record for beneficiaries, the claim-level adjustment process can affect the visit count for services that have a limitation on the number of visits allowed within a specific timeframe (typically the state fiscal year). Those services include Ambulatory, Home Health, and Chiropractic visits.

In the case of a **Void Only** adjustment, the visit count for a beneficiary will be restored by the same number and type of visits on the original claim. Once the Void Only adjustment has been processed, those allowed visits are returned to the beneficiary's record and are available for use.

In the case of a **Void/Replacement** adjustment, a new visit count will be applied to the beneficiary record after the replacement claim has completed processing.

There are two factors to note here:

- If the recalculated visit count exceeds that beneficiary's limits, reimbursement for the excess visits on the Replacement claim will be denied.
- There may be cases when a Void/Replacement adjustment is submitted, the Void of the old claim is processed, and the Replacement claim is suspended. In such cases, the allowable visits on the original claim are "held" until the suspension is resolved. If the resolution results in "Paid" status for the Replacement claim, the allowable visits are applied to it. However, if the Replacement claim is denied ("R" status), then those allowable visits again become active in the beneficiary's record and can be applied to other visits.

Gross-Level Adjustments

Gross-level adjustments will be initiated when:

- A claim is no longer in Medicaid's active history file (the claim payment date is more than 18 months old.)
- The adjustment request is not "claim-specific" (cost settlements, disproportionate share, etc.). SCDHHS will initiate this type of gross adjustment.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Gross-Level Adjustments (Cont'd.)

- A claim in TPL Recovery will not be taken back in full.

Provider requests for credit adjustments (where the provider can substantiate that additional reimbursement is appropriate) or debit adjustments (where the provider wishes to make a voluntary refund of an overpayment) should be directed to the Medicaid program manager within 90 days of receipt of payment. Requests for gross-level **credit** adjustments for dates of service that are more than one year old typically cannot be processed by SCDHHS without documentation justifying an exception. Providers may send TPL-related adjustments directly to Medicaid Insurance Verification Services (MIVS) at the following address:

South Carolina Healthy Connections
Post Office Box 101110
Columbia, SC 29211-9804

Fax: (803) 462-2582

Phone: 1-888-289-0709 option 5

In the event of a debit adjustment, the provider should not send a check. Appropriate deductions will be made from the provider's account, if necessary. Providers may inquire directly to Medicaid Insurance Verification Services about debit or credit adjustments resulting from private health insurance or retroactive Medicare coverage.

To request a gross-level adjustment, the provider should submit a letter on letterhead stationery to the Medicaid program manager providing a brief description of the problem, the action that the provider wishes SCDHHS to take on the claim, and the amount of the adjustment, if known. If the problem involves an individual claim, the letter should also provide the beneficiary's name and Medicaid number, the date of service involved, and the procedure code for the service to be adjusted. The provider's authorized representative must sign the letter. For problems involving individual claims, copies of the pertinent Medicaid Remittance Advices with the beneficiary's name and Medicaid number, date of service, procedure code, and payment amount **highlighted** should also be included.

The provider will be notified of the adjustment via a letter or a copy of an Adjustment/Alternate Claim Form (DHHS

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Gross-Level Adjustments (Cont'd.)

Form 115). After it is processed by SCDHHS, the gross-level adjustment will appear on the last page of the provider's next Remittance Advice. Each adjustment will be assigned a unique identification number ("Own Reference Number" on the adjustment form), which will appear in the first column of the Remittance Advice. The identification number will be up to nine alphanumeric characters in length. A sample Remittance Advice can be found in the Forms section of this manual. Gross-level adjustments are shown on page 3 of the sample.

Adjustments on the Remittance Advice

If a Void claim and its Replacement process in the same payment cycle, they are reported together on the Remittance Advice along with other paid claims. The original Claim Control Number (CCN) and other claim details will appear on both the Void and the Replacement lines.

Void Only claim adjustments are reported on a separate page of the Remittance Advice; they will also show the original CCN and other claim details. If the Replacement claim for a Void/Replacement processes in a subsequent payment cycle, it will appear with other paid claims.

Gross-level adjustments are reported on the last page of the Remittance Advice, and show only a reference number and debit/credit information.

A sample Remittance Advice that shows Void Only, Void/Replacement, and gross-level adjustments can be found in the Forms section of this manual.

Refund Checks

Providers who are instructed to send a refund check should complete the Form for Medicaid Refunds (DHHS Form 205) and send it along with the check to the following address:

South Carolina Healthy Connections
Cash Receipts
Post Office Box 8355
Columbia, SC 29202-8355

All refund checks should be made payable to the SC Department of Health and Human Services. A sample of the Form for Medicaid Refunds, along with instructions for its completion, can be found in the Forms section of this manual. SCDHHS must be able to identify the reason for

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Refund Checks (Cont'd.)

the refund, the beneficiary's name and Medicaid number, the provider's number, and the date of service in order to post the refund correctly.

If you submit a refund to SCDHHS and subsequently discover that it was in error, SCDHHS must receive your credit adjustment request within 90 days of the refund.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

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SECTION 4
PROCEDURE CODES

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SECTION 4 PROCEDURE CODES

MEDICAID BILLABLE SERVICES

The following table includes Community Mental Health program services typically billed to Medicaid, their abbreviations, the procedure code for the service, the time per unit or encounter of service, modifiers, and the maximum amount of units billable per day.

| Services and Approved Abbreviation | Procedure Code | Unit / Encounter | Maximum Units/Day |
|--|------------------|---------------------|-----------------------|
| Behavioral Health Screening – Alcohol/Drug | H0002 HF | 15 minutes | 2 |
| Crisis Intervention Service (CI) | H2011 | 15 minutes | 20 |
| Individual Psychotherapy Face to face | 90832 | 30-minute encounter | 1 per date of service |
| Individual Psychotherapy Face to face | 90834 | 45-minute encounter | 1 per date of service |
| Individual Psychotherapy Face-To face | 90837 | 60-minute encounter | 1 per date of service |
| Family Therapy, client not present | 90846 | 30 minutes | 6 |
| Family Therapy, client present (Fm Tx) | 90847 | 30 minutes | 6 |
| Group Therapy (Gp Tx) | 90853 | 30 minutes | 8 |
| Psychiatric Diagnostic Assessment without medical evaluation | 90791 90791GT | Encounter | 1 per every 6 months |
| Psychiatric Diagnostic Assessment with medical evaluation | 90792 | Encounter | 1 per every 6 months |
| MH Assessment by Non Physician (Assmt) Assessment - MHP (Assess.) | H0031 | 30 minutes | 8 |
| MH Service Plan Development by Non Physician (SPD) | H0032 | 15 minutes | 2 |
| Nursing Services (NS) | T1002 | 15 minutes | 7 |

* GT modifier must be used when rendering Telepsychiatry services

Modifier Index:

TD – Nurse

GT – Via Interactive Audio and Telecommunications Systems

HF– Substance abuse program

SECTION 4 PROCEDURE CODES

MEDICAID BILLABLE SERVICES

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SECTION 4 PROCEDURE CODES

REIMBURSABLE MEDICAID CODES FOR INJECTIONS

The following table lists reimbursable Medicaid codes for injections approved for use in the Community Mental Health Services program and their reimbursement dosages.

| REIMBURSABLE MEDICAID CODES FOR INJECTIONS | |
|--|---|
| J2060 | Ativan, to 4 mg |
| J1200 | Diphenhydramine, up to 50 mg |
| J0515 | Benztropine, up to 1 mg |
| J1630 | Haldol, up to 5 mg. |
| J1631 | Haldol Decanoate to 50 mg. IM. |
| J1990 | Librium, up to 100 mg. |
| J2680 | Prolixin Decanoate, Fluphenazine, up to 25 mg |
| J3230 | Torazine, Chlorpromazine, up to 50 mg |
| J3310 | Perphenazine, up to 5 mg |
| J3360 | Valium, up to 5 mg |
| J3410 | Vistaril, up to 25 mg |
| J2794 | Risperidone, 0.5 mg |
| J3486 | Ziprasidone Mesylate, 10 mg |
| 96372 | Therapeutic, Propy, DX Inj, Subcut/Intramuc |

SECTION 4 PROCEDURE CODES

REIMBURSABLE MEDICAID CODES FOR INJECTION

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SECTION 5
ADMINISTRATIVE SERVICES

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SECTION 5 ADMINISTRATIVE SERVICES

GENERAL INFORMATION

ADMINISTRATION

The Department of Health and Human Services (DHHS) administers the South Carolina Medicaid Program. This section outlines the available resources for Medicaid providers, with telephone numbers, addresses, and the individuals available for provider assistance.

CORRESPONDENCE AND INQUIRIES

All correspondence to South Carolina Medicaid should be directed to the SCDHHS Provider Service Center (PSC) at 1-888-289-0709. In addition, provider may submit an online inquiry at <http://www.scdhhs.gov/contact-us>. Inquiries concerning specific claims should also be directed to the PSC, but only after corrections have been made on rejected claims and all claims filing requirements have been met. Medicaid Provider Inquiry (DHHS Form 140) may be used to check the status on outstanding claims. (See the blank form in the Forms section.) Always include the provider's Medicaid number, the resident's Medicaid number, and the date of service when requesting the status of outstanding claims. **Allow 45 days from the submission date before requesting the status of the claim.**

Questions concerning beneficiary eligibility or identification numbers should be directed to the SCDHHS county office in the beneficiary's county of residence. Beneficiaries who have questions regarding specific coverage issues should be referred to the appropriate staff of their county SCDHHS office for assistance. To verify eligibility status, please use the South Carolina Medicaid Web-based Claims Submission Tool (Web Tool). For information on the Web Tool, please contact the PSC at 1-888-289-0709.

SECTION 5 ADMINISTRATIVE SERVICES

GENERAL INFORMATION

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SECTION 5 ADMINISTRATIVE SERVICES**PROCUREMENT
OF FORMS**

The Department of Health and Human Services will not supply the CMS-1500 claim form (08/05 version) to providers. Providers should purchase the form in its approved format from the private vendor of their choice. Examples of vendors who supply the form are listed below. This list should not be viewed as an endorsement of these vendors by SCDHHS.

**REPRODUCIBLE
NEGATIVES**

Government Printing Office
Room C-836
Building Three
Washington, DC 20401
(202) 275-1189

SOFTWARE

Attn: Orders Department
American Medical Association
Post Office Box 10946
Chicago, IL 60610

HARD COPY CLAIM FORMS

Government Printing Office
Superintendent of Documents
Post Office Box 371954
Pittsburgh, PA 15250-7954
(202) 512-1800
Fax: (202) 512-2250
Web site orders: <http://bookstore.gpo.gov>

PRIVATE VENDORS

Moore Wallace
1210 Key Road
Columbia, SC 29201
(803) 576-1302

Physicians' Record Company
3000 S. Ridgeland Ave.
Berwyn, IL 60402-0724
(800) 323-9268 (toll free)
Fax: (708) 749-0171

SECTION 5 ADMINISTRATIVE SERVICES

PROCUREMENT OF FORMS

PRIVATE VENDORS (CONT'D.)

Standard Register Company
140 Stoneridge Drive, Suite 380
Columbia, SC 29210
(803) 256-0004
Fax: (803) 256-1602

SCDHHS FORMS

Providers may order SCDHHS forms via email at forms@scdhhs.gov. Copies of forms, including program-specific forms, are also available in the Forms section of this manual.

WEB ADDRESS

Providers should visit the Provider Information page on the SCDHHS Web site at <http://provider.scdhhs.gov> for the most current version of this manual.

To order a paper or CD version of this manual, please contact the SCDHHS Provider Service Center (PSC) at 1-888-289-0709. From the Main Menu, select the Provider Enrollment and Education option. Charges for printed manuals are based on actual costs of printing and mailing.

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

| County | Telephone No. | Address |
|---------------------|----------------|---|
| 1. Abbeville County | (864) 366-5638 | Medicaid Eligibility Abbeville County DHHS Human Services Building 903 W. Greenwood St. Abbeville, SC 29620-5678 Post Office Box 130 Abbeville, SC 29620-0130 |
| 2. Aiken County | (803) 643-1938 | Medicaid Eligibility Aiken County DHHS 1410 Park Ave. S.E. Aiken, SC 29801-4776 Toll Free: 1-888-866-8852 Post Office Box 2748 Aiken, SC 29802 -2748 |
| 3. Allendale County | (803) 584-8137 | Medicaid Eligibility Allendale County DHHS 521 Barnwell Highway Allendale, SC 29810 Post Office Box 326 Allendale, SC 29810 |
| 4. Anderson County | (864) 260-4541 | Medicaid Eligibility Anderson County DHHS 224 McGee Rd. Anderson, SC 29625 Post Office Box 160 Anderson, SC 29622-0160 |

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

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|--------------------|----------------|---|
| 5. Bamberg County | (803) 245-3932 | <p>Medicaid Eligibility Bamberg County DHHS 374 Log Branch Rd. Bamberg, SC 29003</p> <p>Post Office Box 544 Bamberg, SC 29003</p> |
| 6. Barnwell County | (803) 541-3825 | <p>Medicaid Eligibility Barnwell County DHHS 10913 Ellenton Street Barnwell, SC 29812</p> <p>Post Office Box 648 Barnwell, SC 29812</p> |
| 7. Beaufort County | (843) 255-6095 | <p>Medicaid Eligibility Beaufort County DHHS 1905 Duke St. Beaufort, SC 29902-4403</p> <p>Post Office Box 1255 Beaufort, SC 29901-1255</p> |
| 8. Berkeley County | (843) 719-1170 | <p>Medicaid Eligibility Berkeley County DSS 2 Belt Dr. Moncks Corner, SC 29461-2801</p> <p>Toll Free: 1-800-249-8751</p> <p>Post Office Box 13748 Charleston, SC 29422-3748</p> |
| 9. Calhoun County | (803) 874-3384 | <p>Medicaid Eligibility Calhoun County DHHS 2831 Old Belleville Rd. St. Matthews, SC 29135</p> <p>Post Office Box 378 St. Matthews, SC 29135</p> |

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|--------------------------------|----------------|---|--|
| 10. Charleston County | (843) 740-5900 | Medicaid Eligibility Charleston County DHHS 326 Calhoun St. Charleston, SC 29401-1124 Toll Free: 1-800-249-8751 | Post Office Box 13748 Charleston, SC 29422-3748 |
| 11. Cherokee County | (864) 487-2521 | Medicaid Eligibility Cherokee County DHHS 1434 N. Limestone St. Gaffney, SC 29340-4734 Post Office Box 89 Gaffney, SC 29342 | |
| 12. Chester County | (803) 377-8135 | Medicaid Eligibility Chester County DHHS 115 Reedy St. Chester, SC 29706 | |
| 13. Chesterfield County | (843) 623-5226 | Medicaid Eligibility Chesterfield County DHHS 201 N. Page St. Chesterfield, SC 29709 -1201 Post Office Box 855 Chesterfield, SC 29709 - 0855 | |
| 14. Clarendon County | (803) 435-4305 | Medicaid Eligibility Clarendon County DSS 3 S. Church St. Manning, SC 29102 Post Office Box 788 Manning, SC 29102 | |
| 15. Colleton County | (843) 549-1894 | Medicaid Eligibility Colleton County DHHS Bernard Warshaw Building 215 S. Lemacks St. Walterboro, SC 29488 Post Office Box 110 Walterboro, SC 29488 | |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

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|------------------------------|--|---|
| 16. Darlington County | (843) 398-4427 | Medicaid Eligibility Darlington County DHHS 300 Russell St., Room 145 Darlington, SC 29532 -3340 Post Office Box 2077 Darlington, SC 29540 -2077 |
| | (843) 332-2289 | 404 S. Fourth St., Suite 300 Hartsville, SC 29550 - 5718 |
| 17. Dillon County | (843) 774-2713 | Medicaid Eligibility Dillon County DHHS 1213 Highway 34 W. Dillon, SC 29536 - 8141 Post Office Box 351 Dillon, SC 29536 - 0351 |
| 18. Dorchester County | (843) 821-0444 Toll Free: 1-800-249-8751 | Medicaid Eligibility Dorchester County DSS 216 Orangeburg Rd Summerville, SC 29483-8945 Post Office Box 13748 Charleston, SC 29422-3748 |
| 19. Edgefield County | (803) 637-4040 | Medicaid Eligibility Edgefield County DHHS 120 W. A. Reel Dr. Edgefield, SC 29824-1607 Post Office Box 386 Edgefield, SC 29824 - 0386 |
| 20. Fairfield County | (803) 589-8035 | Medicaid Eligibility Fairfield County DHHS 1136 Kincaid Bridge Rd. Winnsboro, SC 29180-7116 Post Office Box 1139 Winnsboro, SC 29180-5139 |

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| | | |
|------------------------------|----------------|---|
| 21. Florence County | (843) 673-1761 | Medicaid Eligibility Florence County DHHS 2685 S. Irby St., Box I Florence, SC 29505 - 3440 |
| | | (843) 394-8575 345 S. Ron McNair Blvd Lake City, SC 29560 -3434 |
| 22. Georgetown County | (843) 546-5134 | Medicaid Eligibility Georgetown County DSS 330 Dozier St. Georgetown, SC 29440-3219 |
| | | Post Office Box 371 Georgetown, SC 29442 |
| 23. Greenville County | (864) 467-7800 | Medicaid Eligibility Greenville County DSS 301 University Ridge, Suite 6700 Greenville, SC 29601 |
| | | Post Office Box 9399 Greenville, SC 29604-9399 |
| 24. Greenwood County | (864) 229-5258 | Medicaid Eligibility Greenwood County DHHS 1118 Phoenix St. Greenwood, SC 29646-3918 |
| | | Post Office Box 1016 Greenwood, SC 29648 - 1016 |
| 25. Hampton County | (803) 914-0053 | Medicaid Eligibility Hampton County DHHS 102 Ginn Altman Ave., Suite B Hampton, SC 29924 |
| | | Post Office Box 693 Hampton, SC 29924 |

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

| | | |
|-----------------------------|----------------|---|
| 26. Horry County | (843) 381-8260 | Medicaid Eligibility Horry County DHHS 1601 11 th Ave., 1 st Floor Conway, SC 29526 Post Office Box 290 Conway, SC 29528 |
| 27. Jasper County | (843) 726-7747 | Medicaid Eligibility Jasper County DHHS 10908 N. Jacob Smart Blvd. Ridgeland, SC 29936 |
| 28. Kershaw County | (803) 432-3164 | Medicaid Eligibility Kershaw County DHHS 110 E. DeKalb St. Camden, SC 29020-4432 Post Office Box 220 Camden, SC 29021-0220 |
| 29. Lancaster County | (803) 286-8208 | Medicaid Eligibility Lancaster County DHHS 1599 Pageland Highway Lancaster, SC 29720-2409 |
| 30. Laurens County | (864) 833-6109 | Medicaid Eligibility Laurens County DHHS 93 Human Services Rd. Clinton, SC 29325-7546 Post Office Box 388 Laurens, SC 29360-0388 |
| 31. Lee County | (803) 484-5376 | Medicaid Eligibility Lee County DHHS 820 Brown St. Bishopville, SC 29010 -4207 Post Office Box 406 Bishopville, SC 29010 -0406 |

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- 32.** Lexington County (803) 785-2991 Medicaid Eligibility
(803) 785-5050 Lexington County DHHS
605 West Main St.
Lexington, SC 29072-2550
- 33.** McCormick County (864) 465-5221 Medicaid Eligibility
McCormick County DHHS
215 N. Mine St.
McCormick, SC 29835-8363
- 34.** Marion County (843) 423-5417 Medicaid Eligibility
Marion County DHHS
137 Airport Ct., Suite J
Mullins, SC 29574
- 35.** Marlboro County (843) 479-4389 Medicaid Eligibility
Marlboro County DHHS
County Complex
1 Ag St.
Bennettsville, SC 29512 - 4424

Post Office Box 1074
Bennettsville, SC 29512-1074
- 36.** Newberry County (803) 321-2159 Medicaid Eligibility
Newberry County DHHS
County Human Services Center
2107 Wilson Rd.
Newberry, SC 29108-1603

PO Box 1225
Newberry, SC 29108 - 1225
- 37.** Oconee County (864) 638-4420 Medicaid Eligibility
Oconee DHHS
223 B Kenneth St.
Walhalla, SC 29691
- 38.** Orangeburg County (803) 515-1793 Medicaid Eligibility
Orangeburg County DHHS
2570 Old St. Matthews Rd., N.E.
Orangeburg, SC 29118

Post Office Box 1407
Orangeburg, SC 29116-1407

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

- | | | |
|-------------------------------|--|--|
| 39. Pickens County | (864) 898-5815 | Medicaid Eligibility Pickens County DHHS 212 McDaniel Ave. Pickens, SC 29671 Post Office Box 160 Pickens, SC 29671-0160 |
| 40. Richland County | (803) 714-7562 (803) 714-7549 | Medicaid Eligibility Richland County DHHS 3220 Two Notch Rd. Columbia, SC 29204-2826 |
| 41. Saluda County | (864) 445-2139 Toll Free: 1-800-551-1909 | Medicaid Eligibility Saluda County DHHS 613 Newberry Highway Saluda, SC 29138-8903 Post Office Box 245 Saluda, SC 29138 - 0245 |
| 42. Spartanburg County | (864) 596-2714 | Medicaid Eligibility Spartanburg County DHHS Pinewood Shopping Center 1000 N. Pine St., Suite 23 Spartanburg, SC 29303 |
| 43. Sumter County | (803) 774-3447 | Medicaid Eligibility Sumter County DHHS 105 N. Magnolia St., 3rd Floor Sumter, SC 29150-4941 Post Office Box 2547 Sumter, SC 29151 - 2547 |
| 44. Union County | (864) 424-0227 | Medicaid Eligibility Union County DHHS 200 S. Mountain St. Union, SC 29379 Post Office Box 1068 Union, SC 29379 |

SECTION 5 ADMINISTRATIVE SERVICES

- 45. Williamsburg County** (843) 355-5411 Medicaid Eligibility
Williamsburg County DSS
831 Eastland Ave.
Kingstree, SC 29556

Post Office Box 767
Kingstree, SC 29556
- 46. York County** (803) 366-1900 Medicaid Eligibility
York County DHHS
1890 Neelys Creek Road
Rock Hill, SC 29730

Post Office Box 710
Rock Hill, SC 29731-6710

SECTION 5 ADMINISTRATIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES COUNTY OFFICES

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FORMS

| Number | Name | Revision Date |
|---------------|---|----------------------|
| DHHS 126 | Confidential Complaint | 06/2007 |
| DHHS 130 | Claim Adjustment Form 130 | 03/2007 |
| DHHS 205 | Medicaid Refunds | 01/2008 |
| DHHS 931 | Health Insurance Information Referral Form | 01/2008 |
| | Reasonable Effort Documentation | 05/2007 |
| | Authorization Agreement for Electronic Funds Transfer | 03/2011 |
| | Duplicate Remittance Advice Request Form | 10/2012 |
| CMS-1500 | Sample Claim Showing TPL Denial with NPI | 08/2005 |
| CMS-1500 | Sample Claim Showing TPL Denial with NPI and Medicaid Provider ID | 08/2005 |
| | Sample Edit Correction Form | 06/2007 |
| | Remittance Advice | 06/2007 |
| DHHS 254 | Referral Form/Authorization for Rehabilitative Services | 02/2013 |
| | Medical Necessity Statement for Children's Behavioral Health Services | 07/2005 |



**STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

CONFIDENTIAL COMPLAINT

SEND TO: DIRECTOR, DIVISION OF PROGRAM INTEGRITY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. BOX 100210, 1801 MAIN STREET, COLUMBIA, SOUTH CAROLINA 29202-3210

PROGRAM INTEGRITY

THIS REPORT IS DESIGNED FOR THE REPORTING OF POSSIBLE ABUSE BY MEDICAID PROVIDERS AND/OR RECIPIENTS. USE THE SPACE BELOW TO EXPLAIN IN DETAIL YOUR COMPLAINT. PLEASE IDENTIFY YOURSELF AND WHERE YOU CAN BE REACHED FOR FUTURE REFERENCES. UNLESS OTHERWISE INDICATED, ALL INFORMATION SHOULD BE PRINTED OR TYPED.

YOUR COMPLAINT WILL REMAIN CONFIDENTIAL.

SUSPECTED INDIVIDUAL OR INDIVIDUALS:

NPI or MEDICAID PROVIDER ID: (if applicable)

MEDICAID RECIPIENT ID NUMBER: (if applicable)

ADDRESS OF SUSPECT:

LOCATION OF INCIDENT:

DATE OF INCIDENT:

COMPLAINT:

NAME OF PERSON REPORTING: (Please print)

SIGNATURE OF PERSON REPORTING:

DATE OF REPORT

ADDRESS OF PERSON REPORTING:

TELEPHONE NUMBER OF PERSON REPORTING:

SIGNATURE: (SCDHHS Representative Receiving Report)

South Carolina Department of Health and Human Services - Claim Adjustment Form 130

Provider Name: (Please use black or blue ink when completing form)

Provider Address :

Provider City , State, Zip:

Total paid amount on the original claim:

Original CCN:

Grid for Original CCN (15 boxes)

Provider ID:

Grid for Provider ID (6 boxes)

NPI:

Grid for NPI (10 boxes)

Recipient ID:

Grid for Recipient ID (8 boxes)

Adjustment Type:

- Void, Void/Replace

Originator:

- DHHS, MCCS, Provider, MIVS

Reason For Adjustment: (Fill One Only)

- Insurance payment different than original claim, Medicaid paid twice - void only, Keying errors, Incorrect provider paid, Incorrect recipient billed, Incorrect dates of service paid, Voluntary provider refund due to health insurance, Provider filing error, Voluntary provider refund due to casualty, Medicare adjusted the claim, Voluntary provider refund due to Medicare, Other

For Agency Use Only

Analyst ID:

Grid for Analyst ID (6 boxes)

- Hospital/Office Visit included in Surgical Package, Independent lab should be paid for service, Assistant surgeon paid as primary surgeon, Multiple surgery claims submitted for the same DOS, MMIS claims processing error, Rate change, Web Tool error, Reference File error, MCCS processing error, Claim review by Appeals

Comments:

Signature: _____ Date: _____

Phone: _____

**South Carolina Department of Health and Human Services
Form for Medicaid Refunds**

Purpose: This form is to be used for all refund checks made to Medicaid. This form gives the information needed to properly account for the refund. If the form is incomplete, the provider will be contacted for the additional information.

Items 1, 2 or 3, 4, 5, 6, & 7 must be completed.

Attach appropriate document(s) as listed in item 8.

1. Provider Name: _____

2. Medicaid Legacy Provider #
(Six Characters)

OR

3. NPI#

& Taxonomy

4. Person to Contact: _____

5. Telephone Number: _____

6. Reason for Refund: [check appropriate box]

- Other Insurance Paid (please complete **a – f** below and attach insurance EOMB)
 - a** Type of Insurance: () Accident/Auto Liability () Health/Hospitalization
 - b** Insurance Company Name _____
 - c** Policy #: _____
 - d** Policyholder: _____
 - e** Group Name/Group: _____
 - f** Amount Insurance Paid: _____

- Medicare
 - () Full payment made by Medicare
 - () Deductible not due
 - () Adjustment made by Medicare

Requested by DHHS (please attach a copy of the request)

Other, describe in detail reason for refund:

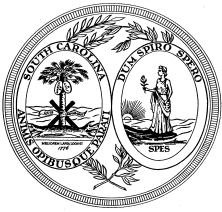
7. Patient/Service Identification:

| Patient Name | Medicaid I.D.# (10 digits) | Date(s) of Service | Amount of Medicaid Payment | Amount of Refund |
|--------------|-------------------------------|-----------------------|-------------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. Attachment(s): [Check appropriate box]

- Medicaid Remittance Advice (required)
- Explanation of Benefits (EOMB) from Insurance Company (if applicable)
- Explanation of Benefits (EOMB) from Medicare (if applicable)
- Refund check

Make all checks payable to: South Carolina Department of Health and Human Services
Mail to: SC Department of Health and Human Services
Cash Receipts
Post Office Box 8355
Columbia, SC 29202-8355



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM**

Provider or Department Name: _____ Provider ID or NPI: _____

Contact Person: _____ Phone #: _____ Date: _____

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 25 DAYS

Beneficiary Name: _____ Date Referral Completed: _____

Medicaid ID#: _____ Policy Number: _____

Insurance Company Name: _____ Group Number: _____

Insured's Name: _____ Insured SSN: _____

Employer's Name/Address: _____

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIVS SHALL WORK WITHIN 5 DAYS

- _____ a. beneficiary has never been covered by the policy – close insurance.
- _____ b. beneficiary coverage ended - terminate coverage (date) _____
- _____ c. subscriber coverage lapsed - terminate coverage (date) _____
- _____ d. subscriber changed plans under employer - new carrier is _____
- new policy number is _____
- _____ e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
(name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.

Submit this information to Medicaid Insurance Verification Services (MIVS).

| | | |
|--------------|-----------|---|
| Fax: | or | Mail: |
| 803-252-0870 | | Post Office Box 101110 Columbia, SC 29211-9804 |

**III NEW POLICY NUMBERS FOR INSURANCE IN THE MMIS WITH THE SUBSCRIBER SSN
(SCDHHS is collecting new unique policy numbers and plans to replace existing insurance records through MMIS online modification as computer resources are available.)**

Medicaid Beneficiary ID: _____ SSN: _____

Carrier Name/Code: _____ New Unique Policy Number: _____

Submit this information to South Carolina Department of Health and Human Services (SCDHHS).

| | | |
|--------------|-----------|--|
| Fax: | or | Mail: |
| 803-255-8225 | | Post Office Box 8206, Attention TPL Columbia, SC 29202-8206 |



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REASONABLE EFFORT DOCUMENTATION**

PROVIDER _____ **DOS** _____

NPI or MEDICAID PROVIDER ID _____

MEDICAID BENEFICIARY NAME _____

MEDICAID BENEFICIARY ID# _____

INSURANCE COMPANY NAME _____

POLICYHOLDER _____

POLICY NUMBER _____

ORIGINAL DATE FILED TO INSURANCE COMPANY _____

DATE OF FOLLOW UP ACTIVITY _____

RESULT:

FURTHER ACTION TAKEN:

DATE OF SECOND FOLLOW UP _____

RESULT:

I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE FROM THE PRIMARY INSURER.

(SIGNATURE AND DATE)

ATTACH A COPY OF FORM TO THE APPROPRIATE CLAIM OR ECF AND FORWARD TO YOUR MEDICAID CLAIMS PROCESSING POST OFFICE BOX.

**South Carolina
Department of Health and Human Services
Electronic Funds Transfer (EFT) Authorization Agreement**

PROVIDER INFORMATION

Provider Name _____
Medicaid Provider Number _____
Provider NPI Number _____
Provider Address _____
City _____ State _____ Zip _____

BANKING INFORMATION *(Please include a copy of the electronic deposit information on bank letterhead. This is required and the information will be used to verify your bank account information).*

Financial Institution Name _____
Financial Institution Address _____
City _____ State _____ Zip _____
Routing Number (nine digit) _____
Account Number _____

Type of Account (check one) Checking Savings

I (we) hereby authorize the Department of Health and Human Services to initiate credit entries and to initiate, if necessary, debit entries for any credit entries in error to my account indicated below and the financial institution named below, to credit and/or debit the same to such account. These credit entries will pertain only to the Department of Health and Human Services payment obligations resulting from Medicaid services rendered by the provider.

I (we) understand that credit entries to the account of the above named payee are done with the understanding that payment will be from federal and/or state funds and that any false claims, statements or documents or concealments of a material fact, may be prosecuted under applicable federal or state laws.

I (we) certify that the information shown is correct. I (we) agree to provide thirty (30) days written notice to the address shown below prior to revoking or revising this authorization.

Contact Name: _____ Phone Number: _____

Signed _____ (Signature)
_____ (Print)

Title _____ Date _____

All EFT requests are subject to a 15-day pre-certification period in which all accounts are verified by the qualifying financial institution before any Medicaid direct deposits are made.

RETURN COMPLETED FORM & BANK VERIFICATION DOCUMENT TO:

**Department of Health and Human Services
Medicaid Provider Enrollment
P.O. BOX 8809, COLUMBIA, S.C. 29202-8809
FAX (803) 870-9022**

**South Carolina Department of Health and Human Services
Duplicate Remittance Advice Request Form**

Purpose: This form is to be used for all requests for duplicate remittance advices from South Carolina Medicaid. The form must be completed in its entirety in order to honor the request. If the form is incomplete, the form will be returned requesting the additional information.

Please contact the SCDHHS Provider Service Center (PSC) at 1-888-289-0709 or submit an online inquiry at <http://www.scdhhs.gov/contact-us> for instructions on submission of your request.

1. **Provider Name:** _____

2. **Medicaid Legacy Provider #** _____ **(Six Characters)**
NPI# _____ **& Taxonomy** _____

3. **Person to Contact:** _____ 4. **Telephone Number:** _____

5. **Requesting:**

- Complete Remittance Package** **Remittance Pages Only** **Edit Correction Pages Only**

6. **Please list the date(s) of the remittance advice for which you are requesting a duplicate copy:**

7. **Street Address for delivery of request:**

Street: _____
City: _____
State: _____
Zip Code: _____

8. **Charges for a duplicate remittance advice are as follows:**

Request Processing Fee - \$20.00
Page(s) copied - .20 per page

I understand and acknowledge that a charge is associated with this request and will be deducted from my provider's payment by debit adjustment on a future remittance advice.

Authorizing Signature

Date

1500

HEALTH INSURANCE CLAIM FORM

Community Mental Health Services
Sample Claim Showing TPL Denial
with NPI

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|-------------------------------|--|--|--|--|
| PICA <input type="checkbox"/> | | | | | | | | | | PICA <input type="checkbox"/> | | | | | | | | | | | | | | |
| 1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE CHAMPUS (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input checked="" type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/> | | | | | | | | | | 1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567890 | | | | | | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, John A. | | | | | | | | | | 3. PATIENT'S BIRTH DATE MM DD YY 01 01 1947 | | | | | SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | |
| 5. PATIENT'S ADDRESS (No., Street) 123 Windy Lane | | | | | | | | | | 6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | | | | | |
| CITY Anytown | | | | | STATE SC | | | | | 8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> | | | | | 7. INSURED'S ADDRESS (No., Street) | | | | | | | | | |
| ZIP CODE 29999 | | | | | TELEPHONE (Include Area Code) () | | | | | Employed <input checked="" type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> | | | | | CITY | | | | | | | | | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | | | | 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 222222222B | | | | | a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER | | | | | b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | b. EMPLOYER'S NAME OR SCHOOL NAME 0.00 | | | | | c. INSURANCE PLAN NAME OR PROGRAM NAME 401 | | | | | | | | | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> | | | | | c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | c. INSURANCE PLAN NAME OR PROGRAM NAME 401 | | | | | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d. | | | | | | | | | |
| c. EMPLOYER'S NAME OR SCHOOL NAME | | | | | 10d. RESERVED FOR LOCAL USE 1 | | | | | d. INSURANCE PLAN NAME OR PROGRAM NAME | | | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | | | | | | | | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Signature on File | | | | | | | | | | SIGNED _____ DATE _____ | | | | | | | | | | | | | | |
| 14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY | | | | | | | | | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY | | | | | | | | | | | | | | |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | | | | | | | | | 17a. _____ | | | | | 17b. NPI _____ | | | | | | | | | |
| 19. RESERVED FOR LOCAL USE | | | | | | | | | | 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES | | | | | | | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 295 32 | | | | | | | | | | 22. MEDICAID RESUBMISSION CODE _____ ORIGINAL REF. NO. _____ | | | | | | | | | | | | | | |
| 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | | | | | | | | | | B. PLACE OF SERVICE | | | | | | | | | | | | | | |
| C. EMG | | | | | | | | | | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | | | | | | | | | | | | | | |
| E. DIAGNOSIS POINTER | | | | | | | | | | F. \$ CHARGES | | | | | | | | | | | | | | |
| G. DAYS OR UNITS | | | | | | | | | | H. EPSDT Family Plan | | | | | | | | | | | | | | |
| I. ID. QUAL. | | | | | | | | | | J. RENDERING PROVIDER ID. # | | | | | | | | | | | | | | |
| 1 01 31 07 01 31 07 53 90801 102.00 1 NPI 1234567890 | | | | | | | | | | 2 NPI | | | | | | | | | | | | | | |
| 3 NPI | | | | | | | | | | 4 NPI | | | | | | | | | | | | | | |
| 5 NPI | | | | | | | | | | 6 NPI | | | | | | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER 55555555 | | | | | | | | | | 26. PATIENT'S ACCOUNT NO. DOE1234 | | | | | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | 28. TOTAL CHARGE \$ 102.00 | | | | |
| 29. AMOUNT PAID \$ 0.00 | | | | | | | | | | 30. BALANCE DUE \$ 102.00 | | | | | | | | | | | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | | | | | | | | | 32. SERVICE FACILITY LOCATION INFORMATION | | | | | | | | | | | | | | |
| SIGNED _____ DATE _____ | | | | | | | | | | a. NPI _____ b. _____ | | | | | | | | | | | | | | |
| a. 1234567890 | | | | | | | | | | b. ZZ1212121212 | | | | | | | | | | | | | | |

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Community Mental Health Services
Sample Claim Showing TPL Denial
with NPI and Medicaid Provider ID

CARRIER

Form with multiple sections: 1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/OTHER; 2. PATIENT'S NAME; 3. PATIENT'S BIRTH DATE; 4. INSURED'S NAME; 5. PATIENT'S ADDRESS; 6. PATIENT RELATIONSHIP TO INSURED; 7. INSURED'S ADDRESS; 8. PATIENT STATUS; 9. OTHER INSURED'S NAME; 10. IS PATIENT'S CONDITION RELATED TO; 11. INSURED'S POLICY GROUP OR FECA NUMBER; 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE; 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE; 14. DATE OF CURRENT ILLNESS; 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS; 16. DATES PATIENT UNABLE TO WORK; 17. NAME OF REFERRING PROVIDER; 18. HOSPITALIZATION DATES; 19. RESERVED FOR LOCAL USE; 20. OUTSIDE LAB?; 21. DIAGNOSIS OR NATURE OF ILLNESS; 22. MEDICAID RESUBMISSION; 23. PRIOR AUTHORIZATION NUMBER; 24. A. DATE(S) OF SERVICE; 25. FEDERAL TAX I.D. NUMBER; 26. PATIENT'S ACCOUNT NO.; 27. ACCEPT ASSIGNMENT?; 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. BALANCE DUE; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER; 32. SERVICE FACILITY LOCATION INFORMATION; 33. BILLING PROVIDER INFO & PH #.

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Sample Only

RUN DATE 05/01/2007 000001204

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES

CLAIM CONTROL #999999999999999999A

REPORT NUMBER CLM3500

EDIT CORRECTION FORM

PAGE 1136 ECF 1136 PAGE 1 OF 1

ANALYST ID

HIC - 10 PRAC SPEC - 28

EMC Y

SIGNON ID

DOC IND N

ORIGINAL CCN:

TAXONOMY:

SFL ZIP:

PRV ZIP:

ADJ CCN:

1

2

3

4

5

6

7

8

9

PROVIDER ID

RECIPIENT ID

P AUTH NUMBER

TPL

INJURY CODE

EMERG

PC COORD

---- DIAGNOSIS ----

PRIMARY SECONDARY

298.9

EDITS

INSURANCE EDITS

CLAIM EDITS

LINE EDITS

01) 510

02)

03)

** AGENCY USE ONLY **

** APPROVED EDITS **

** REJECTED LINE EDITS **

** **

10 RECIPIENT NAME - DOE, JANE

11 DATE OF BIRTH 01/25/1992

12 SEX F

13

14

15

16

17

18

19

20

21

22

RES

ALLOWED

LN

DATE OF

PLACE

PROC

MOD

INDIVIDUAL

CHARGE

PAY

UNITS

PROVIDER

IND

23
NDC

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12/22/04

53

90801

000

123456

40.00

1.000

NPI: 1234567890

TAXONOMY:

2

/

/

NPI: 1234567890

TAXONOMY:53

90862

000

123456

32.00

1.000

!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

! CLAIMS/LINE PAYMENT INFO !

!

! EDIT PAYMENT DATE !

!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

24

25

26

INS CARR
NUMBER

POLICY
NUMBER

INS CARR
PAID

27 TOTAL CHARGE 72.00

01

28 AMT REC'D INS .00

02

29 BALANCE DUE 72.00

03

30 OWN REF # 012345

RESOLUTION DECISION _R_

ADDITIONAL DIAG CODES:

RETURN TO: INSURANCE POLICY INFORMATION
MEDICAID CLAIMS RECEIPT
P. O. BOX 1412
COLUMBIA, S.C. 29202-1412

PROVIDER:
LOCAL COMMUNITY MENTAL HEALTH CENTER
PO BOX 00000
ANYTOWN, SC 00000-0000

"PLEASE NOTE: EDIT CORRECTION FORMS RETURNED TO DHHS WITH NO CORRECTIVE ACTION WILL BE DISREGARDED"

* INDICATES A SPLIT CLAIM

Sample Remittance Advice (page 1)

This page of the sample Remittance Advice shows a paid claim, as well as a Void/Replacement claim for which both the Void and the Replacement processed during the same payment cycle.

| PROVIDER ID. | | | | | | PROFESSIONAL SERVICES | | | | PAYMENT DATE | PAGE | | |
|---|-----------------------------------|--------|--|-------|------------------|---------------------------------|-------------|----------------------------|--|--------------|-------------------------------|--------------|------------------------|
| +-----+ | DEPT OF HEALTH AND HUMAN SERVICES | | | | | | | | | +-----+ | +-----+ | | |
| AB11110000 | SOUTH CAROLINA MEDICAID PROGRAM | | | | | REMITTANCE ADVICE | | | | 03/26/2007 | 1 | | |
| +-----+ | | | | | | | | | | +-----+ | +-----+ | | |
| PROVIDERS OWN REF. NUMBER | CLAIM REFERENCE NUMBER | PY IND | SERVICE RENDERED DATE (S) MMDDYY | PROC. | AMOUNT BILLED | TITLE 19 PAYMENT MEDICAID | S T S | RECIPIENT ID. NUMBER | RECIPIENT NAME F M I I LAST NAME | M O D | TLE. 18 ALLOWED CHARGES | COPAY AMT | TITLE 18 PAYMENT |
| ABB222222 | 0406001089000400A | | | | 1192.00 | 243.71 | P | 1112233333 | M CLARK | | | 0.00 | |
| | 01 | | 021507 | H0032 | 800.00 | 117.71 | P | | | 000 | | 0.00 | |
| | 02 | | 021507 | H2015 | 392.00 | 126.00 | P | | | 000 | | 0.00 | |
| VOID OF ORIGINAL CCN 0404711253670430A PAID 02/28/04 | | | | | | | | | | | | | |
| ABB222222 | 0406001089000400U | | | | 1412.00- | 273.71- | | 1112233333 | M CLARK | | | | |
| | 01 | | 012107 | H0032 | 1112.00- | 143.71- | | | | 000 | | | |
| | 02 | | 012107 | H2015 | 300.00- | 130.00- | | | | 000 | | | |
| REPLACEMENT OF ORIGINAL CCN 0404711253670430A PAID 02/28/04 | | | | | | | | | | | | | |
| ABB222222 | 0407701389002500A | | | | 1001.50 | 42.75 | P | 1112233333 | M CLARK | | | 0.00 | |
| | 01 | | 012107 | H0032 | 142.50 | 42.75 | P | | | 000 | | 0.00 | |
| | 02 | | 012107 | H2015 | 859.00 | 0.00 | R | | | 000 | | 0.00 | |
| TOTALS | | | | 2 | 2193.50 | 286.46 | | | | | | 0.00 | 0.00 |

| | |
|----------------|-----------------|
| ----- | ----- |
| CERT. PG TOT | MEDICAID PG TOT |
| +-----+ | +-----+ |
| \$0.00 | \$286.46 |
| +-----+ | +-----+ |
| CERTIFIED AMT | MEDICAID TOTAL |
| +-----+ | +-----+ |
| \$0.00 | 0.00 |
| +-----+ | +-----+ |
| FEDERAL RELIEF | MAXIMUS AMT |
| +-----+ | +-----+ |
| CHECK TOTAL | CHECK NUMBER |

STATUS CODES:

P = PAYMENT MADE
R = REJECTED
S = IN PROCESS
E = ENCOUNTER

PROVIDER NAME AND ADDRESS

Community Mental Health Center
PO BOX 000000
ANYTOWN SC 00000-0000

FOR AN EXPLANATION OF THE
ERROR CODES LISTED ON THIS
FORM REFER TO: "MEDICAID
PROVIDER MANUAL".

IF YOU STILL HAVE QUESTIONS
PHONE THE D.H.H.S. NUMBER
SPECIFIED FOR INQUIRY OF
CLAIMS IN THAT MANUAL.

FEDERAL RELIEF

MAXIMUS AMT

CHECK TOTAL

CHECK NUMBER

Please note that the procedure codes and payment amounts used in these samples are examples only. They are not the actual charge amounts for the services listed.

Sample Remittance Advice (page 2)

This page of the sample Remittance Advice shows a claim-level Void without a corresponding Replacement claim.

| | | | |
|---|-------------------|--------------|------|
| PROVIDER ID. | CLAIM ADJUSTMENTS | PAYMENT DATE | PAGE |
| DEPT OF HEALTH AND HUMAN SERVICES AB11110000 | | 03/26/2007 | 2 |
| SOUTH CAROLINA MEDICAID PROGRAM | | | |

| PROVIDERS OWN REF. NUMBER | CLAIM REFERENCE NUMBER | PY IND | SERVICE RENDERED DATE(S) MMDDYY | PROC. | AMOUNT BILLED | TITLE 19 PAYMENT MEDICAID | RECIPIENT ID. NUMBER | RECIPIENT NAME LAST NAME I | M F M O I | ORG CHECK DATE | ORIGINAL CCN |
|---------------------------|------------------------|--------|---------------------------------|-------|---------------|---------------------------|----------------------|----------------------------|-----------|----------------|-------------------|
| ABB222222 | 0406001089000400U | | | | 513.00- | 197.71- | 1112233333 | CLARK | M | | 0404711253670430A |
| | 01 | | 012107 | H0032 | 453.00 | 160.71- | | | | 000 | |
| | 02 | | 012107 | H2015 | 60.00 | 33.00- | | | | 000 | |
| | TOTALS | | 1 | | 513.00- | 193.71- | | | | | |

SAMPLE ONLY

| | | | | |
|--|----------------|---------------|--------------------------------|------------------------------|
| DEBIT BALANCE PRIOR TO THIS REMITTANCE | MEDICAID TOTAL | CERTIFIED AMT | FEDERAL RELIEF | TO BE REFUNDED IN THE FUTURE |
| 0.00 | \$243.71 | 0.00 | 0.00 | 0.00 |
| | ADJUSTMENTS | MAXIMUS AMT | PROVIDER NAME AND ADDRESS | |
| | \$193.71- | | Community Mental Health Center | |
| YOUR CURRENT DEBIT BALANCE | CHECK TOTAL | CHECK NUMBER | PO BOX 000000 | |
| 0.00 | \$50.00 | 4197304 | ANYTOWN SC 00000-0000 | |

Please note that the procedure codes and payment amounts used in these samples are examples only. They are not the actual charge amounts for the services listed.

Sample Remittance Advice (page 3)

This page of the sample Remittance Advice shows four gross-level adjustments.
Gross-level adjustments always appear on the final page of the Remittance Advice.

| | | | | |
|--------------|-----------------------------------|-------------|--------------|------|
| PROVIDER ID. | DEPT OF HEALTH AND HUMAN SERVICES | ADJUSTMENTS | PAYMENT DATE | PAGE |
| AB11110000 | SOUTH CAROLINA MEDICAID PROGRAM | | 03/26/2007 | 3 |

| PROVIDERS OWN REF. NUMBER | CLAIM REFERENCE NUMBER | SERVICE DATE(S) MMDDYY | PROC / DRUG CODE | RECIPIENT ID. NUMBER | RECIPIENT NAME F M LAST NAME I I | ORIG. CHECK DATE | ORIGINAL PAYMENT | ACTION | DEBIT / CREDIT AMOUNT | EXCESS REFUND |
|---------------------------------|------------------------------|------------------------------|---------------------|----------------------------|--|------------------------|---------------------|--------|-----------------------------|------------------|
| TPL 2 | 0408600003700000U | - | | | | | | DEBIT | -2389.05 | |
| TPL 4 | 0408600004700000U | - | | | | | | DEBIT | -1949.90 | |
| TPL 5 | 0408600005700000U | - | | | | | | DEBIT | -477.25 | |
| TPL 6 | 0408600006700000U | - | | | | | | DEBIT | -477.25 | |
| PAGE TOTAL: | | | | | | | | | 5293.45 | 0.00 |

SAMPLE ONLY

| | | | | | | | | | |
|--|---------|----------------|------|---------------|------|--|------|---------------------------------|------|
| DEBIT BALANCE PRIOR TO THIS REMITTANCE | 0.00 | MEDICAID TOTAL | 0.00 | CERTIFIED AMT | 0.00 | FEDERAL RELIEF | 0.00 | TO BE REFUNDED IN THE FUTURE | 0.00 |
| YOUR CURRENT DEBIT BALANCE | 5293.45 | ADJUSTMENTS | 0.00 | MAXIMUS AMT | 0.00 | PROVIDER NAME AND ADDRESS | | | |
| | | CHECK TOTAL | 0.00 | CHECK NUMBER | | Community Mental Health Center PO BOX 000000 ANYTOWN SC 00000-0000 | | | |

Please note that the procedure codes and payment amounts used in these samples are examples only. They are not the actual charge amounts for the services listed.

NATIONAL PROVIDER IDENTIFIER # BENEFICIARY'S MEDICAID #

| | |
|--|--|
| | |
|--|--|

REFERRED TO: _____

AUTHORIZATION DATE: _____

EXPIRATION DATE: _____

Last Date of Service

| | | | | | | | |
|--|-----|----------------------|--|-----------------|-------|-----|--|
| Name | | County | | Address | | | |
| Date of Birth | Sex | Agency Reference No. | | City | State | Zip | |
| Prior Authorization Number <i>(1st two letters reflect the agency's origin. Remaining 5 characters are left up to referring agency or SCDHHS QIO.)</i> | | | | Parent/Guardian | | | |

The provider named above is hereby authorized to render the following service(s) on or within the designated time period for the Medicaid-eligible beneficiary which is not to exceed 6 months. The number of units and staff to provide services should be based on the medical needs of the beneficiary and from the referral source. Please refer to the Rehabilitative Behavioral Health Service Provider Manual for Modifiers and Procedure codes. Only the number of units authorized may be billed.

| √ | Service Description | Procedure Code | Modifier | Unit | Total Units Authorized | Frequency |
|--|--|-----------------------|----------|---------------|------------------------|-----------|
| Assessment Services | | | | | | |
| | Behavioral Health Screening | H0002 | | 15 minutes | | |
| | Diagnostic Assessment without medical | 90791 | AH,HO | Per Encounter | | |
| | Diagnostic Assessment with medical | 90792 | AF,AM,SA | Per Encounter | | |
| | Psychological Testing / Evaluation | 96101 | AH | 60 minutes | | |
| | Comprehensive Evaluation – Initial | H2000 | AH,HO | Per Encounter | | |
| | Comprehensive Evaluation – Follow up | H0031 | AH,HO | Per Encounter | | |
| Treatment Plan Development Services | | | | | | |
| | Service Plan Development (Mental Health) | H0032 | AH,HO,HN | 15 minutes | | |
| | Interdisciplinary Tem-Service Plan Development (Team w/ Client) | 99366 | | Per Encounter | | |
| | Interdisciplinary Tem-Service Plan Development (Team w/o Client) | 99367 | | Per Encounter | | |
| Therapy Services | | | | | | |
| | Individual Psychotherapy | 90832, 90834 90837 | | Per Encounter | | |
| | Group Psychotherapy | 90853 | | Per Encounter | | |
| | Family Psychotherapy w/o client | 90846 | | Per Encounter | | |
| | Family Psychotherapy with client | 90847 | | Per Encounter | | |
| Community Support Services | | | | | | |
| | Crisis Management | H2011 | | 15 minutes | | |
| | Medication Management | H0034 | | 15 minutes | | |
| | Rehabilitative Psychosocial Service | H2017 | | 15 minutes | | |
| | Behavior Modification (B-Mod) | H2014 | | 15 minutes | | |
| | Family Support | S9482 | | 15 minutes | | |

Authorizing Agency: (One must be marked)

- Department of Social Services
- Department of Mental Health
- Continuum of Care For Emotionally Disturbed Children
- Department of Disabilities and Special Needs
- Department of Juvenile Justice
- School District / Department of Education
- United Way
- SCDHHS Quality Improvement Organization

Authorized Agency Representative

Title _____

Phone _____

Signature _____

Date _____

State Agency Use Only:

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL NECESSITY STATEMENT
FOR
CHILDREN'S BEHAVIORAL HEALTH SERVICES**

Child's Name: _____ Social Security Number: _____

Date of Birth: _____ Medicaid Number: _____

Based on professional staffing recommendations, review of treatment history and/or personal observation or evaluation, I recommend that the above-named Medicaid recipient receive _____

(Specific Rehabilitative Service)

for maximum reduction of physical or mental disability and restoration of the recipient to his/her highest level of functioning. This recipient meets the medical necessity criteria for this level of care.

(Signature of Physician or other Licensed Practitioner of the Healing Arts) _____ (Professional Title)

(Please print name signed above) _____ (Phone Number)

Date of Signature: _____ (Services must be initiated within 90 days)

Diagnosis and Diagnosis Code: _____

In the absence of a full clinical assessment and evaluation, use of a V-Code may be appropriate. A more thorough diagnosis and the corresponding diagnosis code should replace the V-Code when available.

- | | | | |
|--------|---|--------|--|
| V61.20 | Parent-child relational problem | V62.81 | Interpersonal problems, not elsewhere classified |
| V61.21 | Neglect/Abuse of Child | V62.82 | Bereavement |
| V61.9 | Relational Problem Related to a Mental Disorder | V71.02 | Child or Adolescent Antisocial Behavior |

Child's identified problems areas or needs. These may be based on professional staffing recommendations, review of treatment history and/or personal observation or evaluation.

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

PLEASE NOTE: Edit Correction Forms (ECFs) returned with "NO CORRECTIVE ACTION" will be disregarded. Corrected ECFs should be returned to the Medicaid Claims Receipt address which is located at the bottom of the ECF. If the ECF does not require corrections, but needs to be reprocessed because information in the system has been updated, [submit a new claim](#) for processing.

| Edit Code | Description | CARC | RARCS | Resolution |
|-----------|---|---|---|---|
| 007 | PAT DAILY INCOME RATE MORE THAN HOME RATE | 45 – Charge exceeds fee schedule/maximum allowable or contracted/ legislated fee arrangement. | | Patient's daily recurring income is greater than the nursing facility's daily rate. Verify that you have provided the correct information. |
| 050 | DATE OF BIRTH/ DATE OF SERV. INCONSISTENT | 14 – The date of birth follows the date of service. | M52 – Incomplete/invalid "from" date(s) of service. | <p>CMS-1500 CLAIM: Verify that the Medicaid ID# in field 2, date of birth in field 11, and date of service in field 15 were billed correctly. If incorrect, make the appropriate correction. If the date of birth in field 11 is correct according to your records, contact the local county Medicaid office to update the system. After the system has been updated, submit a new claim.</p> <p>UB CLAIM: Verify that the Medicaid ID# in field 60, date of birth in field 10, and date of service in field 6 were billed correctly. If incorrect, make the appropriate correction. If the date of birth in field 10 is correct according to your records, contact the local county Medicaid office to update the system. After the system has been updated, submit a new claim.</p> |
| 051 | DATE OF DEATH/ DATE OF SERV INCONSISTENT | 13 – The date of death precedes the date of service. | M59 – Incomplete/ invalid "to" date(s) of service. | <p>CMS-1500 CLAIM: Verify that the correct Medicaid ID# in field 2 and date of service in field 15 were billed. If incorrect, make the appropriate correction. If correct, contact the local county Medicaid office to see if there is an error with the patient's date of death. After the system has been updated, submit a new claim.</p> <p>UB CLAIM: Verify that the correct Medicaid ID# in field 60 and date of service in field 6 were billed. If incorrect, make the appropriate correction. If correct, contact the local county Medicaid office to see if there is an error with the patient's date of death. After the system has been updated, submit a new claim.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|--|---|
| 052 | ID/MR WAIVER CLM FOR NON ID/MR WAIVER RECIP | A1 – Claim/service denied. | N30 – Recipient ineligible for this service. | <p>The claim was submitted with a ID/RD waiver-specific procedure code, but the recipient was not a participant in the ID/RD waiver. Check for error in using the incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write the correct code above it. Check for correct recipient Medicaid number. If the recipient's Medicaid number is incorrect, strike through the incorrect number and enter the correct Medicaid number above it, attach the ID/RD waiver referral form to the ECF and resubmit.</p> <p>If the recipient Medicaid number is correct, the procedure code is correct, and a ID/RD waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form. After the system has been updated, submit a new claim.</p> |
| 053 | NON ID/RD WAIVER CLM FOR ID/RD WAIVER RECIP | A1 – Claim/service denied. | N34 – Incorrect claim for this service. | Verify that you have billed the correct Medicaid number, procedure code, and that this client is in the ID/RD waiver. If you have not billed either the correct Medicaid number or procedure code, or the client is not in the ID/RD waiver, re-bill the claim with the correct information. |
| 055 | MEDICARE B ONLY SUFFIX WITH A COVERAGE | 16 – Claim/service lacks information which is needed for adjudication. | MA04 – Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. | Submit a claim to Medicare Part A. |
| 056 | MEDICARE B ONLY SUFFIX/NO A COV/NO 620 | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Incomplete/invalid provider payer identification. | Enter Medicare carrier code 620, Part A - Mutual of Omaha carrier code 635, or Part B - Mutual of Omaha carrier code 636 in field 50 A through C line. Enter the Medicare Part B payment in field 54 A through C. Enter the Medicare ID number in field 60 A through C. The carrier code, payment, and ID number should be entered on the same lettered line, A, B, or C. |
| 057 | MEDICARE B ONLY SUFFIX/NO A COV/NO \$ | 107 – Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim. | | Enter Medicare carrier code 620, Part A - Mutual of Omaha carrier code 635, or Part B - Mutual of Omaha carrier code 636 in field 54 A through C line which corresponds with the line on which you entered the Medicare carrier code field 50 A through C. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 058 | RECIP NOT ELIG FOR MED. COMPLEX CHILDREN'S WAIVER SVCS | A1 – Claim/service denied. | N30 – Recipient ineligible for this service. | The edit cannot be manually corrected. The provider needs to submit billing through the Care Call System. Discard the ECF. |
| 059 | MED. COMPLEX CHILDREN'S WAIVER RECIP SVCS REQUIRE PA | 15- The authorization number is missing, invalid, or does not apply to the billed services or provider. | M62 – Incomplete/invalid treatment authorization code. | The edit cannot be manually corrected. The provider needs to submit billing through the Care Call System. Contact recipient's PCP to obtain authorization for this service. Discard the ECF. |
| 060 | MED.COMPLEX CHILDREN'S WAIVER, CLAIM TYPE NOT ALLOWED | 16 – Claim/service lacks information which is needed for adjudication. | N34 – Incorrect claim for this service. | The edit cannot be manually corrected. The provider needs to submit billing through the Care Call System. Discard the ECF. |
| 061 | INMATE RECIP ELIG FOR EMER INST SVC ONLY | A1 – Claim/service denied. | N30 – Recipient ineligible for this service. | Check DOS on ECF. If DOS is prior to 07/01/04 and service was not directly related to emergency institutional services, service is non-covered. UB CLAIM: Only inpatient claims will be reimbursed. |
| 062 | HEALTHY CONNECTIONS KIDS (HCK) - RECIPIENT in HMO Plan/ Service Covered by HMO | 24 – Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan. | | This recipient is in the Healthy Connections Kids (HCK) Program and enrolled with an HMO. These services are covered by the HMO. Bill the HMO and discard the edit correction form. |
| 065 | PHYSICIAN ASST SRVC/RECIPIENT NOT QMB/CLAIM NOT CROSSOVER | 185 – Rendering provider is not eligible to perform the service billed. | N30 – Recipient ineligible for this service | The service is non-covered for the rendering provider and/or recipient and will not be considered for payment. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 079 | PRIVATE REHAB UNITS EXCEEDED | B5 – Coverage/program guidelines were not met or were exceeded. | | <p>If the number of units is incorrect, mark through the existing number and enter the correct number. If the number of units is correct, check the procedure code to be sure it is correct. Change the procedure code if it is incorrect. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> <p>For review and consideration for payment, attach appropriate clinical documentation to the ECF supporting the service(s) billed and resubmit.</p> |
| 080 | SERVICES NON-COVERED FOR RECIPIENTS OVER 21 YEARS OF AGE | 6 – The procedure/revenue code is inconsistent with the patient's age. | N129 – Not eligible due to the patient's age. | These services are non-covered for South Carolina Medicaid Eligible recipients over the age of 21. |
| 101 | INTERIM BILL | 135 – Claim denied. Interim bills cannot be processed. | | Verify the bill type in field 4 and the discharge status in field 17. Medicaid does not process interim bills. Please do not file a claim until the recipient is discharged from acute care. |
| 102 | INVALID DIAGNOSIS/PROCEDURE CODE | 16 – Claim/service lacks information which is needed for adjudication. | M67 – Incomplete/invalid other procedure code(s) and/or date(s). | Check the most current edition of the ICD for the correct code. This could be either a diagnosis or a surgical procedure code. If the code on your ECF is incorrect, mark through the code, write in the correct code, and resubmit. |
| 103 | SEX/DIAGNOSIS/PROCEDURE INCONSISTENT | 7 – The procedure/revenue code is inconsistent with the patient's gender. | | <p>Verify the recipient's Medicaid ID number. Make the appropriate correction if applicable. Compare the sex on your records with the sex listed on the first line of the body of your ECF. If there is a discrepancy, contact the county Medicaid office and ask them to correct sex on file for this recipient and update the system. After the county Medicaid office has made the correction and updated the system, submit a new claim.</p> <p>If the sex is the same on your file and the ECF, check the current ICD for codes which are sex-specific. Verify that this is the correct code.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

PLEASE NOTE: Edit Correction Forms (ECFs) returned with "NO CORRECTIVE ACTION" will be disregarded. Corrected ECFs should be returned to the Medicaid Claims Receipt address which is located at the bottom of the ECF. If the ECF does not require corrections, but needs to be reprocessed because information in the system has been updated, [submit a new claim](#) for processing.

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 104 | AGE/DIAGNOSIS/ PROCEDURE INCONSISTENT | 6 – The procedure/ revenue code is inconsistent with patient’s age. | | Verify the recipient's Medicaid ID number. Make the appropriate correction, if applicable. Compare the date of birth on your records with the date of birth listed on the first line of the body of your ECF. If there is a discrepancy, contact the county Medicaid office and ask them to correct the date of birth on file for this recipient and update the system. After the county Medicaid office has made the correction and updated the system, submit a new claim. If the date of birth is the same on your file and the ECF, check the current ICD for codes that are age-specific. Verify that this is the correct code. |
| 105 | PRINCIPAL DIAG NOT JUSTIFICATION FOR ADM | A8 – Claim denied; ungroupable DRG. | | Check diagnosis codes in the most current edition of the ICD for codes marked with a Q (Questionable Admission). Verify that the diagnosis codes are listed in the correct order, and that all codes have been used. If the code listed is one marked with a Q, Medicaid does not allow this code as a principal diagnosis. Mark through the code and write the correct code on the ECF and resubmit. |
| 106 | MANIFESTATION CODE UNACCEPT AS PRIN DIAG | A8 – Claim denied; ungroupable DRG. | | Manifestation codes describe the manifestation of an underlying disease, not the disease itself, and should not be used as a principal diagnosis. If a manifestation code is listed as the principal diagnosis, mark through the code and write the correct code on the ECF and resubmit. |
| 107 | CROSSWALK TO DETECT MULTIPLE DRG’S | A1 – Claim/service denied. | N208 – Missing/incomplete/ invalid DRG code | Check the drug code (DRG) to make sure it is correct. If the DRG code is not correct, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 108 | E-CODE NOT ACCEPTABLE AS PRINCIPAL DIAG | A8 – Claim denied; ungroupable DRG. | | E-codes describe the circumstance that caused an injury, not the nature of the injury, and should not be used as a principal diagnosis. If an E-code is listed as the principal diagnosis, mark through the code and write the correct code on the ECF and resubmit. E-codes should be used in the designated E-code field (field 72) |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|---|
| 109 | DIAG/PROC HAS INVALID 4TH OR 5TH DIGIT | 146 – Payment denied because the diagnosis was invalid for the date(s) of service reported. | MA66 – Incomplete/invalid principal procedure code and/or date. | Medicaid requires a complete diagnosis or procedure code as specified in the current edition of ICD 9. Mark through the existing diagnosis or procedure code and write in the entire correct code on the ECF and resubmit. ICD updates are edited effective with the date of discharge. |
| 112 | MEDICAID NON-COVER PROC-37.5, 50.51, 50.59 | 96 – Non-covered charge(s). | N431 – Service is not covered with this procedure. | Provider is not authorized to bill for these procedures, as Medicaid does not cover them. |
| 113 | SELECTED V-CODE NOT ACCEPT AS PRIN DIAG | 96 – Non-covered charge(s). | MA63 – Incomplete/invalid principal diagnosis code. | Not all V-Codes can be used as the principal diagnosis in field 67. Check the most current edition of the ICD for an acceptable code. Mark through the existing diagnosis code and write in the correct code on the ECF and resubmit. |
| 114 | INVALID AGE - NOT BETWEEN 0 AND 124 | 6 – The procedure/revenue code is inconsistent with the patient's age. | | Contact your county Medicaid Eligibility office to correct the date of birth on the recipient's file. After the county Medicaid Eligibility office has made the correction to update the system, submit a new claim. |
| 115 | INVALID SEX - MUST BE MALE OR FEMALE | 16 – Claim/service lacks information which is needed for adjudication. | MA39 – Incomplete/invalid patient's sex. | Contact your county Medicaid Eligibility office to correct the sex on the recipient's file. After the county Medicaid Eligibility office has made the correction to update the system, submit a new claim. |
| 116 | INVALID PAT STATUS- MUST BE 01-07, 20, 30 | 16 – Claim/service lacks information which is needed for adjudication. | MA43 – Incomplete/invalid patient status. | Check the most current edition of the NUBC manual for a list and descriptions of valid discharge status codes for field 17. If the discharge status code on your ECF is not valid for Medicaid billing, mark through the code and write in the correct code and resubmit. |
| 117 | DRG 469 - PRIN DIAG NOT EXACT ENOUGH | 16 – Claim/service lacks information which is needed for adjudication. | M81 – Patient's diagnosis in a narrative form is not provided on an attachment or diagnosis code(s) is truncated, incorrect or missing; you are required to code to the highest level of specificity. | This is a non-covered DRG. Verify the diagnoses and procedure codes on your claim are correct. If not, mark through the incorrect codes and write in the correct code and resubmit. |
| 118 | DRG 470 - PRINCIPAL DIAGNOSIS INVALID | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Incomplete/invalid principal diagnosis code. | Resolution is the same as for edit code 117. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|------------------|--|---|---|--|
| 119 | INVALID PRINCIPAL DIAGNOSIS | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Incomplete/invalid principal diagnosis code. | Verify the diagnosis in the current ICD-9 manual. Make corrections to the ECF and resubmit. |
| 120 | CLM DATA INADEQUATE CRITERIA FOR ANY DRG | A8 – Claim Denied ungroupable DRG. | | Verify data with the medical records department. Make corrections to the ECF and resubmit. |
| 121 | INVALID AGE | 6 – Procedure/revenue code inconsistent with age. | | Contact your county Medicaid Eligibility office to correct the date of birth on the recipient's file. After the county Medicaid Eligibility office has made the correction and updated the system, submit a new claim. |
| 122 | INVALID SEX | 16 – Claim/service lacks information which is needed for adjudication. | MA39 – Incomplete/invalid patient's sex. | Contact your county Medicaid Eligibility office to correct the sex on the recipient's file. After the county Medicaid Eligibility office has made the correction and updated the system, submit a new claim. |
| 123 | INVALID DISCHARGE STATUS | 16 – Claim/service lacks information which is needed for adjudication. | N50 – Discharge information missing/incomplete/incorrect/invalid. | Check the most current edition of the NUBC manual for a list and descriptions of valid discharge status codes for field 17. If the discharge status code on your ECF is not valid for Medicaid billing, mark through the code and write in the correct code on the ECF and resubmit. |
| 125 | PPS PROVIDER RECORD NOT ON FILE | CARC B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | The provider is not enrolled with Medicaid and will not be considered for payment. |
| 127 | PPS STATEWIDE RECORD NOT ON FILE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | The provider is not enrolled with Medicaid and will not be considered for payment. |
| 128 | DRG PRICING RECORD NOT ON FILE | A8 – Claim denied ungroupable DRG. | | This DRG is not currently priced by Medicaid. Verify the diagnoses and procedure codes on your claim are correct. If not, mark through the incorrect codes and write in the correct code and resubmit |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 150 | TPL COVER VERIFIED/FILING NOT IND ON CLM | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | <p>Please see INSURANCE POLICY INFORMATION on the ECF (to the right of the Medicaid Claims Receipt Address) for the three-digit carrier code that identifies the insurance company, as well as the policy number and the policyholder’s name. Identify the insurance company by referencing the numeric carrier code list in this manual. File the claim(s) with the primary insurance before re-filing to Medicaid.</p> <p>If the insurance company that has been billed is the one that appears on the ECF, enter the carrier code in field 24 (must exactly match the carrier code(s) under INSURANCE POLICY INFORMATION). Enter the policy number in field 25 (must exactly match the policy number(s) under INSURANCE POLICY INFORMATION). If payment is made, enter the total amount(s) paid in fields 26 and 28. Adjust the balance due in field 29. If payment is denied (i.e., applied to the deductible, policy lapsed, etc.) by the other insurance company, put a “1” (denial indicator) in field 4. Enter the appropriate corrections to the ECF and resubmit. If the carrier that has been billed is not the insurance for which the claim received edit 150, the provider must file with the insurance carrier that is indicated in MMIS.</p> <p>UB CLAIM: Enter the carrier code in field 50. Enter the policy number in field 60. If payment is made, enter the amount paid in field 54. If payment is denied, enter 0.00 in field 54 and also enter code 24 and the date of denial in the Occurrence Code fields 31-34 A and B.</p> |
| 151 | MULTIPLE INS POL/NOT ALL FILED-CALL TPL | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA64 – Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers. | <p>Eliminate any duplicate primary insurance policy entries on the CMS-1500, ensuring that blocks 9 and 11 contain unique information, one carrier per block. Medicaid coverage should not be entered in either primary block. If there is no duplicate information, refer to the INSURANCE POLICY INFORMATION section on the ECF, and file the claim(s) with each insurance company listed before re-filing to Medicaid.</p> <p>Enter all insurance results on the ECF. Documentation must show that each policy has been billed, and that proper coordination of benefits has been followed, e.g., bill primary carrier first, then bill second carrier for the difference. If there are three or more separate third-party payers, the claim must be processed by the Third-Party Liability, attach the documentation to the ECF and resubmit.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|---|
| 155 | POSS NOT POSITIVE INS MATCH/OTHER ERRORS | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | Bill the primary insurer(s) according to the resolution instructions for edit code 150. |
| 156 | TPL VERIFIED/FILING NOT INDICATED ON CLM | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA08 – You should also submit this claim to the patient's other insurer for potential payment of supplemental benefits. We did not forward the claim information as the supplemental coverage is not with a Medigap plan or you do not participate in Medicare. | File a claim with the insurance company listed under INSURANCE POLICY INFORMATION on the ECF. (Refer to the carrier code list in the provider manual.) If the insurance company denies payment or makes a partial payment, attach a copy of the explanation of benefits and resubmit. If the insurance carrier pays the claim in full, discard the ECF. |
| 165 | TPL BALANCE DUE/PATIENT RESPONSIBILITY MUST BE PRESENT/NUMERIC | 16-Claim/service lacks information which is needed for adjudication. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | When there is a third party payer on the claim that is primary to Medicaid, the "patient responsibility", entered in the "balance due" and the co-pay, coinsurance and deductible for the third party payer, cannot be blank or nonnumeric. Make the appropriate corrections to the ECF and resubmit. |
| 170 | LAB PROC BILLED/NO CLIA # ON FILE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Attach a copy of your CLIA certification to the ECF and resubmit. |
| 171 | NON-WAIVER PROC/PROV HAS CERT OF WAIVER | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Our records indicate that your CLIA certificate of waiver allows Medicaid reimbursement for waived procedures only. Lab services billed are not waived procedures. If your CLIA certification has changed, attach a copy of your updated CLIA certificate from CMS to your ECF and resubmit. |
| 172 | D.O.S. NONCOVERED ON CLIA CERT DATE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Medicaid will not reimburse for services outside CLIA certification dates. If your CLIA certification has been renewed, attach a copy of your updated CLIA certificate from CMS to your ECF and resubmit. Contact your lab director or CMS for current CLIA certificate information. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|------------------------------------|--|--|--|
| 174 | NON-PPMP PROC/PROV HAS PPMP CERT | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Our records indicate that your CLIA certificate of PPMP allows Medicaid reimbursement for PPMP procedures only. Lab services billed are not PPMP procedures. If your CLIA certification has changed, attach a copy of your updated CLIA certificate from CMS to your ECF and resubmit. |
| 201 | MISSING RECIPIENT ID NO | 31 – Claim denied, as patient cannot be identified as our insured. | | CMS-1500 CLAIM: Enter the patient’s 10-digit Medicaid ID# in field 2 on the ECF and resubmit. UB CLAIM: Enter the patient’s 10-digit Medicaid ID# in field 60 on the ECF and resubmit. |
| 202 | MISSING NATIONAL DRUG CODE (NDC) | 16 – Claim/service lacks information which is needed for adjudication. | M119- Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC). | CMS-1500 CLAIM: Discard ECF. This edit cannot be manually corrected. Submit a new claim. UB CLAIM: Enter the missing NDC in the appropriate field on the ECF and resubmit. |
| 206 | MISSING DATE OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M59 – Incomplete/invalid "to" date(s) of service. | CMS-1500 CLAIM: Enter the missing date of service in field 15 on the ECF and resubmit. UB CLAIM: Enter the missing date of service in field 45 on the ECF and resubmit. |
| 207 | MISSING SERVICE CODE | 16 – Claim/service lacks information which is needed for adjudication. | M51 – Missing/incomplete/invalid procedure codes (s). | CMS-1500 CLAIM: Enter the missing procedure code in field 17 on the ECF and resubmit. |
| 208 | NO LINES ON CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N517 – Resubmit a new claim with the requested information. | This ECF cannot be manually corrected. Discard the ECF and submit a new claim with the billable services. |
| 209 | MISSING LINE ITEM SUBMITTED CHARGE | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Did not complete or enter the appropriate charge for each listed service. | CMS-1500 CLAIM: Enter missing charges in field 20 on the ECF and resubmit. UB CLAIM: Enter missing charges in field 47 on the ECF and resubmit. |
| 210 | MISSING TAXONOMY CODE | 16 – Claim/service lacks information which is needed for adjudication. | N94 – Claim/service denied because a more specific taxonomy code is required for adjudication. | Enter the taxonomy code on the ECF and resubmit. Taxonomy codes are required when an NPI is shared by multiple legacy provider numbers. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 213 | LINE ITEM MILES OF SERVICE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M22 – Claim lacks the number of miles traveled. | Enter the number of miles in field 22 on the ECF and resubmit. |
| 219 | PRESENT ON ADMISSION (POA) INDICATOR IS MISSING, DIAGNOSIS IS NOT EXEMPT | A1 – Claim/service denied. | N434 – Missing/Incomplete/invalid Present on Admission indicator. | The POA indicator will distinguish conditions and diagnoses that are present at the time of the admission. Make the appropriate correction to the ECF by entering the POA indicator and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 225 | FUND CODE NOT ASSIGNED | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Missing/incomplete/invalid payer identifier. | Unable to crosswalk to an assigned fund code. Verify the correct procedure code, modifier, NPI and/or legacy number was submitted. If the claim/service information is incorrect, make the appropriate change(s) to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. Note: Fund codes may identify specific procedure codes, modifiers, and provider type/provider specialties. If these are submitted in the wrong combination or entered incorrectly, the system searches but cannot find the appropriate fund code and is unable to process the claim. |
| 227 | MISSING LEVEL OF CARE | 16 – Claim/service lacks information which is needed for adjudication. | N188 – The approved level of care does not match the procedure code submitted. | Make the appropriate corrections to the ECF by entering the level of care, attach any applicable DHHS forms and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information and applicable forms. |
| 233 | PRIMARY DIAGNOSIS CODE IS MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Incomplete/invalid principal diagnosis code. | Enter the primary diagnosis code in field 8 on the ECF from the current edition of the ICD-9, Volume I and resubmit. |
| 234 | PLACE OF SERVICE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M77-Missing/incomplete/invalid place of service | CMS-1500 CLAIM: Enter the place of service in field 16 on the ECF and resubmit. |
| 239 | MISSING LINE NET CHARGE | 16 – Claim/service lacks information which is needed for adjudication. | M79-Missing/incomplete/invalid charge. | Make the appropriate correction by entering the missing net charge(s) to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--------------------------------------|--|--|---|
| 243 | ADMISSION DATE/START OF CARE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA40 – Incomplete/invalid admission date. | Enter the admission/start of care date in field 12 on the ECF and resubmit. |
| 244 | PRINCIPAL DIAGNOSIS CODE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Incomplete/invalid principal diagnosis code. | Enter the principal diagnosis code in field 67 on the ECF and resubmit. |
| 245 | TYPE OF BILL MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA30 – Incomplete/invalid type of bill. | Refer to the most current edition of the NUBC manual for valid type of bill. Enter a valid Medicaid bill type code in field 4 on the ECF and resubmit. |
| 246 | FIRST DATE OF SERVICE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Incomplete/invalid "from" date(s) of service. | UB CLAIM: Enter the first date of service in field 6 on the ECF and resubmit. |
| 247 | MISSING LAST DATE OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M59 – Incomplete/invalid "to" date(s) of service. | Enter the last date of service in field 6 on the ECF and resubmit. |
| 248 | TYPE OF ADMISSION MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA41 – Incomplete/invalid type of admission. | Refer to the most current edition of the NUBC manual for valid types of admissions. Enter a valid Medicaid type of admission code in field 14 on the ECF and resubmit. |
| 249 | TOTAL CLAIM CHARGE MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Did not complete or enter the correct total charges for services rendered. | Enter revenue code 001 on the total charges line in field 42 on the ECF and resubmit. This revenue code must be listed as the last field. |
| 252 | PATIENT STATUS MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA43 – Incomplete/invalid patient status. | Refer to the most current edition of the NUBC manual for patient status. Enter the valid Medicaid patient status code in field 17 on the ECF and resubmit. |
| 253 | SOURCE OF ADMISSION MISSING | 16 – Claim/service lacks information which is needed for adjudication. | MA42 – Incomplete/invalid source of admission. | Refer to the most current edition of the NUBC Manual for source of admission. Enter a valid Medicaid source of admission code in field 15 on the ECF and resubmit. |
| 263 | MISSING TOTAL DAYS | 16 – Claim/service lacks information which is needed for adjudication. | M53 – Missing/incomplete/invalid days or units of service. | Make the appropriate correction to the ECF by entering or correcting the total number of days and resubmit. If the ECF cannot be corrected, submit a new claim with new or corrected information. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|------------------------------------|---|--|--|
| 281 | PROCEDURE CODE MODIFIER MISSING | 4 - The procedure code is inconsistent with the modifier used, or a required modifier is missing. | | Enter modifier in field 18 of the line that received the edit code on the ECF and resubmit. |
| 300 | UB82 FORM NO LONGER ACCEPTED | 16 - Claim/service lacks information which is needed for adjudication. | N34 - Incorrect claim for this service. | Resubmit claim on appropriate claim form. |
| 301 | INVALID NATIONAL DRUG CODE (NDC) | 16 - Claim/service lacks information which is needed for adjudication. | M119 - Missing / incomplete /invalid/ deactivated/withdrawn National Drug Code (NDC). | Make the appropriate correction to the ECF by entering a valid 11-digit NDC number and resubmit. If the NDC is valid, attach a copy of the prescription label to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information and appropriate documentation (copy of the prescription label). |
| 304 | TOTAL CLAIM CHARGE NOT NUMERIC | 16 - Claim/service lacks information which is needed for adjudication. | M54 - Did not complete or enter the correct total charges for services rendered. | CMS-1500 CLAIM: Enter the correct numeric amount in field 27 on the ECF and resubmit. |
| 305 | INVALID TAXONOMY CODE | 16 - Claim/service lacks information that is needed for adjudication. | N94 - Claim/service denied because a more specific taxonomy code is required for adjudication. | Taxonomy code must be valid. Either update the taxonomy code on the ECF to the one that the provider registered with SCDHHS or contact Provider Enrollment to add the taxonomy code that is being used on the claim. After Provider Enrollment has updated the system, submit a new claim. Please visit http://www.wpc-edi.com/codes/taxonomy for valid taxonomy codes. |
| 308 | INVALID PROCEDURE CODE MODIFIER | 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing. | N13 - Payment based on professional/technical component modifier(s). | Enter correct modifier in field 18 on the ECF and resubmit. |
| 309 | INVALID LINE ITEM MILES OF SERVICE | 16 - Claim/service lacks information which is needed for adjudication. | M22 - Claim lacks the number of miles traveled. | Enter the correct number of miles in field 22 on the ECF and resubmit. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|--|---|
| 310 | INVALID PLACE OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M77 – Incomplete/invalid place of service(s). | CMS-1500 CLAIM: Medicaid requires the numeric coding for place of service. Enter the appropriate place of service code in field 16 on the ECF and resubmit. |
| 311 | INVALID LINE ITEM SUBMITTED CHARGE | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Did not complete or enter the appropriate charge for each listed service. | CMS-1500 CLAIM: Enter the correct charge in field 20 on the ECF and resubmit. UB CLAIM: Enter the correct charge in field 47 on the ECF and resubmit. |
| 312 | MODIFIER NON-COVERED BY MEDICAID | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | | A modifier not accepted by Medicaid has been filed and entered in field 18 on the ECF. Enter the correct modifier in field 18 and resubmit. |
| 316 | THIRD PARTY CODE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | CMS-1500 CLAIM: Incorrect third party code was used in field 4 on the ECF. Correct coding would be "1" for denial or "6" for crime victim. Enter the correct code in field 4 on the ECF and resubmit. If a third party payer is not involved with this claim, mark through the character in field 4 on the ECF and resubmit. |
| 317 | INVALID INJURY CODE | 16 – Claim/service lacks information which is needed for adjudication. | N517 – Resubmit a new claim with the requested information. | Incorrect injury code was used. Correct coding would be "2" for work related accident, "4" for automobile accident, or "6" for other accident. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 318 | INVALID EMERGENCY INDICATOR / EPSDT REFERRAL CODE | 16 – Claim/service lacks information that is needed for adjudication. | N517 – Resubmit a new claim with the requested information. | Verify that the emergency indicator/EPSTDT referral code on the ECF was billed correctly. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 322 | INVALID AMT RECEIVED FROM OTHER RESOURCE | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Incomplete/invalid value code(s) and/or amount(s). | Enter a valid number amount in "amount other sources" on the ECF and resubmit. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|---|
| 323 | INVALID LINE ITEM UNITS OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M53 – Did not complete or enter the appropriate number (one or more) of days or unit(s) of service. | CMS-1500 CLAIM: Enter the correct numeric units in field 22 on the ECF and resubmit. UB CLAIM: Enter the correct numeric units in field 46 on the ECF and resubmit. |
| 330 | INVALID LINE ITEM DATE OF SERVICE | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Incomplete/invalid "from" date(s) of service. | CMS-1500 CLAIM: Enter the correct date of service in field 15 on the ECF and resubmit. Make sure that the correct number of days is being billed for the billing month. |
| 334 | ERRONEOUS SURGERY – DO NOT PAY | 233 – Services/charges related to the treatment of a hospital-acquired condition or preventable medical error. | | Services/Treatment is related to a hospital acquired condition and no payment is due. Discard the ECF. |
| 339 | PRESENT ON ADMISSION (POA) INDICATOR IS INVALID | A1- Claim/Service denied. | N434 – Missing/incomplete/invalid Present on Admission indicator. | The POA indicator distinguishes conditions and diagnoses that are present at the time of the admission. Enter the appropriate POA indicator on the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 349 | INVALID LEVEL OF CARE | 150 – Payer deems the information submitted does not support this level of service. | | Check the ECF to make sure the correct level of care has been entered. If incorrect, make the appropriate correction to the ECF and resubmit. If the information is correct, attach appropriate clinical documentation (i.e., level of care forms, etc.,) from the applicable policy manual to substantiate the service being billed and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 354 | TOOTH NUMBER NOT VALID LETTER OR NUMBER | 16 – Claim/service lacks information which is needed for adjudication. | N39 – Procedure code is not compatible with tooth number/letter. | Enter the valid tooth number or letter in field 15 on the ECF on the ECF and resubmit. Verify tooth number or letter with procedure code. |
| 355 | TOOTH SURFACE CODE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | N75 – Missing or invalid tooth surface information. | Enter the correct tooth surface code in field 16 on the ECF on the ECF and resubmit. |
| 356 | IMMUNIZATION AND ADMINISTRATION CODES MUST BE INCLUDED ON CLAIM | B5 – Coverage/program guidelines were not met or were exceeded. | N349 – The administration method and drug must be reported to adjudicate this service. | Medicaid requires that immunization and administration codes must be on the claim. Enter the appropriate codes on the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|---|
| 357 | MAXIMUM OF THREE ADMINISTRATION UNITS CAN BE BILLED PER DATE OF SERVICE | B5 – Coverage/program guidelines were not met or were exceeded. | N362 – The number of days or units of service exceeds our acceptable maximum. | Claim exceeds administration units. If there are unit errors, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. If there are no unit errors, the claim will not be considered for payment. Discard the ECF. |
| 358 | SECONDARY ADMINISTRATION CPT CODE NOT ALLOWED PRIOR TO PRIMARY CODE | B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. | N349 – The administration method and drug must be reported to adjudicate this service. | If the qualifying "primary" service/procedure has been rendered, complete or enter accurately the required information. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 361 | SECONDARY PROC CODE NOT ALLOWED PRIOR TO PRIMARY PROC CODE | B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. | | If the qualifying "primary" service/procedure has been rendered, complete or enter accurately the required information. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 367 | ADMISSION DATE/START OF CARE INVALID | 16 – Claim/service lacks information which is needed for adjudication. | MA40 – Incomplete/invalid admission date. | Draw a line through the admission/start of care date in field 12, and write the correct date on the ECF and resubmit. Date must be six digits and numeric. |
| 368 | TYPE OF ADMISSION NOT VALID | 16 – Claim/service lacks information which is needed for adjudication. | MA41 – Incomplete/invalid type of admission. | Refer to the most current edition of the NUBC manual for valid type of admission. Enter a valid Medicaid type of admission code in field 14 on the ECF and resubmit. |
| 369 | MONTHLY INCURRED EXPENSES MUST BE VALID | 16 – Claim/service lacks information which is needed for adjudication. | N446 – Incomplete/invalid document for actual cost or paid amount. | Make the appropriate correction to the ECF by entering the valid monthly expenses and attach any applicable Medicaid forms from the appropriate policy manual and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. If correct, attach any applicable Medicaid forms from appropriate policy manual to substantiate the monthly expenses for review and consideration for payment and resubmit. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---------------------------------------|--|---|---|
| 370 | SOURCE OF ADMISSION INVALID | 16 - Claim/service lacks information which is needed for adjudication. | MA42 - Incomplete/invalid source of admission. | Refer to the most current edition of the NUBC manual for valid source of admission. Enter a valid Medicaid source of admission code in field 15 on the ECF and resubmit. |
| 373 | PRINCIPAL SURG PROCEDURE DATE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | MA66 - Incomplete/invalid principal procedure code and/ or date. | Draw a line through the invalid date in field 74 and enter correct date on the ECF and resubmit. Date must be six digits and numeric. |
| 375 | OTHER SURGICAL PROCEDURE DATE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M67 - Incomplete/invalid other procedure code(s) and/ or date(s). | Draw a line through the invalid date in field 74, A - E, and enter correct date on the ECF and resubmit. Date must be six digits and numeric. |
| 376 | TYPE OF BILL NOT VALID FOR MEDICAID | 16 - Claim/service lacks information which is needed for adjudication. | MA30 - Incomplete/invalid type of bill. | Refer to the most current edition of the NUBC manual for valid type of bill. Enter a valid Medicaid type of bill in field 4 on the ECF and resubmit. |
| 377 | FIRST DATE OF SERVICE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M52 - Missing/incomplete/invalid "from" date(s) of service. | UB CLAIM: Enter the correct date of service in field 6 on the ECF and resubmit. |
| 378 | LAST DATE OF SERVICE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M59 - Incomplete/invalid "to" date(s) of service. | Draw a line through the invalid date in field 6, and enter the correct "to" date on the ECF and resubmit. Date must be six digits and numeric. |
| 379 | VALUE CODE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M49 - Incomplete/invalid value code(s) and/or amount(s). | Refer to the most current edition of the NUBC manual for valid value codes. Draw a line through the invalid code in fields 39 - 41 A - D, and enter the correct code on the ECF and resubmit. |
| 380 | VALUE AMOUNT INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M49 - Incomplete/invalid value code(s) and/or amount(s). | Draw a line through the amount in fields 39 - 41 A - D, and enter the correct numeric amount on the ECF and resubmit. |
| 381 | OCCURRENCE DATE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M45 - Incomplete/invalid occurrence codes and dates. | Draw a line through the incorrect date in fields 31 - 34 A - B, and enter the correct date on the ECF and resubmit. Dates must be six digits and numeric. |
| 382 | PATIENT STATUS NOT VALID FOR MEDICAID | 16 - Claim/service lacks information which is needed for adjudication. | MA43 - Incomplete/invalid patient status. | Refer to the most current edition of the NUBC manual for valid status codes on the ECF and resubmit. Enter a valid Medicaid patient status code in field 17. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 383 | OCCURR.CODE, INCL. SPAN CODES, INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M45 - Incomplete/invalid occurrence codes and dates. | Refer to the most current edition of the NUBC manual for valid occurrence codes. Enter a valid Medicaid occurrence code in fields 31 - 34, A - B and in fields 35-36, A - B on the ECF and resubmit. |
| 384 | CONDITION CODE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M44 - Incomplete/invalid condition code. | Refer to the most current edition of the NUBC manual for valid condition codes. Enter a valid Medicaid condition code in fields 18 - 28 on the ECF and resubmit. |
| 385 | TOTAL CHARGE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M54 - Did not complete or enter the correct total charges for services rendered. | Total charge must be numeric. Draw a line through the invalid total, and enter the correct numeric total charge on the ECF and resubmit. |
| 387 | NON COVERED CHARGE INVALID | 96 - Non-covered charge(s). | M54 - Did not complete or enter the correct total charges for services rendered. | Charges must be numeric. Draw a line through the invalid charge in field 48, and enter the correct numeric charge on the ECF and resubmit. |
| 390 | TPL PAYMENT AMT NOT NUMERIC | 16 - Claim/service lacks information which is needed for adjudication. | M49 - Incomplete/invalid value code(s) and/or amount(s). | Enter numeric payment from all primary insurance companies in field 26 or enter 0.00 if no payment was received. If the claim was denied by the other insurance company, put a "1" (denial indicator) in field 4. If no third party insurance was involved, delete information entered in field 26 by drawing a red line through it on the ECF and resubmit. |
| 391 | PATIENT PRIOR PAYMENT AMT NOT NUMERIC | 16 - Claim/service lacks information which is needed for adjudication. | M49 - Incomplete/invalid value code(s) and/or amount(s). | Verify the payment amount and enter the correct numeric amount on the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 394 | OCCURRENCE SPAN CODES"FROM"DATE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M46 - Incomplete/invalid occurrence span codes and dates. | Dates must be six digits and numeric. Draw a line through the invalid date in field 35 - 36 A - B, and enter the correct date on the ECF and resubmit. |
| 395 | OCCURRENCE SPAN CODES"THRU"DATE INVALID | 16 - Claim/service lacks information which is needed for adjudication. | M46 - Incomplete/invalid occurrence span codes and dates. | Date must be six digits and numeric. Draw a line through the invalid date in field 35 - 36 A - B and enter the correct date on the ECF and resubmit. |
| 400 | TPL CARR and POLICY # MUST BOTH BE PRESENT | 22 - Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA92 - Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | Enter a valid carrier code in field 24 and a valid policy number in field 25 and resubmit the ECF. Make sure to indicate whether the primary insurance denied or paid the claim as noted in the 150 resolution. UB CLAIM: Enter a valid carrier code in field 50 and a valid policy number in field 60 and resubmit the ECF. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 401 | AMT IN OTHER SOURCES/NO TPL CARRIER CODE | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | <p>CMS-1500 CLAIM: Complete fields 24, 25, and 26 (carrier code, policy number, amount paid). If the insurance company denied payment, put the denial indicator "1" in field 4 of the ECF and resubmit.</p> <p>Notes: If there is no third party involved, be sure all third party fields (4, 24, 25, 26, 28) are deleted of information by marking through in red.</p> <p>If there are more than two other insurance companies that have paid, enter the total combined amounts paid by all insurance companies in field 28 of the ECF and resubmit. The total combined amounts should be equal to field 26.</p> |
| 402 | DEDUCTIBLE EXCEEDS CALENDAR YEAR LIMIT | 16 – Claim/Service lacks information which is needed for adjustment. | N246 – State regulated patient payment limitations apply to this service. | Refer to the EOMB for the deductible amount (including blood deductible). If the amount entered is incorrect, change the amount on the ECF and resubmit. If it matches, attach the EOMB/Medicare electronic printout to the ECF and resubmit for review and consideration of payment. Do not add professional fees in the deductible amount. Professional fees should be filed separately on a CMS-1500 form under the hospital-based physician provider number. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 403 | INCURRED EXPENSES NOT ALLOWED | 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. | | Verify the requested charge amount. If the charge amount is incorrect, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 411 | ANESTHESIA PROC REQUIRES ANES. MODIFIER | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | | Refer to the current list of anesthesia modifiers found in section 2 of your provider manual and enter the correct modifier in field 18 on the ECF and resubmit. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|--|
| 412 | SURG PROC NOT VALID W/ANES. MODIFIER | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | | Enter the appropriate anesthesia procedure when an anesthesiologist administers anesthesia during a surgical procedure on the ECF and resubmit. |
| 460 | PROCEDURE CODE / INVOICE TYPE INCONSISTENT | 125 – Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remark codes whenever appropriate. | MA30 – Missing/incomplete/invalid type of bill. | Oral & Maxillofacial Surgeons must file CPT procedure codes on the CMS-1500 and CDT procedure codes on the ADA Claim Form. |
| 463 | INVALID TOTAL DAYS | 16 – Claim/service lacks information which is needed for adjudication. | M59 – Incomplete/invalid "to" date(s) service. | Make the appropriate correction to the ECF by entering the valid total days and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 468 | CARRIER CODE 619 (MEDICAID) LISTED TWICE | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Incomplete/invalid payer identification. | Draw a line through the carrier code 619 which appears on either the first or second "other payer" line in field 50 on your ECF and resubmit. Do not draw a line through the 619 after "Medicaid Carrier ID." |
| 469 | INVALID LINE NET CHARGE | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Incomplete/invalid value code(s) and/or amount(s). | Make the appropriate correction to the ECF by entering a valid net charge and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 501 | INVALID DATE ON REVENUE LINE | 16 – Claim/service lacks information which is needed for adjudication. | N301 – Missing/ incomplete /invalid procedure date(s). | Enter the correct date in field 45 on the ECF and resubmit. |
| 502 | DOS AFTER THE ENTRY DATE/ JULIAN DATE | 110 – Billing date predates service date. | | CMS-1500 CLAIM: Verify the date of service in field 15 on ECF. Make the appropriate corrections to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. A claim cannot be submitted prior to the date of service. |
| 503 | INCORRECT DIAGNOSIS (REASON) CODE | 16 – Claim/service lacks information which is needed for adjudication. | M76 – Incomplete/invalid patient's diagnosis(es) and condition(s). | Verify diagnosis code in the ICD coding manual. Make the appropriate correction to the ECF and resubmit. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 504 | PROVIDER TYPE AND INVOICE INCONSISTENT | 170 – Payment is denied when performed/billed by this type of provider. | N34-Incorrect claim form/format for this service. | Provider has filed the wrong claim form. Please refer to your provider manual for information on claims filing. |
| 505 | MISSING DATE ON REVENUE LINE | 16 – Claim/service lacks information which is needed for adjudication. | N301 – Missing/ incomplete /invalid procedure date(s). | Enter the date in field 45 on the ECF and resubmit. |
| 506 | PANEL CODE and REVENUE CODE BILLED | 16 – Claim/service lacks information which is needed for adjudication. | M15 – Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is now allowed. | UB CLAIM: Individual panel code and procedure codes included in the panel cannot be billed in combination on the claim for the same dates of service. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 507 | MANUAL PRICING REQUIRED | 16 – Claim/service lacks information which is needed for adjudication. | N45-Payment based on authorized amount. | Attach appropriate clinical documentation (i.e., EOB, QIO prior authorization, manufacture pricing, invoices, etc.) to the ECF and resubmit. Please refer to the appropriate section in your provider manual. |
| 508 | NO LINE ITEM RECORD | 16 – Claim/service lacks information which is needed for adjudication. | N517 – Resubmit a new claim with the requested information. | CMS-1500 CLAIM: Complete fields 15 – 22 on the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. UB CLAIM: Resubmit the claim or enter information on the line(s) indicated and resubmit the ECF. |

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| Edit Code | Description | CARC | RARCS | Resolution |
|-----------|---|---|-------|--|
| 509 | DOS OVER 2 YRS XOVER/ EXT CARE CLM ONLY | 29 – The time limit for filing has expired. | | <p>Claims for payment of Medicare cost sharing amounts must be received and entered into the claims processing system within two years from the date of service or date of discharge, or up to six months following the date of Medicare payment, whichever is later. Attach appropriate documentation (Medicare EOMB) to each ECF and resubmit.</p> <p>NURSING HOME PROVIDERS: Resubmit ECF and appropriate documentation to :</p> <p style="padding-left: 40px;">MCCS Nursing Facility Claims Post Office Box 100112 Columbia, SC 29202.</p> <p>Refer to the timely filing guidelines in the appropriate section of your provider manual.</p> |
| 510 | DOS IS MORE THAN 1 YEAR OLD | 29 – The time limit for filing has expired. | | <p>Claims/ECFs for retroactive eligibility must be received and entered into the claims processing system within six months of the recipient's eligibility being added to the Medicaid eligibility system AND be received within three years from the date of service or date of discharge (for hospital claims). If the above time frames are met, attach one of the following documents listed below with each claim or ECF and resubmit.</p> <ol style="list-style-type: none"> 1) DHHS Form 945, which is a statement verifying the retroactive determination furnished by the eligibility worker, or 2) The computer generated Medicaid eligibility approval letter notifying the recipient that Medicaid benefits have been approved. <p>This can be furnished by the recipient or the eligibility worker. (This is different from the Certificate of Creditable Coverage.)</p> <p>For NURSING HOME PROVIDERS: Resubmit ECF and appropriate documentation to:</p> <p style="padding-left: 40px;">MCCS Nursing Facility Claims Post Office Box 100112 Columbia, SC 29202.</p> <p>Refer to the timely filing guidelines in the appropriate section of your provider manual.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|--|
| 513 | INCONSISTENT MEDICARE CARRIER CODE | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Incomplete/invalid payer identification. | Enter the correct Medicare Part A or Part B carrier code and resubmit. |
| 514 | PROC RATE/MILE X MILES NOT=SUBMIT CHRG | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Did not complete or enter the appropriate charge for each listed service. | Check the calculations for the rates, miles and submitted changes. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 515 | AMBUL/ITP TRANS. MILEAGE LIMITATION | 16 – Claim/service lacks information which is needed for adjudication. | M22-Missing/incomplete/invalid number of miles traveled. | Make the appropriate correction to the ECF and resubmit. For review and consideration of payment, attach clinical documentation to substantiate the mileage being billed and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 517 | WAIVER SERVICE BILLED. RECIPIENT NOT IN A WAIVER. | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | The claim was submitted for a waiver-specific procedure code, but the recipient was not a participant in a Medicaid waiver. Check for error in using incorrect procedure code. If the procedure code is incorrect, strike through the incorrect code and write in the correct code on the ECF and resubmit. Check for correct recipient Medicaid number. If the recipient Medicaid number is incorrect, strike through the incorrect number and write in the correct Medicaid number on the ECF and resubmit. |
| 518 | PROCEDURE CODE COMBINATION NON-COVERED OR INVALID | 16 – Claim/service lacks information which is needed for adjudication. | N56 – Procedure code billed is not correct/valid for the services billed or the date of service billed. | For further assistance contact DentaQuest at 1-888-307-6553. |
| 519 | CMS REBATE TERM DATE HAS EXPIRED/ENDED | 29 – The time limit for filing has expired. | N304 – Missing/incomplete /invalid dispensed date. | If the National Drug Code (NDC) end date <u>has not</u> expired for that particular date of service, make the appropriate correction to the ECF and attach a copy of drug label indicating the NDC number billed, as well as the expiration date of the drug administered and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information and attach a copy of the drug label indicating the NDC number billed as well as the expiration date of the drug administered. |

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| Edit Code | Description | CARC | RARCS | Resolution |
|-----------|---|---|---|---|
| 528 | PRTF WAIVER RECIPIENT BUT NOT WAIVER SERVICE | A1 – Claim/Service denied. | N379 – Claim level information does not match line level information. | The claim was submitted with a procedure code/service that is not in the PRTF service array. Enter the correct procedure code on the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 529 | REVENUE CODE BEING BILLED OVER 15 TIMES PER CLAIM | A1 – Claim/Service denied. | N517 – Resubmit a new claim with the requested information. | Discard the ECF. This edit code cannot be manually corrected. A new claim must be submitted. |
| 533 | DOS IS MORE THAN 3 YEARS OLD | 29 – The time limit for filing has expired. | | Claim exceeds timely filing limits and will not be considered for payment. Refer to the timely filing guidelines in the appropriate section of your provider manual. |
| 534 | PROVIDER/CCN DO NOT MATCH FOR ADJUSTMENT | 16 – Claim/service lacks information which is needed for adjudication. | M47 –Incomplete/invalid internal or document control number. | Review the original claim and verify the provider number from that claim. Make sure that the correct original provider number is entered on the adjustment claim and resubmit the adjustment claim. |
| 536 | PROCEDURE-MODIFIER NOT COVERED ON DOS | A1 – Claim/Service denied. | N519 – Invalid combination of HCPCS modifiers. | Verify that the correct procedure code and modifier combination was entered in field 17 and 18 on ECF for the date of service. Make the appropriate correction to the procedure code in field 17 and/or the modifier in field 18 and resubmit the ECF. |
| 537 | PROC-MOD COMBINATION NON-COVERED/INVALID | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | | Verify that the correct procedure code and modifier combination was entered in fields 17 and 18 on ECF for the date of service. Make the appropriate correction to the procedure code in field 17 and/or modifier in field 18 and resubmit the ECF. |
| 538 | PATIENT PAYMENT EXCEEDS MED NON-COVERED | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | Check the ECF to make sure the prior payment and the total non-covered amounts were entered correctly. A Medicaid recipient is not liable for charges unless they are non-covered services. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 539 | MEDICAID NOT LISTED AS PAYER | 31 – Claim denied as patient cannot be identified as our insured. | | Enter Medicaid payer code 619 in field 50 A through C line which corresponds with the line on which you entered the Medicaid ID number field 60 A through C and resubmit the ECF. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 540 | ACCOM REVENUE CODE/OP CLAIM INCONSIST | 16 – Claim/service lacks information which is needed for adjudication. | M56 – Incomplete/invalid payer identification. | Room accommodation revenue codes cannot be used on an outpatient claim. If the room accommodation revenue codes are correct, check the bill type (field 4) and the Health Plan ID (field 51). Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 541 | MISSING LINE ITEM/REVENUE CODE | 16 – Claim/service lacks information which is needed for adjudication. | M50 – Missing/incomplete/invalid revenue code (s). | The two digits before the edit code tell you on which line in field 42 the revenue code is missing. Enter the correct revenue code for that line and resubmit. |
| 542 | BOTH OCCUR CODE and DATE NEC INC SPAN CODE | 16 – Claim/service lacks information which is needed for adjudication. | M46 – Incomplete/invalid occurrence span codes and dates. | If you have entered an occurrence code in fields 31 through 36 A and B, an occurrence date must be entered. If you have entered an occurrence date in any of these fields, an occurrence code must also be entered. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 543 | VALUE CODE/AMOUNT MUST BOTH BE PRESENT | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Incomplete/invalid value code(s) and/or amount(s). | If you have entered a value code in fields 39 through 41 A - D, a value amount must also be entered. If you have entered a value amount in these fields, a value code must also be entered. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 544 | NURSING HOME CLAIMS SUBMITTED VIA 837 | 125 – Payment adjusted due to a submission/ billing error(s). Additional information is supplied using the remittance advice remark codes whenever appropriate. | N34- Incorrect claim form/format for this service. | For further assistance contact South Carolina Medicaid EDI Support Center at 1-888-289-0709. |
| 545 | NO PROCESSABLE LINES ON CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N142-The original claim was denied. Resubmit a new claim, not a replacement claim. | All lines on ECF have been rejected or deleted. This edit cannot be manually corrected. Discard the ECF and resubmit a new claim. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 546 | SURGICAL PROCEDURE MUST BE REPORTED AT THE REVENUE CODE LINE LEVEL | 16 – Claim/service lacks information which is needed for adjudication. | M20 – Missing/incomplete/invalid HCPCS. | Enter surgical procedure code(s) on claim line(s) and resubmit claim. |
| 547 | PRINCIPAL SURG PROC AND DTE REQUIRED | 16 – Claim/service lacks information which is needed for adjudication. | MA66 – Incomplete/invalid principal procedure code and/ or date. | Enter the surgical procedure code and date in field 74 on ECF and resubmit. |
| 548 | OTHER SURG PROC AND DATE MUST BE PRESENT | 16 – Claim/service lacks information which is needed for adjudication. | M67 – Incomplete/invalid other procedure code(s) and/ or date(s). | Enter the surgical procedure codes and dates in fields 74 A - E and resubmit. |
| 550 | REPLACE/VOID BILL/ORIGINAL CCN MISSING | 16 – Claim/service lacks information which is needed for adjudication. | M47 – Incomplete/invalid internal or document control number. | Check the remittance advice for the paid claim you are trying to replace or cancel to find the CCN. Enter the CCN in field 64 and resubmit. |
| 551 | TYPE ADMISSION/SOURCE CODE INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | MA41 – Incomplete/invalid type of admission. | Check the most current edition of the NUBC manual for source of admission. Enter the valid Medicaid source of admission code in field 15 and resubmit. |
| 552 | MEDICARE INDICATED/NO MEDICAID LIABILITY | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | CMS-1500 CLAIM: Medicare coverage was indicated on claim form. Make sure fields 24, 25, and 26 on ECF are correct and resubmit. UB CLAIM: Medicare coverage was indicated on claim form. Make sure fields 50, 54, and 60 on ECF are correct and resubmit. |
| 553 | ALLOW AMT=ZERO/UNABLE TO DETERMINE PYMT | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Missing/incomplete/invalid charge. | Information is incorrect or missing which is necessary to allow the Medicaid system to calculate the payment for the claim. Check for errors in the following fields: revenue codes, CPT codes, ICD 9 surgical codes, diagnosis codes, condition codes, value codes as applicable. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. If this edit code appears with other edit codes, it may be resolved by correcting the other edit codes. |
| 554 | VALUE CODE/3RD PARTY PAYMENT INCONSIST | 16 – Claim/service lacks information which is needed for adjudication. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | If you have entered value code 14 in fields 39 through 41 A - D, you must also enter a prior payment in field 54. Make the appropriate corrections to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 555 | TPL PAYMENT > PAYMENT DUE FROM MEDICAID | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | Verify that the payment amount you have entered in field 54 is correct. If not correct, enter the correct amount and resubmit the ECF. If the amount is correct, no payment from Medicaid is due. Do not resubmit claim or ECF. |
| 557 | CARR PYMTS MUST = OTHER SOURCES PYMTS | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | If any amount appears in field 28, you must indicate a third party payment. If there is no third party insurance involved, delete information entered in field 26 and/or field 28 by drawing a red line through it and resubmit the ECF. |
| 558 | REVENUE CHGS NOT WITHIN +- \$1 OF TOTAL | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Did not complete or enter the correct total charges for services rendered. | Recalculate your revenue charges. Also check the resolution column on the ECF. If there is a "D" on any line, that line has been deleted by you on a previous cycle. Charges on these lines should no longer be added into the total charges. |
| 559 | MEDICAID PRIOR PAYMENT NOT ALLOWED | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | Prior payment from Medicaid (field 54 A - C) should never be indicated on a claim or ECF. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 560 | REVENUE CODES INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | M50 – Incomplete/invalid revenue codes. | Revenue code 100 is an all-inclusive revenue code and cannot be used with any other revenue code except 001, which is the total charges revenue code. |
| 561 | CLAIM ALREADY DEBITED (RETRO-MEDICARE), CANNOT ADJUST | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | N185 – Do not resubmit this claim/service. | Retroactive Medicare claim already debited or scheduled for debit. Cannot adjust this claim. Contact the PSC. |
| 562 | CLAIM ALREADY DEBITED (HEALTH CLAIM), CANNOT ADJUST | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | N185 – Do not resubmit this claim/service. | Retroactive Healthcare claim already debited or scheduled for debit. Cannot adjust this claim. Contact the PSC. |
| 563 | CLAIM ALREADY DEBITED (PAY & CHASE CLAIM), CANNOT ADJUST | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | N185 – Do not resubmit this claim/service. | Medicaid Pay & Chase claim already debited or scheduled for debit. Cannot adjust this claim. Contact the PSC. |

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| Edit Code | Description | CARC | RARCS | Resolution |
|-----------|--|---|--|--|
| 564 | OP REV 450,459,510,511 COMB NOT ALLOWED | 16 – Claim/service lacks information which is needed for adjudication. | N61 – Re-bill services on separate claims. | <p>These revenue codes should never appear in combination on the same claim. If a recipient was seen in the emergency room, clinic, and treatment room on the same date of service for the same or related condition, charges for both visits should be combined under either revenue code 450, 510, or 761.</p> <p>If the recipient was seen in the ER and clinic on the same date of service for unrelated conditions, both visits should be billed on separate claims using the correct revenue code.</p> <p>If the recipient is a PEP member, and was triaged in the ER, the submitted claim should be filed with only revenue code 459. No other revenue codes should be filed with revenue code 459. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> |
| 565 | THIRD PARTY PAYMENT/NO 3RD PARTY ID | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | If a prior payment is entered in field 54, information in all other TPL-related fields (50 and 60) must also be entered. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 566 | EMERG OP SERV/PRIN DIAG DOES NOT JUSTIFY | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Incomplete/invalid principal diagnosis code. | Check to make sure that the correct diagnosis code was billed. If not, enter the correct diagnosis code and resubmit the ECF. |
| 567 | NONCOV CHARGES > OR = TOTAL CHARGES | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Did not complete or enter the correct total charges for services rendered. | Check the total of non-covered charges in field 48 and total charges in field 47 to see if they were entered correctly. If they are correct, no payment from Medicaid is due. If incorrect, make the appropriate correction to the ECF and resubmit. |
| 568 | CORRESPONDING ADJUSTMENT (VOID) IS SUSPENDED OR DENIED | 107 – Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim. | N142 – The original claim was denied. Resubmit a new claim, not a replacement claim. | Review the edit code assigned to the void adjustment claim to determine if it can be corrected. If the void adjustment claim can be corrected, make the necessary changes and resubmit the adjustment claim. Resubmit the replacement claim along with the corrected void adjustment claim. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|--|
| 569 | ORIGINAL CCN IS INVALID OR ADJUSTMENT CLAIM | 125 – Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever applicable. | N185 – Do not resubmit this claim/service. | Check the original CCN on the Form 130 as it is either invalid or a CCN for an adjustment claim. If the CCN is invalid, enter the correct CCN and resubmit. If the CCN is for an adjustment claim, it cannot be voided or replaced. |
| 570 | OP REV 760 762, 769 COMB NOT ALLOWED | 16 – Claim/service lacks information which is needed for adjudication. | N61 – Re-bill services on separate claims. | These revenue codes cannot be used in combination for the same day; bill either revenue code 762 or 769 on an outpatient claim. Verify the correct revenue code for the claim, and make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 575 | REPLACE/VOID CLM/CCN INDICATED NOT FOUND | 16 – Claim/service lacks information which is needed for adjudication. | M47 – Incomplete/invalid internal or document control number. | Review the original claim and verify the claim control number (CCN) and recipient ID number from that claim. Make sure that the correct original CCN and recipient ID number are entered on the adjustment claim and resubmit the adjustment claim. UB CLAIM: Check the CCN you have entered in field 64 A - C with the CCN on the remittance advice of the paid claim you want to replace or cancel. Only paid claims can be replaced or cancelled. If the CCN is incorrect, write the correct CCN on the ECF. If this edit appears with other edits, it may be corrected by correcting the other edit codes. If edit code 575 and 863 are the only edits on the replacement claim, the replacement claim criteria have not been met (see Section 3 on replacement claims). |
| 576 | TYPE OF BILL AND PROVIDER TYPE INCONSIST | 16 – Claim/service lacks information which is needed for adjudication. | MA30 – Incomplete invalid type of bill. | If the bill type you have entered in field 4 is 131 or 141, you must use your outpatient number in field 51. If the bill type is 111, you must use your inpatient number. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|---|--|
| 577 | FP MOD. USED – PATIENT UNDER 10 OR OVER 55 | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | N30 – Recipient ineligible for this service. | Verify that the procedure code and modifier are correct. If incorrect, make the appropriate corrections to the ECF by entering the correct procedure code/modifier and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. For review and consideration for payment, attach appropriate clinical documentation to support the procedure code and modifier combination being billed and resubmit the ECF. |
| 584 | NATIVE AMERICAN HEALTH SERVICE PROCEDURE-MODIFIER COMBINATION NON-COV/INVALID | 4- The procedure code is inconsistent with the modifier used or a required modifier is missing. | | Make the appropriate correction to the ECF by entering the correct procedure code/modifier and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 587 | 1ST DATE OF SERV SUBSEQUENT TO LAST DOS | 16 – Claim/service lacks information which is needed for adjudication. | M59 – Incomplete/invalid "to" date(s) of service. | Check the "from" and "through" dates in field 6. "From" date must be before "through" date. Be sure you check the year closely. Enter the correct dates and resubmit the ECF. |
| 588 | 1ST DOS SUBSEQUENT TO ENTRY DATE | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Incomplete/invalid "from" date(s) of service. | Check the "from" date of service in field 6. Be sure to check the year closely. Enter the correct dates and resubmit the ECF. |
| 589 | LAST DOS SUBSEQUENT TO DATE OF RECEIPT | 16 – Claim/service lacks information which is needed for adjudication. | M59 – Incomplete/invalid "to" date(s) of service. | Check the "through" date of service in field 6. Enter the correct dates and resubmit the ECF. |
| 590 | NO DISCHARGE DATE ON FINAL BILL | 16 – Claim/service lacks information which is needed for adjudication. | N50 – Discharge information missing/incomplete/incorrect/invalid. | Check the ECF for errors with the date entered. If the date is incorrect, enter the correct date and resubmit the ECF. If the field was not completed, enter the date and resubmit the ECF. If the ECF cannot be corrected, submit a new claim with the corrected information. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|---|
| 591 | NCCI – PROCEDURE CODE COMBINATION NOT ALLOWED | 236- This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative. | N431 – Not covered with this procedure. | This procedure code combination is not allowed on the same date of service. Therefore, only one procedure code was paid. Note: The National Correct Coding Initiative (NCCI) does not allow the rendering or payment of certain procedure codes on the same date of service. For NCCI guidelines and specific code combinations; please refer to Medicaid bulletins about NCCI edits or the CMS website. |
| 594 | FINAL BILL/DISCHRG DTE BEFORE LAST DOS | 16 – Claim/service lacks information which is needed for adjudication. | N50 – Discharge information missing/incomplete/incorrect/invalid. | Check the occurrence code 42 and date in fields 31 through 34 A and B, and the "through" date in field 6. These dates must be the same. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 597 | ACCOMODATION UNITS/STMT PERIOD INCONSIST | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Incomplete/invalid "from" date(s) of service. | Check the dates entered in field 6; the covered days calculated in field 7 on the ECF; the discharge date in fields 31 through 34 A - B and the units entered for accommodation revenue codes in field 42 (the discharge date and "through" date must be the same). If the dates in field 6 are correct, the system calculated the correct number of days, so the units for accommodation revenue codes should be changed. If the dates are incorrect, correcting the dates will correct the edit. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 598 | QIO INDICATOR 3/APPROVAL DATES REQUIRED | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Incomplete/invalid "from" date(s) of service. | If condition code C3 is entered in fields 31 through 34 A - B, the approved dates must be entered in occurrence span, field 35-36 A or B. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 599 | QIO DATES/OCCUR SPAN DATES N/SEQUENCED | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Incomplete/invalid "from" date(s) of service. | The dates which have been entered in field 35 - 36 A or B (occurrence span), do not coincide with any date in the statement covers dates in field 6. There must be at least one date in common in these two fields. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|--|---|
| 600 | QIO DATE/STATEMENT COVERS DATES DON'T OVERLAP | 16 – Claim/service lacks information which is needed for adjudication. | M52 – Incomplete/invalid "from" date(s) of service. | The date(s) of service do not coincide with statement covers dates in field 6. Verify the approved date(s) received from the QIO are correct. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 603 | REVENUE/CONDITION/VALUE CODES INCONSIST | 16 – Claim/service lacks information which is needed for adjudication. | M49 – Incomplete/invalid value code(s) and/or amount(s). | Medicaid only sponsors a semi-private room. When a private room revenue code is used, condition code 39 or value codes 01 or 02 and value amounts must be on the claim. See current NUBC manual for definition of codes. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 605 | NCCI - UNITS OF SERVICE EXCEED LIMIT | B5 – Coverage/program guidelines were not met or were exceeded. | N362 – The number of Days or Units of Service exceeds our acceptable maximum. | The number of units billed on the specified line exceeds the allowable limit based on NCCI guidelines. Note: For NCCI guidelines, please refer to Medicaid bulletins about NCCI edits or the CMS website. |
| 636 | COPAYMENT AMOUNT EXCEEDS ALLOWED AMOUNT | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | The Medicaid recipient is responsible for a Medicaid copayment for this service/date of service. The allowed payment amount is less than the recipient's copayment amount; therefore no payment is due from Medicaid. Please collect the copayment from the Medicaid recipient. |
| 637 | COINS AMT GREATER THAN PAY AMT | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | Verify that the coinsurance amount is correct. If not, correct and resubmit. If the coinsurance amount is correct, attach a copy of the Medicare remittance to the ECF and resubmit. |
| 642 | MEDICARE COST SHARING REQ COINS/DEDUCTIB | 16 – Claim/Service lacks information which is needed for adjustment. | N479 – Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer). | For Medicaid to consider payment of the claim, the Medicare coinsurance and deductible must be present. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 672 | NET CHRG/TOTAL DAYS X DAILY RATE UNEQUAL | 16 – Claim/service lacks information which is needed for adjudication. | M54 – Missing/incomplete/invalid total charges. | Make the appropriate correction(s) to calculations on the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|---|
| 673 | REJECT LOC 6 - EXCLUDES SWING BEDS | 96 – Non-covered charge(s). | N517 – Resubmit a new claim with the requested information. | Make the appropriate correction to the ECF and resubmit. For review and consideration for payment, attach appropriate clinical documentation (i.e., Form 181) to substantiate reimbursement and resubmit the ECF. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 674 | NH RATE - PAT DAY INC NOT = PAT DAY RATE | 16 – Claim/service lacks information which is needed for adjudication. | N153 – Missing/incomplete/invalid room and board rate. | Make the appropriate corrections to the rate amounts on the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 690 | OTHER SOURCES AMT MORE THAN MEDICAID AMT | 23 – The impact of prior payer(s) adjudication including payments and/or adjustments. | | CMS-1500 CLAIM: Verify the dollar amount in amount received insurance (field 28) and the amount paid (field 26). If not correct, enter the correct amount and resubmit the ECF. If the amounts are correct, no payment is due from Medicaid – Discard the ECF. |
| 693 | MENTAL HEALTH VISIT LIMIT EXCEEDED | B5 – Coverage/program guidelines were not met or were exceeded. | M86 – Service denied because payment already made for same/similar procedure within set time frame. | Additional services require Prior Authorization from the QIO. If the authorization number is incorrect, make the appropriate correction to the ECF and resubmit. Contact the QIO for review and consideration of authorization for additional visits. |
| 700 | PRIMARY/PRINCIPAL DIAG CODE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Incomplete/invalid principal diagnosis code. | CMS-1500 CLAIM: Medicaid requires the complete diagnosis code as specified in the current edition of Volume I of the ICD-9-CM manual, (including fifth digit sub-classification when listed). Check the diagnosis code in field 8 with Volume I of the ICD-9 manual. Mark through the existing code and write in the correct code on the ECF and resubmit. UB CLAIM: Medicaid requires the complete diagnosis code as specified in the current edition of the ICD-9-CM manual, (including fifth digit sub-classification when listed). Check the diagnosis code in field 67 with the ICD-9 manual. Mark through the existing code and write in the correct code on the ECF and resubmit. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|---|
| 701 | SECONDARY/ OTHER DIAG CODE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | M64 – Incomplete/invalid other diagnosis code. | <p>CMS-1500 CLAIM: Follow the resolution for edit code 700 and resubmit. The secondary diagnosis code appears in field 9.</p> <p>UB CLAIM: Follow the resolution for edit code 700 and resubmit. The secondary diagnosis code appears in field 67 A-Q.</p> |
| 703 | RECIP AGE/PRIM/PRINCIPAL DIAG INCONSIST | 9 – The diagnosis is inconsistent with the patient's age. | MA63 – Incomplete/invalid principal diagnosis code. | <p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 8 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the diagnosis code in field 8 and resubmit the ECF. Field 11 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>UB CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 67 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the diagnosis code in field 67 and resubmit the ECF. Field 10 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|---|
| 704 | RECIP AGE/SECONDARY/OTHER DIAG INCONSIST | 9 – The diagnosis is inconsistent with the patient's age. | M64 – Incomplete/invalid other diagnosis code. | <p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code in field 9 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the secondary diagnosis code in field 9 and resubmit the ECF. Field 11 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>UB CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code(s) in fields 67 A-Q to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the secondary diagnosis code(s) in fields 67 A-Q and resubmit the ECF. Field 10 indicates the date of birth in our system as of the claim run date. Contact your county Medicaid office if your records indicate a different date of birth. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> |
| 705 | RECIP SEX/PRIM/PRINCIPAL DIAG INCONSIST | 10 – The diagnosis is inconsistent with the patient's gender. | MA63 – Incomplete/invalid principal diagnosis code. | <p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 8 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the diagnosis code in field 8 and resubmit the ECF. Contact your county Medicaid office if your records indicate a different sex. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>UB CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the diagnosis code in field 67 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the diagnosis code in field 67 and resubmit the ECF. Contact your county Medicaid office if your records indicate a different sex. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|---|
| 706 | RECIP SEX/SECONDARY/OTHER DIAG INCONSIST | 10 – The diagnosis is inconsistent with the patient's gender. | M64 – Incomplete/invalid other diagnosis code. | <p>CMS-1500 CLAIM: Check the patient's Medicaid number in field 2. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code in field 9 to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 2 or the secondary diagnosis code in field 9 and resubmit the ECF. Contact your county Medicaid office if your records indicate a different sex. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>UB CLAIM: Check the patient's Medicaid number in field 60. A common error is entering another family member's number. Make sure the number matches the patient served. Check the secondary diagnosis code(s) in fields 67 A-Q to be sure it is correct. Make the appropriate correction to the patient Medicaid number in field 60 or the secondary diagnosis code(s) in fields 67 A-Q and resubmit the ECF. Contact your county Medicaid office if your records indicate a different sex. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> |
| 707 | PRIN.DIAG. NOW REQUIRES 4TH OR 5TH DIGIT | 16 – Claim/service lacks information which is needed for adjudication. | MA63 – Incomplete/invalid principal diagnosis code. | <p>CMS-1500 CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9 manual. The diagnosis code in field 8 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code and resubmit the ECF or submit a new claim.</p> <p>UB CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9 manual. The diagnosis code in field 67 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code and resubmit the ECF or submit a new claim.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 708 | SEC. DIAG. NOW REQUIRES 4TH OR 5TH DIGIT | 16 – Claim/service lacks information which is needed for adjudication. | M64 – Incomplete/invalid other diagnosis code. | <p>CMS-1500 CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9 manual. The diagnosis code in field 9 requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code and resubmit the ECF or submit a new claim.</p> <p>UB CLAIM: Medicaid requires a complete diagnosis code as specified in the current edition of the ICD-9 manual. The diagnosis code(s) in fields 67 A-Q requires a fourth or fifth digit. Mark through the existing diagnosis code and write in the entire correct code and resubmit the ECF or submit a new claim.</p> |
| 709 | SERV/PROC CODE NOT ON REFERENCE FILE | 96 – Non-covered charge(s). | M51 – Missing/incomplete/invalid procedure code. | Check the most current manual. If the procedure code on your ECF is incorrect, mark through the code and write in the correct code and resubmit the ECF. If the code is correct, attach appropriate documentation for review and consideration for payment and resubmit the ECF. |
| 710 | SERV/PROC/DRUG REQUIRES PA-NO NUM ON CLM | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | | <p>CMS-1500 CLAIM: Please enter prior authorization number in field 3 and resubmit the ECF.</p> <p>UB CLAIM: Please enter prior authorization number in field 63 and resubmit the ECF.</p> <p>If the prior authorization number was not obtained prior to rendering the service, you will not be considered for payment.</p> |
| 711 | RECIP SEX - SERV/PROC/DRUG INCONSISTENT | 16 – Claim/service lacks information which is needed for adjudication. | MA39 – Incomplete/invalid patient's sex. | <p>CMS 1500 CLAIM: Verify the patient's Medicaid number in field 2 and the procedure code in field 17. A common error is entering another family member's Medicaid number. Make sure the number matches the patient served. Make the appropriate correction, if applicable, and resubmit the ECF.</p> <p>Field 12 shows the patient's sex indicated in our system. If there is a discrepancy, contact your county Medicaid Eligibility office to correct the sex on the patient's file. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>UB CLAIM: Verify the recipient's Medicaid number in field 60 and the procedure code in field 44 and resubmit the ECF.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 712 | RECIP AGE-PROC INCONSIST/NOT ID/RD RECIP | 6 – The procedure/ revenue code is inconsistent with the patient's age. | | <p>CMS-1500 CLAIM: Follow the resolution for edit code 711. Field 11 shows the patient's date of birth indicated in our system. Make the appropriate correction, if applicable, and resubmit the ECF. Notify the county Medicaid Eligibility office of discrepancies. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>UB CLAIM: Follow the resolution for edit code 711. The top of the ECF indicates the date of birth in our system as of the claim run date. Make the appropriate correction, if applicable, and resubmit the ECF.</p> |
| 713 | NUM OF BILLINGS FOR SERV EXCEEDS LIMIT | 151 – Payment adjusted because the payer deems the information submitted does not support this many services. | | <p>CMS-1500 CLAIM: Check the number of units in field 22 on the specified line to be sure the correct number of units has been entered on the ECF. If the number of units is incorrect, mark through the existing number and enter the correct number and resubmit the ECF. If the number of units is correct, check the procedure code to be sure it is correct. For review and consideration for payment of additional units, attach appropriate clinical documentation to substantiate the services being billed and resubmit the ECF.</p> <p>UB CLAIM: The system has already paid for the procedure entered in field 44. Verify the procedure is correct. Make appropriate corrections to the ECF, if applicable, and resubmit. If this is a replacement claim, attach appropriate clinical documentation to justify the services being billed and resubmit the ECF for consideration for payment.</p> |
| 714 | SERV/PROC/DRUG REQUIRES DOC-MAN REVIEW | 16 – Claim/service lacks information which is needed for adjudication. | N102 – This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely. | Attach appropriate clinical documentation (i.e., Sterilization Consent Form 1723, medical records, etc.) to the ECF and resubmit for manual review. Please refer to the applicable provider policy manual for the specific documentation requirements. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|--|
| 715 | PLACE OF SERVICE/PROC CODE INCONSISTENT | 5 – The procedure code/bill type is inconsistent with the place of service. | | CMS-1500 CLAIM: Check the procedure code in field 17 and the place of service code in field 16 to be sure that they are correct. If incorrect, make the appropriate correction on the indicated line and resubmit the ECF. For review and consideration for payment, attach appropriate clinical documentation to the ECF verifying where the procedure/service was provided and resubmit. |
| 716 | PROV TYPE INCONSISTENT WITH PROC CODE | 8 – The procedure code is inconsistent with the provider type/ specialty (taxonomy). | | CMS-1500 CLAIM: The type of provider rendering this service/procedure code is not authorized. Verify that the information in fields 17 and 19 are correct. If incorrect, make the appropriate corrections to the ECF and resubmit. If correct, attach appropriate clinical documentation to the ECF for review and consideration for payment and resubmit. |
| 717 | SERV/PROC/DRUG NOT COVERED ON DOS | A1 – Claim/service denied. | | CMS-1500 CLAIM: Check the procedure code in field 17 and the date of service in field 15 on the indicated line to be sure both are correct. Make the appropriate corrections to the ECF and resubmit. The procedure code may have been deleted from the program or changed to another procedure code. |
| 718 | PROC REQUIRES TOOTH NUMBER/SURFACE INFO | 16 – Claim/service lacks information which is needed for adjudication. | N37 – Tooth number/letter required. | The procedure requires either a tooth number and/or surface information in fields 15 and 16 on the ECF. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 719 | SERV/PROC/DRUG ON PREPAYMENT REVIEW | 133 – The disposition of this claim/service is pending further review. | M87-Claim/service subjected to CFO-CAP prepayment in review. | Verify that the information on the prior approval letter matches the information on the ECF. Check the prior authorization number, procedure code(s) and modifier(s) and make the appropriate corrections to the ECF and resubmit. Attach appropriate documentation to the ECF, if applicable, and resubmit for review and consideration for payment. |
| 720 | MODIFIER 22 REQUIRES ADD'L DOCUMENT | 16 – Claim/service lacks information which is needed for adjudication. | M69 – Paid at the regular rate, as you did not submit documentation to justify modifier 22. | For review and consideration for payment, attach appropriate clinical documentation (i.e., increased intensity indications, difficulty of procedure, severity of patient's condition, etc.) to the ECF to justify the unusual procedural services and resubmit for review and consideration for payment. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 721 | CROSSOVER PRICING RECORD NOT FOUND | A1 – Claim/service denied. | N8-Crossover claim denied by previous payer and complete claim data not forwarded. Resubmit this claim to this payer to provide adequate data to adjudication. | <p>Pricing record not found for the specific procedure code and modifier being billed. Please verify that the correct procedure code and modifier were submitted. Make the appropriate correction to the ECF and resubmit or submit a new claim with the corrected information.</p> <p>If the provider has knowledge that the specific procedure code and modifier being billed is valid and a covered service by Medicaid, resubmit the ECF, and attach the appropriate clinical documentation (i.e., medical records, radiology reports, operative notes, etc.) to have the procedure code/modifier considered for payment and added to the system.</p> <p>If the procedure code/modifier is not valid and non-covered by Medicaid, the claim will not be considered for payment.</p> |
| 722 | PROC MODIFIER and SPEC PRICING NOT ON FILE | 4 – The procedure code is inconsistent with the modifier used, or a required modifier is missing. | N65 – Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider. | <p>Verify that the correct procedure code and modifier were submitted. If incorrect, make the appropriate change to the ECF and resubmit or submit a new claim with the corrected information.</p> <p>If the provider has knowledge that the specific procedure code and modifier being billed is valid and a covered service by Medicaid, resubmit the ECF, and attach the appropriate clinical documentation (i.e., medical records, radiology reports, operative notes, etc.) to have the procedure code/modifier considered for payment and added to the system.</p> <p>If the code/modifier is not valid and non-covered by Medicaid, the claim will not be considered for payment.</p> <p>Note: The Medicaid pricing system is programmed specifically for procedure codes, modifiers, and provider specialties. If these are submitted in the wrong combination, the system searches but cannot "find" a price, and the line will automatically reject with edit code 722.</p> |
| 724 | PROCEDURE CODE REQUIRES BILLING IN WHOLE UNITS | 16 – Claim/service lacks information which is needed for adjudication. | M53 –Missing/incomplete/invalid days or units of service. | <p>Make the appropriate correction the units entered on the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information or call for assistance.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--------------------------------------|---|--|--|
| 727 | DELETED PROCEDURE CODE/CK CPT MANUAL | 16 – Claim/service lacks information which is needed for adjudication. | M51 – Incomplete/invalid, procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description or the description is insufficient. (Add to message by Medicare carriers only: "Refer to the HCPCS Directory. If an appropriate procedure code(s) does not exist, refer to Item 19 on the HCFA-1500 instructions.") | <p>CMS-1500 CLAIM: Check the procedure code in field 17 and the date of service in field 15 to verify their accuracy and resubmit the ECF.</p> <p>UB CLAIM: Check the procedure code in field 44 and the date of service in field 45 to verify their accuracy and resubmit the ECF.</p> |
| 732 | PAYER ID NUMBER NOT ON FILE | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | M56 – Incomplete/invalid provider payer identification. | <p>CMS-1500 CLAIM: Refer to the codes listed under the INSURANCE POLICY INFORMATION on the ECF. Enter the correct carrier code in field 24 and resubmit the ECF. To view a complete listing of carrier codes, visit the Provider Information webpage on the DHHS website http://provider.scdhhs.gov. The carrier code listing is also included in the provider manuals.</p> <p>UB CLAIM: Refer to the codes listed under INSURANCE POLICY INFORMATION on the ECF. Enter the correct carrier code in field 50 on the ECF and resubmit the ECF. To view a complete listing of carrier codes, visit the Provider Information webpage on the DHHS website http://provider.scdhhs.gov. The carrier code listing is also included in the provider manuals.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 733 | INS INFO CODED, PYMT OR DENIAL MISSING | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | <p>CMS-1500 CLAIM: If any third-party insurer has not made a payment, there should be a TPL denial indicator in field 4. If all carriers have made payments, there should be no TPL denial indicator. If payment is denied (<i>i.e.</i>, applied to the deductible, policy lapsed, etc.) by either primary insurance carrier, put a "1" (denial indicator) in field 4 and 0.00 in field 26. If payment is made, remove the "1" from field 4 and enter the amount(s) paid in fields 26 and 28. Adjust the net charge in field 29. If no third party insurance was involved, delete information entered in fields 24 and 25 by drawing a red line through it. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim.</p> <p>UB CLAIM: If any third-party insurer has not made a payment, there should be a TPL occurrence code and date in fields 31-34. If payment is denied show 0.00 in field 54. If payment is made enter the amount in field 54. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim.</p> |
| 734 | REVENUE CODE REQUIRES UNITS | 16 – Claim/service lacks information which is needed for adjudication. | M53 – Did not complete or enter the appropriate number (one or more) of days or unit(s) of service. | The revenue code listed in field 42 requires units of service in field 46. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 735 | REVENUE CODE REQUIRES AN ICD-9 SURGICAL PROCEDURE OR DELIVERY DIAGNOSIS CODE | 16 – Claim/service lacks information which is needed for adjudication. | M76 – Incomplete/invalid patient's diagnosis(es) and condition(s). | On inpatient claims w/ revenue codes 360 OR, 361 OR-Minor, or 369 OR-Other, an ICD-9 surgical code is required in fields 74 A-E. On inpatient claims w/ revenue codes 370 Anesthesia, 710 Recovery Room, 719 Other Recovery Room or 722 Delivery Room, a delivery diagnosis code is required in fields 67 A-Q or an ICD-9 surgical code is required in fields 74 A-E. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 736 | PRINCIPAL SURGICAL PROCEDURE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | MA66 – Incomplete/invalid principal procedure code and/ or date. | Verify the correct procedure code was submitted. If incorrect, make the appropriate change and resubmit the ECF. |
| 737 | OTHER SURGICAL PROCEDURE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | M67 – Incomplete/invalid other procedure code(s) and/ or date(s). | Follow the resolution for edit code 736. The two digits in front of the edit code identify which surgical procedure code is not on file. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|------|--|
| 738 | PRINCIPAL SURG PROC REQUIRES PA/NO PA # | 15 – Payment adjusted because the submitted authorization number is missing, invalid or does not apply to billed services or provider. | | Check for errors and make the appropriate correction to the ECF and resubmit. If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. |
| 739 | OTHER SURG PROC REQUIRES PA/NO PA NUMBER | 15 – Payment adjusted because the submitted authorization number is missing, invalid or does not apply to billed services or provider. | | Check for errors and make the appropriate correction to the ECF and resubmit. If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. |
| 740 | RECIP SEX/PRINCIPAL SURG PROC INCONSIST | 7 – The procedure/ revenue code is inconsistent with the patient’s gender. | | Verify the recipient's Medicaid number (field 60) and the procedure code in field 74. A common error is entering another family member's Medicaid number. Make sure the number matches the recipient served. Make the appropriate correction, if applicable, and resubmit ECF. Check the recipient's sex listed on the ECF. If there is a discrepancy, contact your county Medicaid Eligibility office to correct the sex on the recipient's file. After county Medicaid Eligibility office has made the correction and updated the system, submit a new claim. |
| 741 | RECIP SEX/OTHER SURG PROC INCONSISTENT | 7 – The procedure/ revenue code is inconsistent with the patient’s gender. | | Follow resolution for edit code 740. The two digits in front of the edit code identify which other surgical procedure code in field 74 A - E is inconsistent with the recipient's sex. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|--|
| 742 | RECIP AGE/PRINCIPAL SURG PROC INCONSIST | 6 - The procedure/revenue code is inconsistent with the patient's age. | | Verify the recipient's Medicaid ID number (field 60) and the procedure code in field 74. A common error is entering another family member's Medicaid number. Make sure the number matches the recipient served. Make the appropriate correction, if applicable, and resubmit ECFs. Check the recipient's date of birth listed on the ECF. If there is a discrepancy, contact your county Medicaid Eligibility office to correct the date of birth on the recipient's file. After county Medicaid Eligibility office has made the correction and updated the system, submit a new claim. |
| 743 | RECIPIENT AGE/OTHER SURG PROC INCONSIST | 6 - The procedure/revenue code is inconsistent with the patient's age. | | Follow the resolution for edit code 742. The two digits in front of the edit code identify which other surgical procedure code in field 74 A - E is inconsistent with the recipient's age. |
| 746 | PRINCIPAL SURG PROC EXCEEDS FREQ LIMIT | 96 - Non-covered charge(s). | N435 - Exceeds number/frequency approved /allowed within time period without support documentation. | The system has already paid for the procedure entered in field 74. Verify the procedure code is correct. If this is a replacement claim, attach appropriate clinical documentation for review and consideration for payment to the ECF and resubmit. If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. |
| 747 | OTHER SURG PROC EXCEEDS FREQ LIMIT | 96 - Non-covered charge(s). | N435 - Exceeds number/frequency approved /allowed within time period without support documentation. | Follow the resolution for edit code 746. The two digits in front of the edit code identify which other surgical procedure's (field 74 A - E) frequency limitation has been exceeded. |
| 748 | PRINCIPAL SURG PROC REQUIRES DOC | 16 - Claim/service lacks information which is needed for adjudication. | N102 - This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely. | Procedure requires documentation. Attach appropriate clinical documentation (i.e., discharge summary, operative note, etc.) for the principal surgical procedure in field 74 to the ECF and resubmit. Documentation will not be reviewed or retained by Medicaid until the provider corrects all other edits. Refer to the appropriate policy manual for specific Medicaid coverage guidelines and documentation requirements. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|---|
| 749 | OTHER SURG PROC REQUIRES DOC/MAN REVIEW | 16 – Claim/service lacks information which is needed for adjudication. | N102 – This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely. | Procedure requires documentation. Attach appropriate clinical documentation (i.e., discharge summary, operative note, etc.) for the other surgical procedure in field 74 A-E to the ECF and resubmit. Documentation will not be reviewed or retained by Medicaid until the provider corrects all other edits. Refer to the appropriate policy manual for specific Medicaid coverage guidelines and documentation requirements. |
| 750 | PRIN SURG PROC NOT COV OR NOT COV ON DOS | 96 – Non-covered charge(s). | N303 – Missing/ incomplete/ invalid principal procedure date. | Check the procedure code in field 74 and the date of service to verify their accuracy. Check to see if the procedure code in field 74 is listed on the non-covered surgical procedures list in the manual. Check the most recent edition of the ICD-9 to be sure the code you are using has not been deleted or changed to another code. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |
| 751 | OTHER SURG PROC NOT COV/NOT COV ON DOS | 96 – Non-covered charge(s). | N302 – Missing/ incomplete/ invalid other procedure date(s). | Follow the resolution for edit code 750. The two digits in front of the edit code identify which other surgical procedure code in field 74 A - E is not covered on the date of service. |
| 752 | PRINCIPAL SURGICAL PROCEDURE ON REVIEW | 133 – The disposition of this claim/service is pending further review. | | Attach appropriate clinical documentation (i.e., discharge summary, operative notes, etc.) which supports the principal surgical procedure in field 74 to the ECF for review and consideration for payment and resubmit. |
| 753 | OTHER SURGICAL PROCEDURE ON REVIEW | 133 – The disposition of this claim/service is pending further review. | | Attach appropriate clinical documentation (i.e., discharge summary, operative notes, etc.) which supports the other surgical procedure in field 74 A-E to the ECF for review and consideration for payment and resubmit. |
| 754 | REVENUE CODE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | M50 – Incomplete/invalid revenue code(s). | Revenue code is invalid. Verify revenue code. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 755 | REVENUE CODE REQUIRES PA/PEND FOR REVIEW | 133 – The disposition of this claim/service is pending further review. | | Enter prior authorization number in field 63 on ECF and resubmit. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|---|
| 757 | OTHER DIAG REQUIRES PA/NO PA NUMBER | 15 – Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider. | | CMS-1500 CLAIM: Enter prior authorization number in field 3 on ECF and resubmit. UB CLAIM: Enter prior authorization number in field 63 on ECF and resubmit. |
| 758 | PRIM/PRINCIPAL DIAG REQUIRES DOC | 16 – Claim/service lacks information which is needed for adjudication. | N223-Missing documentation of benefit to the patient during the initial treatment period. | If primary/principal diagnosis is correct, attach appropriate clinical documentation (i.e., operative report, chart notes, etc.) to ECF for review and consideration for payment and resubmit. |
| 759 | SEC/OTHER DIAG REQUIRES DOC/MAN REVIEW | 16 – Claim/service lacks information which is needed for adjudication. | N223-Missing documentation of benefit to the patient during the initial treatment period. | If secondary/other diagnosis is correct, attach appropriate clinical documentation (i.e., operative report, chart notes, etc.) to ECF for review and consideration for payment and resubmit. |
| 760 | PRIMARY DIAG CODE NOT COVERED ON DOS | 96 – Non-covered charge(s). | N314 – Missing/ incomplete/ invalid diagnosis date. | Check the current ICD-9 manual to verify that the primary diagnosis is correctly coded. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. If the diagnosis code is correct, then it is not covered and will not be considered for payment. |
| 761 | SEC/OTHER DIAG CODE NOT COVERED ON DOS | 96 – Non-covered charge(s). | N337 – Missing/ incomplete/ invalid secondary diagnosis date. | Check the current ICD-9 manual to verify that the secondary or other diagnosis is correctly coded. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. If the diagnosis code is correct, then it is not covered and will not be considered for payment. |
| 762 | PRINCIPAL DIAG ON REVIEW/MANUAL REVIEW | 133 – The disposition of this claim/service is pending further review. | | The principal diagnosis code requires manual review by SCDHHS. Resubmit the ECF with appropriate clinical documentation (i.e., history, physical, and discharge summary, etc.) for review and consideration for payment. |
| 763 | OTHER DIAG ON REVIEW/MANUAL REVIEW | 133 – The disposition of this claim/service is pending further review. | | Follow the resolution for edit code 762. The two digits before the edit code identify which other diagnosis code in fields 67 A-Q requires manual review by DHHS. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|---|--|
| 764 | REVENUE CODE REQUIRES DOC/MANUAL REVIEW | 16 – Claim/service lacks information which is needed for adjudication. | N102 – This claim has been denied without reviewing the medical record because the requested records were not received or were received timely. | The revenue code requires manual review by SCDHHS. Resubmit the ECF with appropriate clinical documentation for review and consideration for payment. |
| 765 | RECIPIENT AGE/REVENUE CODE INCONSIST | 6 – The procedure/revenue code is inconsistent with the patient’s age. | | <p>Check the recipient's Medicaid ID number. A common error is entering another family member's number. Make sure the number matches the recipient served. Check the revenue code in field 42 to be sure it is correct. Make the appropriate correction to the recipient number or to the revenue code in field 42 and resubmit the ECF.</p> <p>The date of birth on the ECF indicates the date of birth in our system as of the claim run date. Call your county Medicaid Eligibility office if your records indicate a different date of birth. After the county Medicaid Eligibility office has made the correction and updated the system, submit a new claim.</p> |
| 766 | NEED TO PRICE OP SURG | 16 – Claim/service lacks information which is needed for adjudication. | M79 – Missing/incomplete/invalid charge. | <p>Verify that the correct procedure code was entered in field 44. If the procedure code is incorrect, mark through the code with red ink and write in the correct code and resubmit the ECF.</p> <p>If the code is correct, resubmit the ECF with appropriate clinical documentation (i.e., discharge summary, operative notes, etc.) for review and considered for payment.</p> |
| 768 | ADMIT DIAGNOSIS CODE NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | MA65 – Incomplete/invalid admitting diagnosis. | Medicaid requires the complete diagnosis code as specified in the current edition of the ICD-9-CM manual, (including fifth digit sub-classification when listed). Check the diagnosis code in the ICD-9 manual. Mark through the existing code and write in the correct code on the ECF and resubmit. |
| 769 | ASST. SURGEON NOT ALLOWED FOR PROC CODE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Procedure does not allow reimbursement for an assistant surgeon. If the edit appears unjustified or an assistant surgeon was medically necessary, attach clinical documentation to the ECF to justify the assistant surgeon and resubmit for review and consideration for payment. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|--|
| 771 | PROV NOT CERTIFIED TO PERFORM THIS SERV | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | CMS-1500 CLAIM: Verify the procedure code in field 17. If correct, attach FDA certificate to the ECF and resubmit. If you are not a certified mammography provider, or a lab provider, this edit code is not correctable. |
| 773 | INAPPROPRIATE PROCEDURE CODE USED | 16 – Claim/service lacks information which is needed for adjudication. | M51 – Incomplete/invalid, procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description or the description is insufficient. (Add to message by Medicare carriers only: "Refer to the HCPCS Directory. If an appropriate procedure code(s) does not exist, refer to Item 19 on the HCFA-1500 instructions.") | Verify the procedure code in field 17. If incorrect, enter the correct code in field 17 on the ECF and resubmit. |
| 774 | LINE ITEM SERV CROSSES STATE FISCAL YEAR | 16 – Claim/service lacks information which is needed for adjudication. | N63 – Rebill services on separate claim lines. | Change the units in field 22 to reflect days billed on or before 6/30. Add a line to the ECF to reflect days billed on or after 07/01. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 775 | EARLY DELIVERY < 39 WEEKS NOT MEDICALLY NECESSARY | 50 – These are non-covered services because this is not deemed a "medical necessity" by the payer. | | For review and consideration for payment, attach appropriate clinical documentation (medical necessity, entire obstetrical records, radiology, laboratory, and pharmacy records) to substantiate the services being billed and resubmit the ECF. |
| 778 | SEC CARRIER PRIOR PAYMENT NOT ALLOWED | 16 – Claim/service lacks information which is needed for adjudication. | MA04 – Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. | Prior payment (field 54) for a carrier secondary to Medicaid should not appear on claim. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 780 | REVENUE CODE REQUIRES PROCEDURE CODE | 16 – Claim/service lacks information which is needed for adjudication. | M51 – Incomplete/invalid, procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description or the description is insufficient. (Add to message by Medicare carriers only: "Refer to the HCPCS Directory. If an appropriate procedure code(s) does not exist, refer to Item 19 on the HCFA-1500 instructions.") | Some revenue codes (field 42) require a CPT/HCPCS code in field 44. Enter the appropriate CPT/HCPCS code in field 44 on the ECF and resubmit. A list of revenue codes that require a CPT/HCPCS code is located under the outpatient hospital section in the provider manual. |
| 786 | ELECTIVE ADMIT,PROC REQ PRE-SURG JUSTIFY | 197 – Precertification / authorization/ notification absent. | | When type of admission (field 14) is elective, and the procedure requires prior authorization, a prior authorization number from QIO must be entered in field 63. Make the appropriate correction to the ECF and resubmit. If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Contact the QIO for consideration for payment for retroactive eligibility and emergency services. |
| 791 | PRIN SURG PROC NOT CLASSED-MANUAL REVIEW | 16 – Claim/service lacks information which is needed for adjudication. | M85 – Subjected to review of physician evaluation and management services. | Verify that the correct procedure code was entered in field 74. If the procedure code on the ECF is incorrect, make the appropriate corrections and resubmit the ECF. If correct, resubmit the ECF with appropriate clinical documentation (i.e., discharge summary, operative notes, etc.) for review and consideration for payment. If the ECF cannot be corrected, submit a new claim. |
| 792 | OTHER SURG PROC NOT CLASSED - MANUAL REV | 16 – Claim/service lacks information which is needed for adjudication. | M85 – Subjected to review of physician evaluation and management services. | Follow the resolution for edit code 791. The two digits in front of the edit identify which other procedure code has not been classed. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|--|
| 794 | PRINCIPAL MINOR SURGICAL PROCEDURE REQUIRES QIO APPROVAL | 16 – Claim/service lacks information which is needed for adjudication. | N241 – Incomplete/invalid review organization approval. | Prior authorization is required from QIO. Enter PA number in field 63 and resubmit the ECF. If the ECF cannot be corrected, submit a new claim with the corrected information. If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Contact the QIO for consideration for payment for retroactive eligibility and emergency services. |
| 795 | SURG RATE CLASS/NOT ON FILE-NOT COV DOS | 16 – Claim/service lacks information which is needed for adjudication. | N65 – Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider. | Verify that the correct procedure code and date of service was entered. If the procedure code and date of service on the ECF is incorrect, make corrections and resubmit. If code is correct, resubmit the ECF with appropriate clinical documentation (i.e., discharge summary, operative notes, etc.) for review and consideration for payment. If the ECF cannot be corrected, submit a new claim. |
| 796 | PRINC DIAG NOT ASSIGNED LEVEL-MAN REVIEW | 133 – The disposition of this claim/service is pending further review. | | Verify that the correct diagnosis code (field 67) was submitted. If incorrect, make the appropriate change to the ECF and resubmit. If correct, attach appropriate clinical documentation to support the diagnosis to the ECF for review and consideration for payment and resubmit. |
| 797 | OTHER DIAG NOT ASSIGNED LEVEL-MAN REVIEW | 133 – The disposition of this claim/service is pending further review. | | Follow the resolution for edit code 796. The two digits in front of the edit code identify which other diagnosis code has not been assigned a level. If correct, attach appropriate clinical documentation to support the diagnosis to the ECF for review and consideration for payment and resubmit. |
| 798 | SURGERY PROCEDURE REQUIRES PA# FROM QIO | 197 – Precertification/ authorization/ notification absent. | N241 – Incomplete/invalid review organization approval. | CMS-1500 CLAIM: Contact QIO for authorization number. Enter authorization number in field 3 on the ECF and resubmit. UB CLAIM: Contact QIO for authorization number. Enter authorization number in field 63 on the ECF and resubmit. If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Contact the QIO for consideration for payment for retroactive eligibility and emergency services. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|---|
| 799 | OP PRIN/OTHER PROC REQ QIO APPROVAL | 197 – Precertification/ authorization/ notification absent. | N241 – Incomplete/invalid review organization approval. | Prior authorization is required from QIO. Enter PA number in field 63. Make the appropriate correction to the ECF and resubmit. If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Contact the QIO for consideration for payment for retroactive eligibility and emergency services. |
| 808 | HEALTH OPPORTUNITY ACCOUNT (HOA) IN DEDUCTIBLE PERIOD | A1 – Claim/Service denied. | MA07 – The claim information has also been forwarded to Medicaid for review. | Attach supporting documentation to the ECF to indicate the recipient’s HOA status and deductible payments and resubmit for review and consideration for payment. If corrections are needed, make the appropriate corrections to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 837 | SERVICE REQUIRES QIO PA – PA MISSING OR NOT ON FILE | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | M62 – Missing/incomplete/ invalid treatment authorization code. | Service Requires Prior Authorization from the QIO prior to rendering the service. No authorization number is on the claim or the authorization number is not on file for the recipient on the claim. If the authorization number is missing, add it to the claim. If an authorization number is on the claim, the number needs to be reviewed and updated. Make the appropriate correction to the ECF and resubmit. If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Contact the QIO for consideration for payment for retroactive eligibility and emergency services. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|--|
| 838 | SERVICE REQUIRES QIO PA – PA ON CLAIM NOT VALID | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | M62 – Missing/incomplete/ invalid treatment authorization code. | <p>Service Requires Prior Authorization from the QIO and the Prior Authorization on Claim is not Valid. Compare the Prior Authorization received from the QIO to the ECF to determine the differences between the ECF and the PA. For example, check the date of service/date of admission on the ECF to see if it is within the service authorization dates on the PA. Make the appropriate correction to the ECF and resubmit.</p> <p>CMS-1500 CLAIM: Enter authorization number in field 3 on the ECF and resubmit.</p> <p>UB CLAIM: Enter authorization number in field 63 on the ECF and resubmit.</p> <p>If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Contact the QIO for consideration for payment for retroactive eligibility and emergency services.</p> |
| 839 | IP ADMISSION REQUIRES QIO PA – PA MISSING OR NOT ON FILE | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | M62 – Missing/incomplete/ invalid treatment authorization code. | <p>IP Admission Requires Prior Authorization from the QIO for claims with dates of admission on or after June 15, 2012. No prior authorization number on the ECF or authorization number is not on file for the recipient on the ECF. If the authorization number is missing, add it to the ECF and resubmit. If an authorization number is on the claim, the number needs to be reviewed and updated.</p> <p>UB CLAIM: Contact QIO for authorization number. Enter authorization number in field 63 on the ECF and resubmit.</p> <p>If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment. Contact the QIO for consideration for payment for retroactive eligibility and emergency services.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|--|
| 840 | RADIOLOGY SERVICES REQUIRE PA – PA MISSING OR NOT ON FILE | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | M62 – Missing/incomplete/invalid treatment authorization code. | <p>CMS-1500 CLAIM: If the prior authorization number does not appear in field 3 please make the correction on the ECF by entering the prior authorization number in field 3 and resubmit the ECF.</p> <p>UB CLAIM: Enter the prior authorization number in field 63 and resubmit.</p> <p>If the prior authorization is correct, attach documentation (DHHS Form 945 Verification of Retroactive Eligibility or documentation on MedSolutions letterhead) to the ECF and resubmit for review and consideration for payment.</p> |
| 841 | RADIOLOGY SERVICES REQUIRE PA – PA ON CLAIM IS NOT VALID | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | M62 – Missing/incomplete/invalid treatment authorization code. | <p>CMS-1500 CLAIM: If the prior authorization number in field 3 is incorrect, draw a line through the incorrect prior authorization number and enter the correct prior authorization number and resubmit the ECF.</p> <p>UB CLAIM: Enter the correct prior authorization number in field 63 and resubmit.</p> <p>If the prior authorization is correct, attach documentation (DHHS Form 945 Verification of Retroactive Eligibility or documentation on MedSolutions letterhead) to the ECF and resubmit for review and consideration for payment.</p> |
| 843 | RTF SERVICES REQUIRE PA | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | | <p>Enter the prior authorization number from DHHS Form 257 to the ECF in field 63 and resubmit.</p> <p>Contact the referring state agency to obtain the prior authorization number.</p> |
| 844 | IMD SERVICES REQUIRE PA | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | | <p>Enter the prior authorization number from DHHS Form 257 to the ECF in field 63 and resubmit.</p> <p>Contact the referring state agency to obtain the prior authorization number.</p> |

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| Edit Code | Description | CARC | RARCS | Resolution |
|-----------|--|--|-------|--|
| 845 | BH SERVICES REQUIRE PA | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | | <p>Enter the prior authorization number from DHHS Form 254 to the ECF in field 3 and resubmit. If a PA number is on the ECF, check to be sure the PA number matches the number on the DHHS Form 254. If incorrect, make the appropriate corrections and resubmit the ECF.</p> <p>Contact the referring state agency or QIO to obtain the prior authorization number.</p> |
| 850 | HOME HEALTH VISITS FREQUENCY EXCEEDED | B1 – NON-Covered visits. | | <p>The frequency for visits has exceeded the allowed amount. If there is an error, make the appropriate correction to the ECF and resubmit if the dates of service are prior to October 1, 2012.</p> <p>Effective for dates of service on and after October 1, 2012, prior authorization is required from the QIO.</p> <p>If the prior authorization number was not obtained from the QIO prior to rendering the service, you will not be considered for payment.</p> |
| 851 | DUP SERVICE, PROVIDER SPEC and DIAGNOSIS | 18 – Duplicate Claim/service. | | <p>Verify that the procedure code and the diagnosis code were billed correctly. If incorrect, make the appropriate corrections to the ECF and resubmit. If correct, the first provider will be paid. The second provider of the same practice specialty will not be reimbursed for services rendered for the same diagnosis. If the 2nd provider should be reviewed and considered for payment, attach appropriate clinical documentation to the ECF which substantiates the services rendered and resubmit.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|------|---|
| 852 | DUPLICATE PROV/ SERV FOR DATE OF SERVICE | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | <p>1. Review the ECF for payment date, which appears within a block named Claims/Line Payment Information, on the right side under other edit information.</p> <p>2. Check the patient’s financial record to see whether payment was received. If so, discard the ECF.</p> <p>3. If two or more of the same procedures were performed on the same date of service and you only received payment for the first date of service, initiate a void and replacement claim to void the original paid claim and replace with the corrected information on the replacement claim.</p> <p>4. If a void and replacement claim cannot be done, attach supporting documentation to the ECF and resubmit for review and consideration for payment.</p> <p>5. If two or more of the same procedures were performed on the same date of service by different individual providers, attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the ECF for review and consideration for payment and resubmit.</p> <p>Please refer to your manual for further instructions on Void and Replacement claims.</p> <p>FOR PHYSICIANS:</p> <p>1. Review the ECF for payment date, which appears within a block named Claims/Line Payment Information, on the right side under other edit information.</p> <p>2. Check the patient’s financial record to see if payment was received. If so, discard the ECF.</p> <p>3. If two or more of the same procedures were performed on the same date of service and only one procedure was paid, make the appropriate change to the modifier (field 18) to indicate a repeat procedure. Refer to your manual for applicable modifiers.</p> <p>4. Initiate a void and replacement claim as indicated above.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|--|
| 853 | DUPLICATE SERV/DOS FROM MULTIPLE PROV | B20 – Payment adjusted because procedure/ service was partially or fully furnished by another provider. | | <p>Medicaid will not reimburse a physician if the procedure was also performed by a laboratory, radiologist, or a cardiologist. If none of the above circumstances apply, attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the ECF for review and consideration for payment and resubmit.</p> <p>Verify that the procedure code and date of service were billed correctly. If incorrect, make the appropriate corrections to the ECF and resubmit. If correct, this indicates that the first provider was paid and additional providers should attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the ECF for review and consideration for payment and resubmit.</p> |
| 854 | VISIT WITHIN SURG PKG TIME LIMITATION | 16 – Claim/service lacks information which is needed for adjudication. | M144 – Pre-/post-operative care payment is included in the allowance for the surgery/procedure. | <p>If the visit is related to the surgery and is the only line on the ECF, disregard the ECF. The visit will not be paid.</p> <p>If the visit is related to the surgery and is on the ECF with other payable lines, draw a red line through the line with the 854 edit and resubmit. This indicates you do not expect payment for this line. If the visit is unrelated to the surgical package, enter the appropriate modifier, 24 or 25, in field 18 on the ECF and resubmit.</p> |
| 855 | SURG PROC/PAID VISIT/TIME LIMIT CONFLICT | 151 – Payment adjusted because the payer deems the information submitted does not support this many services. | | <p>Either request recoupment of the visit to pay the surgery, or, if the visit and surgery are non-related, attach documentation to the ECF to justify the circumstances and resubmit for review and consideration of payment.</p> |
| 856 | 2 PRIM SURGEON BILLING FOR SAME PROC/DOS | B20 – Payment adjusted because procedure/ service was partially or fully furnished by another provider. | | <p>Check to see if individual provider number (in field 19 on the ECF) is correct, and the appropriate modifier is used to indicate different operative session, assistant surgeon, surgical team, etc. Make appropriate changes to ECF and resubmit. If no modifier is applicable, and field is correct, attach appropriate clinical documentation (i.e., operative notes, etc.) to the ECF for review and consideration for payment and resubmit.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|------|--|
| 857 | DUP LINE – REV CODE, DOS, PROC CODE, MODIFIER | 18 – Duplicate claim/service. | | <p>The two-digit number in front of the edit code identifies which line of field 42 or 44 contains the duplicate code. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> <p>Duplicate revenue or CPT/HCPCS codes should be combined into one line by deleting the whole duplicate line and adding the units and charges to the other line.</p> |
| 858 | TRANSFER TO ANOTHER INSTITUTION DETECTED | B20 – Payment adjusted because procedure/service was partially or fully furnished by another provider. | | <p>Check to make sure the dates of service are correct. If there are errors, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim.</p> |
| 859 | DUPLICATE PROVIDER FOR DATES OF SERVICE | 18 – Duplicate Claim/service. | | <p>Check the claims/line payment info box on the right of your ECF for the dates of previous payments that conflict with this claim. If this is a duplicate claim or if the additional charges do not change the payment amount, disregard the ECF. If additional services were performed on the same day and will result in a different payment amount, complete a replacement claim.</p> <p>If services were not done on the same date of service, a new claim should be filed with the correct date of service. Itemized statements for both the paid claim and new claim(s) with an inquiry form explaining the situation should be attached.</p> |
| 860 | RECIP SERV FROM MULTI PROV FOR SAME DOS | B20 – Payment adjusted because procedure/service was partially or fully furnished by another provider. | | <p>This edit most frequently occurs with a transfer from one hospital to another. One or both of the hospitals entered the wrong "from" or "through" dates. Verify the date(s) of service. If incorrect, enter the correct dates of service and resubmit the ECF. Attach appropriate clinical documentation (i.e., discharge summary, transfer document, ambulance document, etc.) to the ECF for review and consideration for payment and resubmit.</p> <p>If the claim has a 618 carrier code in field 50, the claim may be duplicating against another provider's Medicare primary inpatient or outpatient claim, or against the provider's own Medicare primary inpatient or outpatient claim. Attach the Medicare EMB to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|---|
| 863 | DUPLICATE PROV/SERV FOR DATES OF SERVICE | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | Check the claims/line payment information box on the right of the ECF for the dates of paid claims that conflict with this claim. If all charges are paid for the date(s) of service disregard ECF. Send a replacement claim, if it will result in a different payment amount. Payment changes usually occur when there is a change in the inpatient DRG or reimbursement type, or a change in the outpatient reimbursement type. |
| 865 | DUP PROC/SAME DOS/DIFF ANES MOD | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | You have been paid for this procedure with a different modifier. Verify by the anesthesia record the correct modifier. Make appropriate corrections to the ECF, if applicable, and resubmit. If the paid claim is correct, discard the ECF. |
| 866 | NURS HOME CLAIM DATES OF SERVICE OVERLAP | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | M80 – Not covered when performed during the same session/date as a previously processed service for patient. | Check the claim/line payment information on the ECF for the dates of paid claims that conflict with this claim. If all charges are paid for the date(s) of service, discard the ECF. Send a replacement claim, if it will result in a different payment amount. |
| 867 | DUPLICATE ADJ< ORIGINAL CLM ALRDY VOIDED | 18 – Duplicate claim/service | | Provider has submitted an adjustment claim for an original claim that has already been voided. An adjustment cannot be made on a previously voided claim. Discard the ECF. |
| 877 | SURGICAL PROCS ON SEPERATE CLMS/SAME DOS | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | This edit indicates payment has been made for a primary surgical procedure at 100%. The system has identified that another surgical procedure for the same date of service was paid after manual pricing and approval. This indicates a review is necessary to ensure correct payment of the submitted claim. Make corrections to the ECF by entering appropriate modifiers to indicate different operative sessions, assistant surgeon, surgical team, etc. Attach appropriate clinical documentation to the ECF for review and consideration for payment and resubmit. |
| 883 | CARE CALL SERVICE BILLED OUTSIDE THE CARE CALL SYSTEM | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | N30 – Recipient ineligible for this service. | This edit cannot be manually corrected. The provider needs to submit billing through the Care Call System. Discard the ECF. |

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| Edit Code | Description | CARC | RARCS | Resolution |
|-----------|--|---|--|--|
| 884 | OVERLAPPING PROCEDURES (SERVICES) SAME DOS/SAME PROVIDER | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | M80 – Not covered when performed during the same session/date as a previously processes service for patient. | Review the ECF for the payment date, listed under Claims/Line Payment Information. Check the patient’s financial records to see whether payment was received. If payment was received, discard the ECF. If the claim/service is incorrect, void the claim and submit a new claim with the corrected information. For review and consideration, attach appropriate clinical documentation to substantiate the services being billed and resubmit the ECF. |
| 885 | PROVIDER BILLED AS ASST and PRIMARY SURGEON | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | Verify which surgeon was primary and which was the assistant. Check the individual provider number in field 19. The modifier may need correcting to indicate different operative sessions, surgical team, etc. Make appropriate corrections to the ECF and resubmit. Attach applicable clinical documentation to the ECF for review and consideration for payment and resubmit, if applicable. If you have been paid incorrectly as a primary and/or assistant surgeon, void the paid claim and submit a new claim with the corrected information. |
| 887 | PROV SUBMITTING MULT CLAIMS FOR SURGERY | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment | | First check your records to see if this claim has been paid. If it has, discard the ECF. If multiple procedures were performed and some have been paid, attach appropriate clinical documentation (i.e., Medicare EOB, sterilization consent forms, etc.) and remittance advice from original claim to ECF and resubmit for review. If two surgical procedures were performed at different times on this DOS (two different operative sessions), correct the ECF (in red) by entering the modifier 78 or 79 and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 888 | DUP DATES OF SERVICE FOR EXTENDED NH CLM | B13 – Previously Paid. Payment for this claim/service may have been provided in a previous payment. | M80 – Not covered when performed during the same session/date as a previously processed service for patient. | Check your records to see if this claim has been paid. If this is a duplicate claim, disregard the ECF. If additional services were performed on the same day and will result in a different payment amount, complete a replacement claim. If services were not rendered on the same date of service, make the appropriate corrections and resubmit the ECF or submit a new claim with the corrected information. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|------|--|
| 889 | PROVIDER PREVIOUSLY PD AS AN ASST SURGEON | B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. | | Verify which surgeon was primary and which was the assistant. If the surgeon has been paid as the assistant, and was the primary surgeon, void the paid claim and submit a new claim with the corrected information. If a review is needed, attach applicable clinical documentation to the ECF for review and consideration for payment and resubmit. |
| 892 | DUP DATE OF SERVICE, PROC/MOD ON SAME CLM | 18 – Duplicate claim/service. | | CMS-1500 CLAIM: If duplicate services were not provided, mark through the duplicate line on the ECF. If duplicate services were provided, verify whether the correct modifier was billed. If not, make the correction in field 18 on the ECF and resubmit. If duplicate services were provided and the correct duplicate modifier was billed, attach support clinical documentation and resubmit the ECF for review and consideration for payment. |
| 893 | CONFLICTING AA/QK MOD SUBMITTED SAME DOS | B20 – Payment adjusted because procedure/service was partially or fully furnished by another provider. | | Claims are conflicting for the same date of service regardless of the procedure code, one with AA modifier and one with QK/QY modifier. Verify the correct modifier and/or procedure code for the date of service by the anesthesia record. Make the appropriate correction to the ECF and resubmit. Attach applicable clinical documentation to the ECF for review and consideration for payment and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 894 | CONFLICTING QX/QZ MOD SUBMITTED SAME DOS | B20 – Payment adjusted because procedure/service was partially or fully furnished by another provider. | | Claims are conflicting for the same date of service regardless of the procedure code, one with QX modifier and one with QZ modifier. Verify by the anesthesia record if the procedure was rendered by a supervised or independent CRNA. Make the appropriate correction to the ECF and resubmit. Attach applicable clinical documentation to the ECF for review and consideration for payment and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 895 | CONFL AA and QX/QZ MOD SAME PROC/DOS | B20 – Payment adjusted because procedure/ service was partially or fully furnished by another provider. | | Claims have been submitted by an anesthesiologist as personally performed anesthesia services and a CRNA has also submitted a claim. Verify by the anesthesia record the correct modifier for the procedure code on the date of service. Make the appropriate correction to the ECF and resubmit. Attach applicable clinical documentation to the ECF for review and consideration for payment and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 897 | MULT. SURGERIES ON CONFLICTING CLM/DOS | 59 – Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules. | | First check your records to see if this claim has been paid. If it has, discard the ECF. If multiple procedures were performed and some have been paid, attach appropriate clinical documentation (i.e., operative note and remittance from original claim, etc.) to ECF and resubmit for review and consideration for payment. If two surgical procedures were performed at different times on this DOS (two different operative sessions), correct the ECF (in red) by entering the modifier 78 or 79 and resubmit. |
| 899 | CONFLICTING QK/QZ MOD FOR SAME DOS | B20 – Payment adjusted because procedure/ service was partially or fully furnished by another provider. | | Verify by the anesthesia record the correct modifier and procedure code for the date of service. If this procedure was rendered by an anesthesia team, the supervising physician should bill with QK modifier and the supervised CRNA should bill with the QX modifier. The QY modifier indicates the physician was supervising a single procedure. Make the appropriate correction to the ECF and resubmit. Attach applicable clinical documentation to the ECF for review and consideration for payment and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 900 | PROVIDER ID IS NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | N77-Missing/incomplete/invalid designated provider number. | Check your records to make sure that the provider ID number on the ECF is correct. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 901 | INDIVIDUAL PROVIDER ID NUM NOT ON FILE | 16 – Claim/service lacks information which is needed for adjudication. | N77-Missing/incomplete/invalid designated provider number. | CMS-1500 CLAIM: Check your records to make sure that the individual provider ID number in field 19 of the ECF is correct. Enter correct individual ID# in field 19 and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|---|
| 902 | PROVIDER NOT ELIGIBLE ON DATE OF SERVICE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | <p>Pay-to-provider was not eligible for date of service or was not enrolled when service was rendered. Verify whether the date of service on ECF is correct. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> <p>For provider’s eligibility status, contact Provider Enrollment at 1-888-289-0709.</p> <p>Note: If the provider was not eligible on the date of service, you will not be considered for payment. Discard the ECF.</p> |
| 903 | INDIV PROVIDER INELIGIBLE ON DTE OF SERV | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | <p>Verify whether the date of service on ECF is correct. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> <p>For provider’s eligibility status, contact Provider Enrollment at 1-888-289-0709.</p> <p>Note: If the provider was not eligible on the date of service, you will not be considered for payment. Discard the ECF.</p> |
| 904 | PROVIDER SUSPENDED ON DATE OF SERVICE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | <p>Verify whether the date of service on ECF is correct. If not, correct and resubmit the ECF. Direct further questions to SCDHHS Program Integrity at (803) 898-2640.</p> |
| 905 | INDIVIDUAL PROVIDER SUSPENDED ON DOS | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | <p>Verify whether the date of service on ECF is correct. If not, correct and resubmit the ECF. Direct further questions to SCDHHS Program Integrity at (803) 898-2640.</p> |
| 906 | PROVIDER ON PREPAYMENT REVIEW | 16 – Claim/service lacks information which is needed for adjudication. | N35 – Program Integrity/ utilization review decision. | <p>For assistance, direct questions to SCDHHS Program Integrity at (803) 898-2640.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|--|
| 907 | INDIVIDUAL PROVIDER ON PREPAYMENT REVIEW | 16 – Claim/service lacks information which is needed for adjudication. | N35 – Program Integrity/ utilization review decision. | For assistance, direct questions to SCDHHS Program Integrity at (803) 898-2640. |
| 908 | PROVIDER TERMINATED ON DATE OF SERVICE | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Verify whether the date of service on ECF is correct. If not, correct and resubmit the ECF. Direct further questions to SCDHHS Program Integrity at (803) 898-2640. |
| 909 | INDIVIDUAL PROVIDER TERMINATED ON DOS | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Verify whether the date of service on ECF is correct. If not, correct and resubmit the ECF. Direct further questions to SCDHHS Program Integrity at (803) 898-2640. |
| 911 | INDIV PROV NOT MEMBER OF BILLING GROUP | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Verify whether the provider number is correct. If incorrect, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. If the provider number is correct, contact Provider Enrollment at 1-888-289-0709 to have the individual provider number added to the billing group ID number. After the system has been updated, submit a new claim. |
| 912 | PROV REQUIRES PA/NO PA NUMBER ON CLAIM | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | | Prior authorization approval is required. If the authorization number is missing, enter the correct PA number on the ECF and resubmit. If you do not have a PA number, attach the authorization approval letter to the ECF and resubmit. For emergency services, attach the appropriate clinical documentation to the ECF for review and consideration for payment and resubmit. |
| 914 | INDIV PROV REQUIRES PA/NO PA NUM ON CLM | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | | Prior authorization approval is required. If the authorization number is missing, enter the correct PA number on the ECF and resubmit. If you do not have a PA number, attach the authorization approval letter to the ECF and resubmit. For emergency services, attach the appropriate clinical documentation to the ECF for review and consideration for payment and resubmit. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 915 | GROUP PROV ID/NO INDIV ID ON CLAIM/LINE | 16 – Claim/service lacks information which is needed for adjudication. | N77 – Missing/incomplete/invalid designated provider number. | CMS-1500 CLAIM: Verify the rendering individual physician and enter his or her provider ID number in field 19 on ECF and resubmit. |
| 916 | CRD PRIM DIAG CODE/PROV NOT CERTIFIED | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Verify the correct primary diagnosis code. Make the appropriate corrections to the ECF and resubmit. Attach clinical documentation to the ECF for review and consideration for payment and resubmit, if applicable. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 917 | CRD SEC DIAG CODE/PROV NOT CERTIFIED | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Verify the correct secondary diagnosis code. Make the appropriate corrections to the ECF and resubmit. Attach clinical documentation to the ECF for review and consideration for payment and resubmit, if applicable. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 918 | CRD PROCEDURE CODE/PROV NOT CERTIFIED | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Verify the correct procedure code. Make the appropriate corrections to the ECF and resubmit. Attach clinical documentation to the ECF for review and consideration for payment and resubmit, if applicable. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 919 | NO PA# ON CLM/PROV OUT OF 25 MILE RADIUS | 40 – Charges do not meet qualifications for emergent/urgent care. | | Prior authorization approval is required for services outside of the SC Medicaid service area. If the authorization number is missing, enter the correct PA number on the ECF and resubmit. If you do not have a PA number, attach the authorization approval letter to the ECF and resubmit. For emergency services, attach the appropriate clinical documentation to the ECF for review and consideration for payment and resubmit. |
| 920 | Transportation Service is covered by Contractual Transportation Broker / not covered fee-for-service | 109 – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor. | N157 – Transportation to/from this destination is not covered. | The transportation service is covered by a Contractual Transportation Broker and not fee-for-service by Medicaid. Contact the recipient's contracted provider for payment. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--|--|---|
| 921 | Ambulance service is payable by Contractual Transportation Broker / not covered fee-for-service | 109 – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor. | N157 – Transportation to/from this destination is not covered. | The ambulance service is covered by a Contractual Ambulance Broker and not fee-for-service by Medicaid. Contact the recipient’s contracted provider for payment. |
| 922 | URGENT SERVICE/OOS PROVIDER | 16 – Claim/service lacks information which is needed for adjudication. | MA07 – The claim information has also been forwarded to Medicaid for review. | Verify the urgent service/out-of-state provider requirements were followed. Attach the appropriate clinical documentation to the ECF for review and consideration for payment and resubmit. |
| 923 | PROVIDER TYPE / CAT. INCONSIST W/ LEVEL OF CARE | 150 – Payment adjusted because the payer deems the information submitted does not support this level of service. | | Verify that the provider information, procedure code and level of care are correct. If not, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. Refer to the applicable provider manual for appropriate provider type and level of care. |
| 924 | RCF PROV/RECIP PAY CAT NOT 85 OR 86 | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | Check the recipient’s eligibility to verify the payment category for the date of service that was rendered. If the ECF is incorrect, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. Attach a copy of the recipient’s eligibility screen to indicate the payment category (85 or 86) to the ECF for review and consideration for payment and resubmit. |
| 925 | AGES > 21 & < 65 / IMD HOSPITAL NON-COVERED | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | Check the claim to make sure the recipient’s age is from 21-64. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. Attach appropriate clinical documentation (i.e., admission forms/psychiatric prior authorizations, etc.), to the ECF for review and consideration for payment and resubmit. |
| 926 | AGE 21-22/MENTAL INST SERV N/C - MAN REV | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | Check the claim to make sure the recipient’s age is from 21-22. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. Attach appropriate clinical documentation (i.e., admission forms/psychiatric prior authorizations, etc.), to the ECF for review and consideration for payment and resubmit. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|---|--|---|
| 927 | PROVIDER NOT AUTHORIZED AS HOSPICE PROV | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Provider was not authorized or enrolled as a hospice provider when service was rendered and will not be considered for payment. For provider's enrollment or eligibility status, contact Provider Enrollment at 1-888-289-0709. |
| 928 | RECIP UNDER 21/HOSP SERVICE REQUIRES PA | 15 – The authorization number is missing, invalid, or does not apply to the billed services or provider. | | No authorization number from the referring state agency is on the ECF. Make the appropriate correction and resubmit the ECF. Attach appropriate clinical documentation to the ECF for review and consideration for payment and resubmit, if applicable. |
| 929 | NON QMB RECIPIENT | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | Provider is Medicare only provider attempting to bill for a non-QMB (Medicaid only) recipient. Medicaid does provide reimbursement to QMB providers for non-QMB recipients. |
| 932 | PAY TO PROV NOT GROUP/LINE PROV NOT SAME | 16 – Claim/service lacks information which is needed for adjudication. | N77-Missing/incomplete/invalid designated provider number. | Verify provider ID and/or NPI in field 1 is the same as the Provider ID and/or NPI on the line(s). If not, strike through the incorrect provider ID and/or NPI and enter the correct information in the appropriate fields on the ECF and resubmit. |
| 933 | REV CODE 172 OR 175/NO NICU RATE ON FILE | 147 – Provider contracted/negotiated rate expired or not on file. | | Verify the correct revenue code was billed. If the revenue code is incorrect, make the appropriate correction to the ECF and resubmit. If the provider was not contracted when the service was rendered, the negotiated rate expired, or the codes were not on file, the edit is valid and will not be considered for payment. |
| 934 | PRIOR AUTHORIZATION NH PROV ID NOT AUTHORIZED | 15 – Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider. | | Enter the correct Nursing Facility Provider number in field #3 on the ECF (Prior Authorization) and resubmit. |
| 935 | PROVIDER WILL NOT ACCEPT TITLE 18 ASSIGNMENT | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Provider can only bill for services on a dually eligible beneficiary. Services billed for beneficiaries who are Medicaid only are not allowed. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 936 | NON EMERGENCY SERVICE/OOS PROVIDER | 40 – Charges do not meet qualifications for emergent/ urgent care. | | If diagnosis and surgical procedure codes have been coded correctly, this outpatient service is not covered for out-of-state providers. No payment is due from Medicaid. |
| 938 | PROV WILL NOT ACCEPT TITLE 19 ASSIGNMENT | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Provider can only bill for services on a Medicaid beneficiary. Services billed for a dually eligible beneficiary are not allowed. |
| 939 | IND PROV WILL NOT ACCEPT T-19 ASSIGNMENT | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | Provider can only bill for services on a Medicaid beneficiary. Services billed for a dually eligible beneficiary are not allowed. Contact Provider Enrollment at 1-888-289-0709 regarding changes to enrollment status. |
| 940 | BILLING PROV NOT RECIP IPC PHYSICIAN | CARC 170 - Payment is denied when performed/billed by this type of provider. | | Contact that recipient’s IPC physician to obtain the authorization for the service. Correct the ECF by entering the authorization number provided by the IPC physician and resubmit. |
| 941 | NPI ON CLAIM NOT FOUND ON PROVIDER FILE | 208 – National Provider Identifier – Not matched. | N77 – Missing/incomplete/invalid designated provider number. | Check the NPI on the ECF to ensure it is correct. If so, register the NPI with Provider Enrollment. Medicaid Provider Enrollment Mailing address: PO Box 8809, Columbia, SC 29202-8809 Phone: 1-888-289-0709 Fax: (803) 870-9022 |
| 942 | INVALID NPI | 207 – National Provider Identifier – invalid format. | N77 – Missing/incomplete/invalid designated provider number. | The NPI used on the claim is inconsistent with numbering scheme utilized by NPDES. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 943 | TYPICAL PROVIDER, NO NPI ON CLAIM | 206 – National Provider Identifier – missing. | N77 – Missing/incomplete/invalid designated provider number. | Typical providers must use the NPI and six-character Medicaid Legacy Provider Number or NPI only for each rendering and billing/pay-to provider. When billing with NPI only, the taxonomy code for each rendering and billing/pay-to provider must also be included. Make corrections to the ECF or resubmit a new claim. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|--|
| 944 | TAXONOMY ON CLAIM HAS NOT BEEN REGISTERED WITH PROVIDER ENROLLMENT FOR THE NPI USED ON THE CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N94 – Claim/service denied because a more specific taxonomy code is required for adjudication. | <p>Either update the taxonomy on the ECF so that it is one that the provider registered with SCDHHS and resubmit the ECF or contact Provider Enrollment to add the taxonomy that is being used on the ECF. Once Provider Enrollment has updated the system, submit a new claim.</p> <p>Medicaid Provider Enrollment Mailing address: PO Box 8809, Columbia, SC 29202-8809 Phone: 1-888-289-0709 Fax: (803) 870-9022</p> |
| 945 | PROFESSIONAL COMPONENT REQUIRED FOR PROV | 16 – Claim/service lacks information which is needed for adjudication. | N13 – Payment based on professional/technical component modifier(s). | The services were rendered on an inpatient or outpatient basis. Enter a "26" modifier in field 18 on the ECF and resubmit. Services described in this manual do not require a modifier. |
| 946 | UNABLE TO CROSSWALK TO LEGACY PROVIDER NUMBER | 16 – Claim/service lacks information which is needed for adjudication. | N77 – Missing/incomplete/invalid designated provider number. | <p>The NPI, taxonomy code, and/or zip code + 4 must be entered on the claim and must match the NPI information that the provider registered with SC Medicaid. Make the appropriate corrections to the ECF and resubmit or submit a new claim with the corrected information.</p> <p>Contact Provider Enrollment at 1-888-289-0709 to verify the NPI information which was registered or to make any updates to the NPI information contained on the provider's file.</p> |
| 947 | ATYPICAL PROVIDER AND NPI UTILIZED ON THE CLAIM | 16 – Claim/service lacks information which is needed for adjudication. | N77 – Missing/incomplete/invalid designated provider number. | Atypical providers must continue to use their legacy number on the claim. Do not include an NPI if you are an atypical provider. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information |
| 948 | CONTRACT RATE NOT ON FILE/SERV NC ON DOS | 147 – Provider contracted/ negotiated rate expired or not on file. | | <p>Review your contract to verify if the correct procedure code/rate and date of service were billed. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> <p>If the procedure code/rate needs to be added, attach appropriate documentation to the ECF for review and consideration for payment and resubmit.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|--|
| 949 | CONTRACT NOT ON FILE FOR ELECTRONIC CLAIMS | 16 – Claim/service lacks information which is needed for adjudication. | N51-Electronic interchange agreement not on file for provider/submitter. | Contact the EDI Support Center at 1-888-289-0709 for further assistance. |
| 950 | RECIPIENT ID NUMBER NOT ON FILE | 31 – Claim denied, as patient cannot be identified as our insured. | | <p>CMS-1500 CLAIM: Check the patient’s Medicaid number in field 2 of the ECF to make sure it was entered correctly. Remember, the patient’s Medicaid numbers is 10 digits (no alpha characters). If the number on the ECF is different than the number in the patient’s file, mark through the incorrect number and enter the correct number above field 2 and resubmit. If there is a discrepancy with the patient’s Medicaid ID, contact the Medicaid Eligibility office in the patient’s county of residence to correct the number on the patient’s file. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> <p>UB CLAIM: Check the patient’s Medicaid number in field 60 of the ECF to make sure it was entered correctly. Remember, the patient’s Medicaid number is 10 digits (no alpha characters). If the number on the ECF is different than the number in the patient’s file, mark through the incorrect number and enter the correct number above field 60 and resubmit. If there is a discrepancy with the patient’s Medicaid ID, contact the Medicaid Eligibility office in the patient’s county of residence to correct the number on the patient’s file. After the county Medicaid Eligibility office has updated the system, submit a new claim.</p> |
| 951 | RECIPIENT INELIGIBLE ON DATES OF SERVICE | 26 – Expenses incurred prior to coverage terminated. | | <p>Always check the patient’s Medicaid eligibility on each date of service. Medicaid eligibility may change. If the patient was eligible, contact your county Medicaid Eligibility office and have them update the patient’s Medicaid eligibility on the system. After the county Medicaid Eligibility office has updated, submit a new claim.</p> <p>If the patient was not eligible for Medicaid on the date of service, the patient is responsible for your charges. If the patient was eligible for some but not all of your charges, mark through the lines when the patient was ineligible.</p> |

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| Edit Code | Description | CARC | RARCS | Resolution |
|-----------|--|---|--|--|
| 952 | RECIPIENT PREPAYMENT REVIEW REQUIRED | 15 – Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider. | | Verify the correct prior authorization number. If the authorization number is incorrect, make the appropriate correction to the ECF and resubmit. Attach appropriate documentation to the ECF for review and consideration for payment and resubmit, if applicable. |
| 953 | BUYIN INDICATED - POSSIBLE MEDICARE | 22 – Payment adjusted because this care may be covered by another payer per coordination of benefits. | MA04 – Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible. | CMS-1500 CLAIM: File with Medicare first. If this has already been done, enter the Medicare carrier code, Medicare number, and Medicare payment in fields 24, 25, 26, and 28 on the ECF and resubmit. If no payment was made, enter '1' in field 4 and resubmit. UB CLAIM: (Inpatient/Outpatient): File with Medicare first. If this has already been done, enter the Medicare carrier code, Medicare number, and Medicare payment in fields 50, 54, 60. If no payment was made, enter 0.00 in field 54 and occurrence code 24 or 25 in fields 32A – 35B and the date Medicaid denied. Make the correction to the ECF and resubmit a new claim with the corrected information. UB CLAIM: (Inpatient Only): Attach the Medicare EOMB to the ECF, if Medicare (Part A) benefits are exhausted or non-existent, prior to admission and patient is still in the same spell of illness, enter the 620 carrier code in field 50, enter the Medicare ancillary payment(s) in field 54A and enter the recipient’s Medicare ID in field 60A and resubmit the ECF or submit a new claim with the corrected information and the Medicare EOMB. |
| 954 | RURAL BEHAVIORAL HLTH. SERVICES | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | The recipient is enrolled in the Rural Behavioral Health Services program and is not eligible for this service. |
| 955 | RURAL BEHAVIORAL HLTH. RECIP/SERV | B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | The recipient is enrolled in the Rural Behavioral Health Services program and the rendering provider is not eligible for this service. |
| 956 | PROVIDER NOT RURAL BEHAVIORAL HLTH. SERV | CARC B7 - This provider was not certified/eligible to be paid for this procedure/service on this date of service. | | The recipient is enrolled in the Rural Behavioral Health Services program and the rendering provider is not the Rural Behavioral Health Services provider. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|--|
| 957 | DIALYSIS PROC CODE/PAT NOT CIS ENROLLED | 16 – Claim/service lacks information which is needed for adjudication. | N188 – The approved level of care does not match the procedure code submitted. | Attach the ESRD enrollment form (Form 218) for the first date of service to ECF and resubmit. |
| 958 | IPC DAYS EXCEEDED OR NOT AUTH ON DOS | B5 –Payment adjusted because coverage/program guidelines were not met or were exceeded. | | Integrated Personal Care services are authorized with start and end dates of service. Compare the ECF to make sure the time frames are correct. If the start and end dates of service are incorrect, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. Attach a copy of the service provision form and/or any applicable DHHS forms to the ECF for review and consideration for payment and resubmit. |
| 960 | EXCEEDS ESRD M'CARE 90 DAY ENROLL PERIOD | 16 – Claim/service lacks information which is needed for adjudication. | MA92 – Our records indicate that there is insurance primary to ours; however, you did not complete or enter accurately the required information. | Attach the letter or document from the Social Security Administration (SSA) denying benefits to the ECF and resubmit, or attach a copy of the patient's Medicare card showing the eligibility dates to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. |
| 961 | RECIP NOT ELIG FOR NH TRANSITION | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | The recipient was not eligible when service was rendered and the provider will not be considered for payment. |
| 964 | FFS CLAIM FOR SLMB/QDWI RECIP NOT CVRD | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | Medicaid pays Medicare premiums only for recipients in these Medicaid payment categories. Fee-for-service Medicaid claims are not reimbursed. |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|---|--|
| 965 | PCCM RECIP/PROV NOT PCP-PROC REQ REFERRAL | CARC 243 - Services not authorized by network/primary care providers. | N54-Claim information is inconsistent with pre-certified/ authorized services | <p>CMS 1500 CLAIM: Contact the recipient's primary care physician (PCP) and obtain authorization for the procedure. Make the correction on the ECF by entering the authorization number provided by the PCP in field 7 (Primary Care Coordinator) and resubmit the ECF.</p> <p>UB CLAIM: Contact the recipient's primary care physician (PCP) and obtain authorization for the procedure. Make the correction on the ECF by entering the authorization number provided by the PCP in field 63 (Treatment Authorization Code) and resubmit the ECF.</p> |
| 966 | RECIP NOT ELIP FOR VENT WAIVER SERV | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | <p>The claim was submitted with a Mechanical Ventilator Dependent Waiver (MVDW) specific procedure code, but the patient was not a participant in the MVDW. Verify the procedure code and Medicaid ID number. If incorrect, make the appropriate corrections and resubmit the ECF.</p> <p>If the patient Medicaid ID number is correct, the procedure code is correct and a MVDW form has been obtained, contact the service coordinator listed at the bottom of the waiver form. Once the system has been updated, submit a new claim.</p> |
| 967 | RECIP NOT ELIG. FOR HD and SPINAL SERVICES | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | <p>The claim was submitted with a Head and Spinal Cord Injured (HASCI) waiver-specific procedure code, but the patient was not a participant in the HASCI waiver. Verify the procedure code and Medicaid ID number. If incorrect, make the appropriate corrections and resubmit the ECF.</p> <p>If the patient Medicaid ID number is correct, the procedure code is correct and the HASCI waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form. Once the system has been updated, submit a new claim.</p> |

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| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|---|---|
| 969 | RECIP NOT ELIG. FOR ROOM AND BOARD | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | <p>This edit will occur only when billing for procedure code H0043. Check the PA number in field 3 of the ECF to ensure it matches the PA number on the authorization form. You may not bill room and board charges through Medicaid. Mark through this line in red. Deduct the charge from the total charge. Mark through both the Total Charge, field 27, and Balance Due, field 29, and enter the corrected amount for both and resubmit the ECF. Be sure to make this correction in red.</p> <p>If the PA number on the ECF is correct, contact the local MTS office to determine if appropriate notification has been made to the MTS state office. Ask for the date the child's eligibility went into effect to ensure it corresponds with the dates of service for which you are billing. If the dates correspond and no corrections are necessary, submit a new claim. If the dates do not correspond, ask the case manager to update the child's eligibility to correspond to the authorization dates on the DHHS Form 257 you were provided and submit a new claim.</p> |
| 970 | HOSPICE SERV/RECIP NOT ENROLLED FOR DOS | 16 – Claim/service lacks information which is needed for adjudication. | N143 – The patient was not in a hospice program during all or part of the service dates billed. | Service is hospice. Recipient is not enrolled in hospice for the date of service. |
| 974 | RECIP IN HMO/HMO COVERS FIRST 90 DAYS | 24 – Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan. | | If you are a provider with the HMO plan, bill the HMO for the first 90 days. |
| 975 | PACE PARTICIPANT/ALL SERVICES PROVIDED BY PACE | 109 – Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor. | | Contact recipient's PACE organization. |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

PLEASE NOTE: Edit Correction Forms (ECFs) returned with "NO CORRECTIVE ACTION" will be disregarded. Corrected ECFs should be returned to the Medicaid Claims Receipt address which is located at the bottom of the ECF. If the ECF does not require corrections, but needs to be reprocessed because information in the system has been updated, [submit a new claim](#) for processing.

| Edit Code | Description | CARC | RARCS | Resolution |
|-----------|---|---|-------|--|
| 976 | HOSPICE RECIPIENT/ SERVICE REQUIRES PA | B9 – Services not covered because the patient is enrolled in a Hospice. | | <p>CMS-1500 CLAIM: Use the SCDHHS Web Tool to determine who the Hospice provider is. Contact the hospice provider to obtain the prior authorization number. Enter the authorization number in field 7 on the ECF resubmit.</p> <p>UB CLAIM: Use the SCDHHS Web Tool to determine who the Hospice provider is. Contact the hospice provider to obtain the prior authorization number. Enter the authorization number in field 63 on the ECF resubmit.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

PLEASE NOTE: Edit Correction Forms (ECFs) returned with "NO CORRECTIVE ACTION" will be disregarded. Corrected ECFs should be returned to the Medicaid Claims Receipt address which is located at the bottom of the ECF. If the ECF does not require corrections, but needs to be reprocessed because information in the system has been updated, [submit a new claim](#) for processing.

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|---|--------------------------|------|---|
| 977 | FREQUENCY FOR AMBULATORY VISITS EXCEEDED | B1 – Non-covered visits. | | <p>Exceptions may be made to this edit under the following criteria:</p> <ol style="list-style-type: none"> 1. An ECF must be returned within six months of the rejection with a copy of verification of coverage attached indicating ambulatory visits were available for the date of service being billed. The availability of ambulatory visits must have been verified on the actual date of service being billed or the day before. 2. If the visit code was a line item rejection and other services paid on the claim, the provider must file a new claim within six months of the rejection with a copy of verification of coverage indicating ambulatory visits were available for the date of service being billed. The availability of ambulatory visits must have been verified on the actual date of service being billed or the day before. 3. All timely filing requirements must be met. <p>A provider has two options: Bill the patient for the non-covered office visit only. Medicaid will reimburse lab work, injections, x-rays, etc., done in addition to the office visit, or Change the office visit code in field 17 to the minimal established office E/M code, 99211, and accept the lower reimbursement. This code does not count toward the ambulatory visits.</p> |
| 978 | FREQUENCY FOR IP HOSPITAL VISITS EXCEEDED | B1 – Non-covered visits. | | <p>The frequency for visits has exceeded the allowed amount. If there is an error, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> <p>For review and consideration for payment of additional visits, attach appropriate clinical documentation to substantiate the services being billed and resubmit the ECF.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

PLEASE NOTE: Edit Correction Forms (ECFs) returned with "NO CORRECTIVE ACTION" will be disregarded. Corrected ECFs should be returned to the Medicaid Claims Receipt address which is located at the bottom of the ECF. If the ECF does not require corrections, but needs to be reprocessed because information in the system has been updated, submit a new claim for processing.

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|---|--|---|
| 979 | FREQ. FOR CHIROPRACTIC VISITS EXCEEDED | B1 – Non-covered visits. | | <p>The frequency for visits has exceeded the allowed amount. If there is an error, make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> <p>For review and consideration for payment of additional visits, attach appropriate clinical documentation to substantiate the services being billed and resubmit the ECF.</p> |
| 980 | H HLTH NURS CARE N/C FOR DUAL ELIG RECIP | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | File your claim with the Medicare intermediary. |
| 984 | RECIP LIVING ARR INDICATES MEDICAL FAC | 5 – The procedure code/bill type is inconsistent with the place of service. | N30 – Recipient ineligible for this service. | <p>Verify patient's place of residence on date of service. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information.</p> <p>For review and consideration for payment, attach applicable documentation to the ECF which verifies the place of residence and resubmit.</p> |
| 985 | RECIP NOT ELIG FOR CHILDREN'S PCA SERV | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | Check to make sure you have billed the correct Medicaid number, procedure code and that this client is in the CHPC program. If you have not billed the correct Medicaid number or procedure code, or the client is not in the CHPC program, submit a new claim with the corrected information. |
| 986 | RECIP NOT ELIG FOR E/D WAIVER SERV | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | <p>The claim was submitted with an Elderly/Disabled Waiver-specific procedure code, but the patient was not a participant in the Elderly/Disabled Waiver. Check the procedure code and Medicaid ID number. If incorrect, make the appropriate corrections to the ECF and resubmit.</p> <p>If the patient Medicaid number is correct, the procedure code is correct, and an Elderly/Disabled Waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form. Once the system has been updated, submit a new claim.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

PLEASE NOTE: Edit Correction Forms (ECFs) returned with "NO CORRECTIVE ACTION" will be disregarded. Corrected ECFs should be returned to the Medicaid Claims Receipt address which is located at the bottom of the ECF. If the ECF does not require corrections, but needs to be reprocessed because information in the system has been updated, [submit a new claim](#) for processing.

| Edit Code | Description | CARC | RARC | Resolution |
|-----------|--|--|--|---|
| 987 | RECIP NOT ELIG FOR HIV/AIDS WAIVER SERV | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | <p>The claim was submitted with a HIV/AIDS Waiver-specific procedure code, but the patient was not a participant in the HIV/AIDS Waiver. Check the procedure code and Medicaid ID number. If incorrect, make the appropriate corrections to the ECF and resubmit.</p> <p>If the patient Medicaid number is correct, the procedure code is correct, and a HIV/AIDS Waiver form has been obtained, contact the service coordinator listed at the bottom of the waiver form. Once the system has been updated, submit a new claim.</p> |
| 988 | CRD PROCEDURE/DOS PRIOR TO COVERAGE | 26 – Expenses incurred prior to coverage. | | <p>Call PSC representative to see what the recipient’s first date of treatment is. If dates of service on the ECF are prior to enrollment date, verify enrollment date. If enrollment date is correct, change dates on ECF and resubmit.</p> <p>If enrollment date is wrong, the recipient’s file will need to be updated. Attach a new enrollment form (DHHS Form 218) to the ECF along with the first claim and resubmit.</p> |
| 989 | RECIP IN HMO PLAN/SERV COVERED BY HMO | 24 – Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan. | | <p>If you are a provider with the HMO plan, bill the HMO for the equipment or supply. Discard the ECF.</p> <p>If you have an EOB denial from the MCO, attach a copy of the ECF and resubmit.</p> |
| 990 | FP RECIP/SERVICE IS NOT FP | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | <p>Make sure the Medicaid ID number matches the patient served. Check the diagnosis code(s), procedure code(s), and/or modifier to ensure the correct codes were billed. If incorrect, make the appropriate changes by adding a family planning diagnosis code, procedure code, and/or FP modifier. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. If this service was not directly related to family planning it is non-covered under the Family Planning Waiver and by Medicaid, therefore the patient is responsible for the charges.</p> |
| 991 | RECIP ISCEDC/COSY-LIMITED SERVS. COVERED | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | <p>Limited services are covered for this recipient. This is not a covered service.</p> |

APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

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| Edit Code | Description | CARC | RARCS | Resolution |
|-----------|---|----------------------------|--|--|
| 993 | RECIP NOT ELIG FOR PACE SERV | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | The recipient was not eligible for PACE when the service was rendered. Verify that the information on the ECF is correct. If not correct, make corrections to the ECF and resubmit. If the recipient’s PACE eligibility status has been updated in the system, submit a new claim. |
| 994 | RECIP ELIG FOR EMERGENCY SVCS ONLY | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | Recipient is eligible for “emergency medical services” only. Transportation services are non-covered for these recipients. |
| 995 | INMATE RECIP ELIG FOR INSTIT. SVCS ONLY | A1 – Claim/Service denied. | N30 – Recipient ineligible for this service. | Recipient eligible for institutional services only. Review the ECF to determine if the services were directly related to institutional services. Make the appropriate correction to the ECF and resubmit. If the ECF cannot be corrected, submit a new claim with the corrected information. If the services are not directly related to institutional services, the services are non-covered and will not be considered for payment. UB CLAIM: Only inpatient claims will be reimbursed. |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---|------------------|----|-----------|------------|---|
| 754 | 1199 SEIU NATIONAL BENEFIT FUND | PO BOX 933 | NEW YORK | NY | 10108 | 8888191199 | |
| 710 | 21ST CENTURY HEALTH AND BENEFITS INC | PO BOX 5037 | CHERRY HILL | NJ | 08034 | 8003234890 | |
| B14 | A.C.S. CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON SALEM | NC | 271022000 | 3367592013 | |
| B14DN | A.C.S. CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON SALEM | NC | 271022000 | 3367592013 | |
| 650 | ABBEVILLE COUNTY | - | - | - | - | - | |
| 266 | ACMG ADMINISTRATORS OF SOUTH CAROLINA | 2570 TECHNICAL DR. | MIAMISBURG | OH | 45342 | 8002326242 | |
| 903 | ACORDIA NATIONAL | PO BOX 11064 | CHARLESTON | WV | 253391064 | 8004354351 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 355 | ACTIVA HEALTH GROUP | 4350 E. CAMELBACK RD. # 200 | PHOENIX | AZ | 85018 | 6024689500 | |
| 341 | ADMINISTRATIVE CONCEPTS INC. | 994 OLD EAGLE SCHOOL RD. STE. 1005 | WAYNE | PA | 19087 | 8882939229 | |
| 563 | ADMINISTRATIVE SERVICE CONSULTANTS | 3301 E ROYALTON RD. BLDG D | BRD.VIEW HEIGHTS | OH | 44147 | | |
| 346 | ADMINISTRATIVE SERVICES, INC. | 2187 NORTHLAKE PARKWAY STE. 106 BLD #9 | TUCKER | GA | 30084- | 7709343953 | |
| 829 | ADMINISTRATIVE SOLUTIONS | PO BOX 2490 | ALPHARETTA | GA | 30023 | 6783390211 | |
| 731 | ADOVA HEALTH | PO BOX 725549 | ATLANTA | GA | 31139 | 8664704959 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C15 | ADVANCE PCS | PO BOX 52188 | PHOENIX | AZ | 850722196 | 4803914600 | SEE CARRIER 471 |
| D11 | ADVANCED BENEFIT SOLUTIONS | PO BOX 71490 | PHOENIX | AZ | 85050 | 8884191094 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA MEDICARE SUPPLEMENTAL PLAN |
| 310 | ADVANCED DATA SOLUTIONS | PO BOX 723097 | ATLANTA | GA | 31139 | 8007425246 | |
| C72 | ADVANCED INSURANCE ADMINISTRATION | 125 MERRILL DR. STE. 2000 | LITTLE ROCK | AR | 72211 | 8882424800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D33 | ADVANTRA FREEDOM | PO BOX 7154 | LONDON | KY | 407427154 | 8007135095 | MEDICARE ADVANTAGE PLAN |
| C88 | ADVENTIST RISK MANAGEMENT | PO BOX 1928 | GRAPEVINE | TX | 76099 | 8006380589 | |
| 899 | AETNA HEALTH PLANS OF THE CAROLINAS INC | 3 CENTERVIEW DR. | GREENSBORO | NC | 27407 | 8004591466 | HMO PLAN ONLY |
| A55 | AETNA LIFE AND CASUALTY | PO BOX 36890 | LOUISVILLE | KY | 40232 | 8004233289 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D16 | AETNA MEDICARE OPEN PLAN | PO BOX 14079 | LEXINGTON | KY | 405124079 | 8006240756 | MEDICARE ADVANTAGE PLAN |
| 100RX | AETNA PHARMACY | PO BOX 14024 | LEXINGTON | KY | 40512 | 8002386279 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|-------------------------------------|------------------------------|----------------|----|-----------|------------|---|
| 100 | AETNA US HEALTHCARE | PO BOX 14079 | LEXINGTON | KY | 40512 | 8003334432 | |
| 100DN | AETNA US HEALTHCARE | PO BOX 14094 | LEXINGTON | KY | 40512 | 8004517715 | |
| B43 | AFFINITY HEALTH PLAN | PO BOX 981726 | EL PASO | TX | 799981726 | 8662475678 | |
| 595 | AFLAC -AMERICAN FAMILY LIFE ASSO CO | 1932 WYNNNTON RD. | COLUMBUS | GA | 31999 | 8009923522 | |
| 289 | AFTRA HEALTH FUND | 261 MADISON AVE. | NEW YORK | NY | 10016 | 8005624690 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 651 | AIKEN COUNTY | - | - | - | - | | |
| 455 | ALASKA TEAMSTER TRUST | 520 E 34TH AVE. STE. 107 | ANCHORAGE | AK | 995034116 | 8004784450 | CODE ASSIGNED BY SCHA |
| 344 | ALIA CLAIMS DEPARTMENT | PO BOX 9060 | PHOENIX | AZ | 850689060 | 8008825707 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 299 | ALICARE | PO BOX 1447 | NEW YORK | NY | 10116 | 2125395115 | |
| 200 | ALL AMERICAN LIFE INSURANCE CO. | 8501 WEST HIGGINS RD. | CHICAGO | IL | 60631 | 7733996645 | |
| 199 | ALL OTHER CARRIERS | - | - | - | - | | |
| 560 | ALLEN MEDICAL CLAIMS ADMINISTRATORS | PO BOX 978 | FT. VALLEY | GA | 310300978 | 8008255406 | |
| 652 | ALLENDALE COUNTY | - | - | - | - | | |
| 272 | ALLIANCE HEALTH BENEFIT PLAN | PO BOX 6443 | ROCKVILLE | MD | 20850 | 8003423289 | |
| 521 | ALLIANCE PPO, INC. | PO BOX 934 | FREDERICK | MD | 21705 | 8002350123 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A33 | ALLIANT HEALTH PLANS, INC. | PO BOX 21109 | ROANOKE | VA | 24108 | 8002834927 | |
| 413 | ALLIED BENEFITS SYSTEM | PO BOX 909786 | CHICAGO | IL | 60690 | 8002882078 | |
| 135 | ALLIED NATIONAL, INC. | PO BOX 419233 | KANSAS CITY | MO | 641416233 | 8008257531 | CARRIER WAS ALLIED GROUP INSURANCE TRUST |
| 115 | ALLSTATE INSURANCE | PO BOX 7068 | COLUMBIA | SC | 29202 | 8003668997 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 193 | ALLSTATE WORKPLACE DIVISION | PO BOX 853916 | RICHARDSON | TX | 750853916 | 8009377039 | |
| 581 | ALTA RX | PO BOX 30081 | SALT LAKE CITY | UT | 84130 | 8009985033 | |
| A02 | ALTERNATIVE BENEFITS PLANS, INC. | 2920 BRANDYWINE RD. STE. 106 | ATLANTA | GA | 30341 | 8002417319 | |
| 234 | ALWAYS CARE BENEFITS INC | PO BOX 80139 | BATON ROUGE | LA | 70898 | 8887295433 | DENTAL PLAN |
| 161 | AMA INSURANCE AGNECY, INC. | 200 N. LASALLE ST. STE. 400 | CHICAGO | IL | 606819785 | 8004585736 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|------------------------------------|---------------|----|-----------|------------|--|
| 297 | AMALGAMATED LIFE INSURANCE | PO BOX 1451 | NEW YORK | NY | 101161451 | 2124735700 | |
| C07 | AMERIBEN SOLUTIONS | PO BOX 7186 | BOISE | ID | 83707 | 8007867930 | |
| 910 | AMERICAN ADMINISTRATIVE GROUP | PO BOX 5227 | LISLE | IL | 605325227 | 8003545112 | WAS GALLAGER & BASSETT SERVICES |
| 469 | AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP) | PO BOX 740819 | ATLANTA | GA | 30374 | 8005235880 | |
| 968 | AMERICAN BENEFIT ADMINISTRATIVE SERVICES | PO BOX 0928 | BROOKFIELD | WI | 53008 | 6304161111 | |
| 271 | AMERICAN BENEFIT PLAN ADMINISTRATOR | 2200-B ROSSELLE ST. | JACKSONVILLE | FL | 32204 | 8004685126 | |
| 488 | AMERICAN BENEFITS MANAGEMENT | 8310 PORT JACKSON AVE. NORTHWEST | NORTH CANTON | OH | 44720 | 3309665500 | |
| B44DN | AMERICAN CHOICE HEALTH PLAN, LLC | PO BOX 922009 | HOUSTON | TX | 77292 | 8005989799 | |
| B44 | AMERICAN CHOICE HEALTH PLAN, LLC | PO BOX 922043 | HOUSTON | TX | 77292 | 8006334226 | |
| A93 | AMERICAN COLLEGE OF SURGEONS | PO BOX 2522 | FORT WORTH | TX | 761132522 | 8004331672 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D48 | AMERICAN CONTINENTAL INSURANCE CO | PO BOX 2368 | BRENTWOOD | TN | 37024 | 6153371300 | MEDICARE ADVANTAGE PLAN |
| 106 | AMERICAN FIDELITY ASSURANCE BENEFITS | PO BOX 25160 | OKLAHOMA CITY | OK | 731250160 | 8006548489 | |
| 150 | AMERICAN GENERAL LIFE AND ACCIDENT INS CO | PO BOX 1500 | NASHVILLE | TN | 372501500 | 8008882452 | |
| 951 | AMERICAN GROUP ADMINISTRATORS | 101 CONVENTION CENTER DR. STE. 200 | LAS VEGAS | NE | 89109 | 8008424742 | |
| A57 | AMERICAN GROUP ADMINISTRATORS, INC. | 101 CONVENTION CENTER DR. STE. 200 | LAS VEGAS | NV | 89109 | 8008424742 | CODE ASSIGNED BY SCHA |
| 118 | AMERICAN HEALTH & LIFE INSURANCE | 300 ST. PAUL PLACE | BALTIMORE | MD | 21202 | 3013323000 | |
| C92 | AMERICAN HEALTH CARE | 2217 PLAZA DR. STE. 100 | ROCKLIN | CA | 95765 | 8008728276 | |
| C92DN | AMERICAN HEALTH CARE | 3001 DOUGLAS ST. | ROSEVILLE | CA | 95661 | 8008728276 | |
| 919 | AMERICAN HEALTH GROUP, INC. | PO BOX 1500 | MAUMEE | OH | 43537 | 8008728276 | |
| 383 | AMERICAN HEALTHCARE ALLIANCE | PO BOX 8530 | KANSAS CITY | MO | 641140530 | 8772840102 | |
| 119 | AMERICAN HERITAGE LIFE INSURANCE | 1776 AMERICAN HERITAGE LIFE DR. | JACKSONVILLE | FL | 32224 | 8005358086 | |
| 840 | AMERICAN INCOME LIFE INSURANCE COMPANY | PO BOX 2608 | WACO | TX | 76797 | 8177723050 | |
| B69 | AMERICAN INSURANCE ADMINISTRATORS | PO BOX 2348 | COLUMBUS | OH | 432162348 | 8009221245 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |

APPENDIX 2 CARRIER CODES

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|------|---|---------------------------------------|-----------------|----|-----------|------------|---|
| D38 | AMERICAN INSURANCE ADMINISTRATORS | PO BOX 2348 | COLUMBUS | OH | 43216 | 8009221245 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 369 | AMERICAN INTERNATIONAL GROUP | PO BOX 25050 | WILMINGTON | DE | 19899 | 8004687077 | |
| 167 | AMERICAN INTERNATIONAL GROUP (AIG) ACCIDENT | PO BOX 3726 | SEATTLE | WA | 98124 | 8775039095 | CODE ASSIGNED BY SCHA |
| A62 | AMERICAN MEDICAL AND LIFE INSURANCE (AMLI) | PO BOX 1353 | CHICAGO | IL | 60690 | 8882641512 | |
| 532 | AMERICAN MEDICAL SECURITY | PO BOX 19032 | GREENBAY | WI | 543079032 | 8002325432 | |
| 120 | AMERICAN NATIONAL INSURANCE COMPANY | PO BOX 1790 | GALVESTON | TX | 77553 | 8008996803 | |
| B98 | AMERICAN PIONEER LIFE INSURANCE COMPANY | PO BOX 130 | PENSACOLA | FL | 32591 | 8005381053 | |
| 321 | AMERICAN POSTAL WORKERS UNION HEALTH PLAN | PO BOX 188004 | CHATTANOOGA | TN | 37422 | 8002222798 | |
| 164 | AMERICAN PROGRESSIVE INSURANCE | PO BOX 130 | PENSACOLA | FL | 325910130 | 8006268913 | |
| A05 | AMERICAN PUBLIC LIFE INSURANCE CO. | PO BOX 925 | JACKSON | MS | 39205 | 8002568606 | |
| 722 | AMERICAN REPUBLIC INSURANCE COMPANY | PO BOX 21670 | EAGAN | MN | 55121 | 8002472190 | |
| 875 | AMERICAN SENTINEL | PO BOX 61140 | HARRISBURG | PA | 171061140 | 8006927338 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 503 | AMERICAN SPECIAL RISK MANAGEMENT | 509 SOUTH LENOLA RD. BLDG TWO | MOORESTOWN | NJ | 08057 | 8003597475 | |
| C82 | AMERICAN STANDARD LIFE & ACCIDENT INS. CO. | PO DRAWER 3248, 224 NORTH INDEPENDENT | ENID | OK | 73701 | 4052334000 | CODE IN OPEN STATUS BY SCHA |
| 253 | AMERICAN STERLING INSURANCE SERVICES | PO BOX 26103 | OVERLAND PARK | KS | 66225 | 8772926037 | |
| 125 | AMERICAN TRAVELERS LIFE INSURANCE COMPANY | 3220 TILLMAN DR. | BEN SALEM | PA | 19020 | 2152441600 | |
| 275 | AMERICAN TRUST ADMINISTRATORS | PO BOX 87 | SHAWNEE MISSION | KS | 66201 | 9134514900 | |
| 496 | AMERICAN VETERINARIAN MEDICINE ASSN. | PO BOX 909720 | CHICAGO | IL | 606049720 | 8006216360 | |
| D61 | AMERICA'S 1ST CHOICE | PO BOX 210769 | COLUMBIA | SC | 29210 | 8663213947 | MEDICARE ADVANTAGE PLAN |
| D23 | AMERICA'S HEALTH CHOICE MEDICAL PLANS,(HMO) | 762 SOUTH US HWY. ONE PMB 224 | VERO BEACH | FL | 32962 | 8003089823 | MEDICARE ADVANTAGE PLAN |
| 557 | AMERICORP INS. CO | PO BOX 3430 | CARMEL | IN | 46082 | 8666994186 | |
| D51 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | MEDICAID HMO |
| D94 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | MEDICAID HMO |
| E51 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------------|----------------|----|-----------|------------|--|
| D60 | AMERIGROUP COMMUNITY CARE OF SC | PO BOX 31789 | VIRGINIA BEACH | VA | 234661789 | 8006004441 | CODE ASSIGNED BY SCHA |
| 284 | AMERIHEALTH ADMINISTRATORS | 720 BLAIR RD. | HORSHAM | PA | 19044 | 8003454017 | |
| 110 | AMERIHEALTH HMO, INC. | PO BOX 41574 | PHILADELPHIA | PA | 191011574 | 8886323862 | CODE ASSIGNED BY SCHA |
| 894 | AMERIHEALTH MERCY HEALTH PLAN | PO BOX 7118 | LONDON | KY | 40742 | 8889917200 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A10 | AMERISCRIPIT | 4301 DARROW RD. STE. 4200 | STOW | OH | 44224 | 8006816912 | |
| 210 | AMERITAS LIFE INSURANCE | PO BOX 82520 | LINCOLN | NE | 68501 | 8002559678 | |
| B08 | AMFIRST INSURANCE CO | PO BOX 16708 | JACKSON | MS | 93236 | 8888882519 | |
| 653 | ANDERSON COUNTY | - | - | - | - | | |
| 330 | ANNUITY BOARD OF SOUTHERN BAPTIST CONVENTION | PO BOX 2190 | NASHVILLE | TN | 37234 | 2147200511 | |
| X0Y | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 105187 | ATLANTA | GA | 30348 | 8006224822 | |
| X0YRX | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 37010 | LOUISVILLE | KY | 40233 | 8006224822 | |
| 529 | ANTHEM HEALTH | 3575 KROGER BLVD., STE. 400 | DULUTH | GA | 30316 | 8008881966 | |
| 579 | ANTHEM PRESCRIPTION MANAGEMENT | PO BOX 145433 | CINCINNATI | OH | 45250 | 8006620210 | USE CARRIER A24 |
| D65 | ANTHEM SENIOR ADVANTAGE | PO BOX 37690 | LOUISVILLE | KY | 402337180 | 8882909160 | MEDICARE ADVANTAGE PLAN |
| 171 | AON | PO BOX 66 | WINSTON SALEM | NC | 27102 | 8003683804 | |
| 523 | APA PARTNERS, INC. | PO BOX 1506 | LATHAM | NY | 121108006 | 8008333650 | |
| 705 | APS HEALTHCARE, INC. | PO BOX 1307 | ROCKVILLE | MD | 20849 | 8002218699 | |
| D13 | ARCADIAN | PO BOX 4946 | COVINA | CA | 91723 | 8007756490 | CODE ORIGINALLY ASSIGNED AS MA IN ERROR USE CODE 816 FOR MA PLAN |
| 816 | ARCADIAN MEMBER CARE | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | MEDICARE ADVANTAGE PLAN |
| 981 | ARGUS HEALTH SYSTEMS | PO BOX 419019 | KANSAS CITY | MO | 64141 | 8005227487 | |
| A49 | ARIZONA FOUNDATION FOR MEDICAL CARE | PO BOX 2909 | PHOENIX | AZ | 850622909 | 6022318855 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B78 | ARKANSAS BEST CORP. CHOICE BENEFITS | PO BOX 10048 | FT SMITH | AR | 72917 | 4797856178 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| X11 | ARKANSAS BLUE CROSS AND BLUE SHIELD, INC | PO BOX 2181 | LITTLE ROCK | AR | 72203 | 5013782010 | |
| 972 | ASR CORP (ADMINISTRATION SYSTEM RESEARCH) | PO BOX 6392 | GRAND RAPIDS | MI | 49512 | 8009682449 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------------------|---------------|----|-----------|------------|---|
| 505 | ASSOCIATED ADMINISTRATORS | PO BOX 27806 | BALTIMORE | MD | 212857806 | 8006382972 | |
| 898 | ASSOCIATION & SOCIETY INS. CORP | PO BOX 2510 | ROCKVILLE | MD | 20847 | 8006382610 | |
| 934 | ASSOCIATION & SOCIETY INS. CORP. | PO BOX 2510 | ROCKVILLE | MD | 20847 | 8006382610 | |
| 386 | ASSURANT HEALTH | PO BOX 2806 | CLINTON | IA | 527332806 | 8005537654 | WAS FORTIS INSURANCE COMPANY |
| 386DN | ASSURANT HEALTH | PO BOX 2940 | CLINTON | IA | 52733 | 8004427742 | WAS FORTIS INSURANCE COMPANY |
| 448 | ASSURANT HEALTH INSURANCE | PO BOX 42033 | HAZELWOOD | MD | 63042 | 8005537654 | CODE ASSIGED BY SCHA |
| 451 | ASSURECARE RISK MANAGEMENT | 340 QUANRINGLE BLVD. | BOILING BROOK | IL | 60440 | 8007597422 | |
| 105 | ATHENE ANNUITY AND LIFE ASSURANCE COMPANY | PO BOX 19038 | GREENVILLE | SC | 29602 | 8646098111 | |
| 971 | ATLANTA ADMINISTRATIONS | 135 BEAVER ST. | WALTHAM | MA | 02452 | 8005481256 | |
| B34 | ATLANTA LIFE INSURANCE COMPANY | 100 AUBURN AVE., NE | ATLANTA | GA | 30303 | 4046592100 | |
| 122 | ATLANTIC COAST LIFE INSURANCE COMPANY | PO BOX 20010 | CHARLESTON | SC | 294130010 | 8437638680 | |
| B45 | ATLANTICARE | PO BOX 613 | HAMMONTON | NJ | 08037 | 8883282287 | |
| 526 | AULTCARE | PO BOX 6910 | CANTON | OH | 44706 | 8003448858 | |
| B58 | AUSA MASTERCARE | PO BOX 10408 | DES MOINES | IA | 503060408 | 8008825707 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 588 | AUTOMATED BENEFIT SERVICES INC. | PO BOX 321223 | DETROIT | MI | 482321223 | 8002751896 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C40 | AVERA HEALTH PLANS | PO BOX 381506 | BIRMINGHAM | AL | 35238 | 8883222115 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 494 | AVESIS PHARMACY NETWORK | 3724 N 3RD ST. STE. 300 | PHOENIX | AZ | 85012 | 6022413400 | |
| A72 | BABB, INC. | 850 RIDGE AVE. | PITTSBURGH | PA | 15212 | 8002456102 | |
| 358 | BAKERY & CONFECTIONERY UNION | 10401 CONNECTICUT AVE. STE. 300 | KENSINGTON | MD | 208953960 | 3014683742 | |
| 654 | BAMBERG COUNTY | - | - | - | - | | |
| 987 | BANKERS FIDELITY LIFE INS CO | PO BOX 190240 | ATLANTA | GA | 311190240 | 4042665500 | |
| 815 | BANKERS FIDELITY LIFE INSURANCE COMPANY | PO BOX 260040 | PLANTO | TX | 75026 | 8664587499 | THID CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 123 | BANKERS LIFE & CASUALTY | PO BOX 66927 | CHICAGO | IL | 606660927 | 8006213724 | |
| 655 | BARNWELL COUNTY | - | - | - | - | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|----------------------------------|-------------------|----|-----------|------------|---|
| 644 | BCBS OF GEORGIA | PO BOX 9907 | COLUMBUS | GA | 31908 | 8004412273 | MEDICARE INTERMEDIARY |
| X0BDN | BCBS OF GEORGIA DENTAL | PO BOX 9201 | OXNARD | CA | 930319201 | 4048428000 | |
| C62 | BCBS OF SC MEDICARE BLUE PRIVATE (PFFS) | PO BOX 100133 | COLUMBIA | SC | 29202 | 8006053256 | MEDICARE ADVANTAGE PLAN |
| C63 | BCBS OF SC MEDICARE BLUE&MEDICARE BLUE PLUS (PPO) | PO BOX 100133 | COLUMBIA | SC | 29202 | 8006053256 | MEDICARE ADVANTAGE PLAN |
| 643 | BCBS OF TENNESSEE | 730 CHESTNUT ST. | CHATTANOOGA | TN | 37402 | 8772966189 | MEDICARE INTERMEDIARY |
| 656 | BEAUFORT COUNTY | - | - | - | - | | |
| 750 | BENEFIT ADMINISTRATIVE SERVICES | PO BOX 4509 | ROCKFORD | IL | 61110 | 8159699663 | |
| C79 | BENEFIT ADMINISTRATIVE SYSTEM, LTD | PO BOX 17475 JOVANNA DR. STE. 1B | HOMEWOOD | IL | 60430 | 7087997400 | |
| B37DN | BENEFIT ADMINISTRATORS | PO BOX 1957 | BEATTYVILLE | KY | 41311 | 8003258424 | |
| B37 | BENEFIT ADMINISTRATORS | PO BOX 21308 | COLUMBIA | SC | 29221 | 8778400936 | |
| 300 | BENEFIT ADMINISTRATORS INC | PO BOX 6279 | ERIE | PA | 16512 | 8007772524 | |
| 300DN | BENEFIT ADMINISTRATORS INC | PO BOX 6279 | ERIE | PA | 16512 | 8007772524 | |
| 475 | BENEFIT ASSISTANCE CORP. | PO BOX 950 | HURRICANE | WV | 25526 | 3045621913 | |
| 319 | BENEFIT CONCEPTS | PO BOX 60608 | KING OF PRUSSIA | PA | 19406 | 8002202600 | |
| A86 | BENEFIT MANAGEMENT CO | PO BOX 269000 | WESTON | FL | 333269000 | 8002629175 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C11 | BENEFIT MANAGEMENT SERVICES INC | PO BOX 1178 | MATTHEWS | NC | 28106 | 7048455608 | |
| C11DN | BENEFIT MANAGEMENT SERVICES INC | PO BOX 1317 | MATTHEWS | NC | 28106 | 7048455608 | |
| 301 | BENEFIT PLAN ADMINISTRATORS | 2145 FORD PARKWAY, STE. 300 | ST. PAUL | MN | 55116 | 8002778973 | |
| C28 | BENEFIT PLAN MANAGEMENT | PO BOX 536 | ROCKLYN | MA | 02370 | 8776427500 | |
| 311 | BENEFIT PLANNERS, INC | PO BOX 682010 | SAN ANTONIO | TX | 78269---- | 2106991872 | |
| 980 | BENEFIT SUPPORT, INC. | PO BOX 2977 | GAINSVILLE | GA | 30503 | 8007774752 | |
| 772 | BENEFIT SYSTEMS INC | PO BOX 6001 | INDIANAPOLIS | IN | 462066001 | 8008243216 | |
| 127 | BENEFITSOURCE, INC | PO BOX 240 | MONROE | MI | 48161 | 8004231028 | CODE ASSIGNED BY SCHA |
| A25 | BENESCRIPIT | 8300 E. MAPLEWOOD AVE. | GREENWOOD VILLAGE | CO | 80111 | 8003453189 | |
| 985 | BENESIGHT | PO BOX 340 | PUEBLO | CO | 81002 | 8003621116 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--------------------------------|-----------------|----|-----------|------------|---|
| A81 | BENESYS | PO BOX 90082 | LUBBOCK | TX | 79402 | 3372341789 | |
| 256 | BENICOMP | 8310 CLINTON PARK DR. | FT WAYNE | IN | 46825 | 8008377400 | CODE ASSIGNED BY SCHA |
| C12 | BENICOMP, INC. | 8310 CLINTON PARK DR. | FT WAYNE | IN | 46825 | 8008377400 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B67 | BENISTAR TRUST AKA MARSH AFFINITY GROUP SERVICES | PO BOX 10432 | DES MOINES | IA | 50306 | 8668109452 | |
| 380 | BENMARK, INC. | PO BOX 16767 | JACKSON | MS | 39236 | 6013660596 | |
| 481 | BENOVATION | 3481 CENTRAL PARKWAY, STE. 200 | CINCINNATI | OH | 45223 | 8006816912 | CODE ASSIGNED BY SCHA |
| 657 | BERKELEY COUNTY | - | - | - | - | | |
| 904 | BEST CHOICE HEALTH PLAN | PO BOX 21128 | FORT LAUDERDALE | FL | 33335 | 8008674446 | |
| 905 | BETTER BENEFITS | PO BOX 93929 | SOUTHLAKE | TX | 76092 | 8664163605 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D08 | BIG LOTS ASSOCIATE BENEFIT PLAN | PO BOX 9071 | DUBLIN | OH | 430170971 | 8772542363 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| X2X | BLUE CROSS BLUE SHIELD OF HAWAII | PO BOX 44500 | HONOLULU | HI | 96801 | 8007764672 | |
| C64 | BLUE CHOICE HEALTH PLAN (PPO) | PO BOX 6170 | COLUMBIA | SC | 29260 | 8772753256 | MEDICARE ADVANTAGE (PPO) |
| 922 | BLUE CHOICE HEALTHPLAN | PO BOX 6170 | COLUMBIA | SC | 292606170 | 8037868466 | WAS COMPANION HEALTHCARE NAME CHANGE EFFECTIVE 7/1/05 |
| 403 | BLUE CHOICE/MEDICAID | PO BOX 6170 | COLUMBIA | SC | 29260 | 8772753256 | MEDICAID HMO |
| X2G | BLUE CROSS & BLUE SHIELD CENTRAL NEW YORK, INC. | PO BOX 4809 | SYRACUSE | NY | 132214809 | 3154483801 | |
| X2W | BLUE CROSS & BLUE SHIELD OF ARIZONA, INC. | PO BOX 13466 | PHOENIX | AZ | 850023466 | 6028644100 | |
| X1V | BLUE CROSS & BLUE SHIELD OF COLORADO | 700 BROADWAY | DENVER | CO | 80273 | 3038312131 | |
| X1H | BLUE CROSS & BLUE SHIELD OF CONNECTICUT INC | PO BOX 504 | NEW HAVEN | CT | 06473 | 2032394961 | |
| X0L | BLUE CROSS & BLUE SHIELD OF DELAWARE INC | PO BOX 1991 | WILMINGTON | DE | 19899 | 3024210260 | |
| X0B | BLUE CROSS & BLUE SHIELD OF GEORGIA/ATLANTA INC | PO BOX 9907 | COLUMBUS | GA | 319086007 | 4048428000 | FOR GEORGIA STATE EMPLOYEES USE CARRIER 419 GEORGIA STATE HEALTH BENEFIT PLAN |
| X1M | BLUE CROSS & BLUE SHIELD OF KANSAS | 1133 SOUTHWEST TOPEKA BLVD. | TOPEKA | KS | 66629 | 7852914180 | |
| X2B | BLUE CROSS & BLUE SHIELD OF KANSAS CITY | PO BOX 419169 | KANSAS CITY | MO | 641416169 | 8008926048 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|--|----------------|----|-----------|------------|-------------------------------------|
| X0U | BLUE CROSS & BLUE SHIELD OF KENTUCKY INC | 9901 LINN STATION RD. | LOUISVILLE | KY | 40223 | 5024232011 | |
| X1L | BLUE CROSS & BLUE SHIELD OF LOUISIANA | PO BOX 98029 | BATON ROUGE | LA | 708989029 | 5042915370 | |
| X1Q | BLUE CROSS & BLUE SHIELD OF MAINE | 2 GANNETT DR. | SOUTH PORTLAND | ME | 041066911 | 2077751550 | |
| X01 | BLUE CROSS & BLUE SHIELD OF MARYLAND, INC. | PO BOX 14115 | LEXINGTON | KY | 405124115 | 8005244555 | |
| X0I | BLUE CROSS & BLUE SHIELD OF MARYLAND, INC. | PO BOX 9836 | BALTIMORE | MD | 21204 | 8005244555 | USE CARRIER X01 |
| X1K | BLUE CROSS & BLUE SHIELD OF MEMPHIS | 85 NORTH DANNY THOMAS BLVD. | MEMPHIS | TN | 38103 | 9015293111 | |
| X0Q | BLUE CROSS & BLUE SHIELD OF MICHIGAN | 600 LAFAYETTE EAST | DETROIT | MI | 482262998 | 8004820898 | |
| X0QDN | BLUE CROSS & BLUE SHIELD OF MICHIGAN | PO BOX 49 | DETROIT | MI | 48231 | 8888268152 | |
| X1P | BLUE CROSS & BLUE SHIELD OF MINNESOTA | PO BOX 64338 | ST PAUL | MN | 55164 | 8003822000 | |
| X0Z | BLUE CROSS & BLUE SHIELD OF MISSISSIPPI INC | PO BOX 1043 | JACKSON | MS | 39208 | 6019323800 | |
| X2U | BLUE CROSS & BLUE SHIELD OF MISSOURI | 1831 CHESTNUT ST. | ST. LOUIS | MO | 63103 | 3149234444 | AKA ALLIANCE BLUE CROSS BLUE SHIELD |
| X1U | BLUE CROSS & BLUE SHIELD OF NEBRASKA | PO BOX 3248, MAIN P.O. STATION | OMAHA | NE | 681800001 | 4023901820 | |
| X0S | BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC. | PO BOX 1938 | NEWARK | NJ | 07102 | 8003552583 | AKA HORIZON BCBS OF NEW JERSEY |
| X0SDN | BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC. | PO BOX 420 | NEWARK | NJ | 07102 | 8003552583 | AKA HORIZON BCBS OF NEW JERSEY |
| X0CDN | BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA | PO BOX 2100 | WINSTON SALEM | NC | 271022100 | 9194897431 | |
| X0C | BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA | PO BOX 35 | DURHAM | NC | 27702 | 8002144844 | |
| X2J | BLUE CROSS & BLUE SHIELD OF NORTH DAKOTA | 4510 13TH AVE. SW | FARGO | ND | 581210001 | 8003682312 | |
| X2T | BLUE CROSS & BLUE SHIELD OF OKLAHOMA | PO BOX 3283 | TULSA | OK | 74102 | 9185603535 | |
| X1F | BLUE CROSS & BLUE SHIELD OF RHODE ISLAND | 444 WESTMINSTER MALL | PROVIDENCE | RI | 02901 | 4018317300 | |
| X0P | BLUE CROSS & BLUE SHIELD OF TENNESSEE | 1 CAMERON HILL CIRCLE | CHATTANOOGA | TN | 374020002 | 8004689736 | |
| X0PDN | BLUE CROSS & BLUE SHIELD OF TENNESSEE | 1 CAMERON HILL CIRCLE | CHATTANOOGA | TN | 37402 | 8005659140 | |
| X1W | BLUE CROSS & BLUE SHIELD OF UTAH | PO BOX 30270 | SALT LAKE CITY | UT | 841300270 | 8013332100 | |
| X2H | BLUE CROSS & BLUE SHIELD OF UTICA-WATERTOWN, INC. | 12 RHOADS DR., UTICA BUSINESS DISTRICT | UTICA | NY | 13501 | 3157984238 | |
| X2S | BLUE CROSS & BLUE SHIELD OF VERMONT | PO BOX 186 | MONTPELIER | VT | 05602 | 8022472583 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------|--------------|----|-----------|------------|--|
| X0F | BLUE CROSS & BLUE SHIELD OF VIRGINIA | PO BOX 27401 | RICHMOND | VA | 23279 | 8009916061 | |
| X2O | BLUE CROSS & BLUE SHIELD OF WEST VIRGINIA INC | PO BOX 1353 | CHARLESTON | WV | 25325 | 3043477709 | |
| X1J | BLUE CROSS & BLUE SHIELD OF WESTERN NEW YORK, INC. | PO BOX 80 | BUFFALO | NY | 142400080 | 8008880757 | |
| X0H | BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN | PO BOX 2025 | MILWAUKEE | WI | 53201 | 4142246100 | |
| X1D | BLUE CROSS /BLUE SHIELD OF NATIONAL CAPITAL AREA | 550 12TH ST. SW | WASHINGTON | DC | 20024 | 2024798000 | |
| X0O | BLUE CROSS AND BLUE SHIELD OF ALABAMA | PO BOX 2294 | BIRMINGHAM | AL | 35298 | 8005176425 | DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| X0D | BLUE CROSS AND BLUE SHIELD OF FLORIDA | PO BOX 1798 | JACKSONVILLE | FL | 322310014 | 8007272227 | |
| 401DN | BLUE CROSS AND BLUE SHIELD OF SC | 4101 PERCIVAL RD. | COLUMBIA | SC | 29219 | 8037883860 | THIS CODE USED ONLY FOR DENTAL CLAIMS WHERE BCBS IS THE INSURANCE CARRIER |
| 401 | BLUE CROSS AND BLUE SHIELD OF SC | PO BOX 100300 | COLUMBIA | SC | 29202 | 8037883860 | DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. ST. ADDRESS 4101 PERCIVAL RD. COLA 29219 |
| X0N | BLUE CROSS AND BLUE SHIELD OF TEXAS | PO BOX 660044 | DALLAS | TX | 752660044 | 8004510287 | |
| X0NDN | BLUE CROSS AND BLUE SHIELD OF TEXAS | PO BOX 660247 | DALLAS | TX | 75266 | 8004947218 | |
| X2F | BLUE CROSS AND BLUE SHIELD OF THE ROCHESTER AREA | PO BOX 22999 | ROCHESTER | NY | 14692 | 7163253630 | |
| 453 | BLUE CROSS ANTHEM MEDICARE ADVANTAGE | 2100 CORPORATE CENTER | NEWBURY PARK | CA | 913201431 | 8006762583 | MEDICARE ADVANTAGE PLAN |
| X2Y | BLUE CROSS BLUE SHIELD OF MONTANA | PO BOX 5004 | GREAT FALLS | MT | 59403 | 4067914000 | |
| X1A | BLUE CROSS BLUE SHIELD OF NEW MEXICO | PO BOX 27630 | ALBUQUERQUE | NM | 87125 | 8007113795 | |
| X0W | BLUE CROSS OF CALIFORNIA | PO BOX 60007 | LOS ANGELES | CA | 90060 | 8888878969 | |
| D67 | BLUE CROSS OF FLORIDA HEALTH OPTIONS | PO BOX 1798 | JACKSONVILLE | FL | 32231 | 8773522583 | MEDICARE ADVANTAGE PLAN |
| X0A | BLUE CROSS OF GEORGIA/COLUMBUS INC | PO BOX 9907 | COLUMBUS | GA | 319089907 | 8004412273 | POLICIES SHOULD BE ADDED WITH XOB. BCBS OF GA. |
| X0ARX | BLUE CROSS OF GEORGIA/COLUMBUS INC | PO BOX 9907 | COLUMBUS | GA | 319089907 | 8004412273 | DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------------------|--------------|----|-----------|------------|-------------------------|
| | | | | | | | COVERAGE. |
| X2V | BLUE CROSS OF IDAHO HEALTH SERVICE, INC. | PO BOX 7408 | BOISE | ID | 83707 | 2083447411 | |
| X0TDN | BLUE CROSS OF ILLINOIS | PO BOX 23059 | BELLEVILLE | IL | 62223 | 8668260914 | |
| X0T | BLUE CROSS OF ILLINOIS | PO BOX 805107 | CHICAGO | IL | 60680 | 8006348644 | |
| X0M | BLUE CROSS OF MASSACHUSETTS INC | PO BOX 986020 | BOSTON | MA | 022986020 | 8002535210 | |
| XOV | BLUE CROSS OF NORTHEASTERN NEW YORK INC | PO BOX 15013 | ALBANY | NY | 12212 | 5184385500 | |
| X2L | BLUE CROSS OF NORTHEASTERN PENNSYLVANIA | 70 NORTH MAIN ST. | WILKES-BARRE | PA | 18711 | 8008298599 | |
| X1X | BLUE CROSS OF OHIO | PO BOX 956 | TOLEDO | OH | 43696 | 8003621279 | |
| X1E | BLUE CROSS OF PUERTO RICO | PO BOX 366068 | SAN JUAN | PR | 009366068 | 8097599898 | |
| X2M | BLUE CROSS OF WASHINGTON AND ALASKA | PO BOX 91059 | SEATTLE | WA | 981119159 | 8007221471 | |
| X1YDN | BLUE SHEILD OF CALIFORNIA | PO BOX 272590 | CHICO | CA | 959272590 | 8887024171 | |
| X1Y | BLUE SHIELD OF CALIFORNIA | PO BOX 272540 | CHICO | CA | 959272590 | 8882351765 | |
| X0V | BLUE SHIELD OF NORTHEASTERN NEW YORK | PO BOX 15013 | ALBANY | NY | 12212 | 5184534600 | |
| D41 | BLUEGRASS FAMILY HEALTH | PO BOX 22738 | LEXINGTON | KY | 40522 | 8007872680 | |
| 390 | BOARD OF PENSIONS EVANGELICAL LUTHERAN CHURCH | PO BOX 59093 | MINNEAPOLIS | MN | 554590093 | 6123337651 | |
| 337 | BOARD OF PENSIONS OF THE PRESBYTERIAN CHURCH OF | PO BOX 13896 | PHILADELPHIA | PA | 19101 | 8007737752 | |
| 404 | BOB JONES UNIVERSITY | 1700 WADE HAMPTON BLVD. | GREENVILLE | SC | 29614 | 8643701800 | |
| 190 | BOILERMAKERS NATIONAL HEALTH & WELFARE FUND | 754 MINNESOTA AVE., STE. 522 | KANSAS CITY | KS | 661012762 | 9133426555 | |
| 739 | BOLLINGER INC | PO BOX 727 | SHORT HILLS | NJ | 07078 | 8662670092 | |
| 702 | BOON CHAPMAN BENEFIT ADMINISTRATORS | PO BOX 9201 | AUSTIN | TX | 787669201 | 8002529653 | CODE ASSIGNED BY SCHA |
| C22 | BOSTON MUTUAL LIFE INSURANCE COMPANY | 120 ROYALL ST. | CANTON | MA | 02021 | 6178287000 | |
| 854 | BOYD CARE (BOYD BROTHERS TRANSPORTATION) | PO BOX 70 | CLAYTON | AL | 36016 | 3347751284 | |
| D58 | BRAVO HEALTH MEDICARE ADVANTAGE | PO BOX 4433 | BALTIMORE | MD | 21223 | 8005561570 | MEDICARE ADVANTAGE PLAN |
| 294 | BRIDGESTONE/FIRESTONE COMPANIES | PO BOX 26605 | AKRON | OH | 44319 | 8002378447 | |
| 304 | BUTLER BENEFIT SERVICE, INC. | PO BOX 3310 | DAVENPORT | IA | 528083310 | 8669272200 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--------------------------------|---------------|----|-----------|------------|--|
| 262 | CAIC (CONTINENTAL AMERICAN INS. CO) | PO BOX 6080226 | MISSION VIEJO | CA | 926906080 | 8887302244 | |
| 658 | CALHOUN COUNTY | - | - | - | - | | |
| 973 | CAMBRIDGE INTERGRATED SERVICES GROUP INC. | PO BOX 1687 | GRAND RAPIDS | MI | 49501 | 8007669780 | USE CARRIER 171 AON |
| 832 | CAMERON AND ASSOCIATES | 6100 LAKE FOREST DR. | ATLANTA | GA | 30328 | 8003879919 | |
| 998 | CANADA LIFE ASSURANCE CO. | 6201 POWERS FERRY RD. STE. 100 | ATLANTA | GA | 30348 | 8003332542 | |
| X2K | CAPITAL BLUE CROSS | PO BOX 779503 | HARRISBURG | PA | 171779503 | 8009622242 | |
| 274 | CAPITAL DISTRICT PHYSICIANS PLAN | PO BOX 66602 | ALBANY | NY | 122066602 | 8009267526 | |
| 966 | CAPITOL ADMINISTRATORS OF THE SOUTHEAST | PO BOX 346 | ALPHARETTA | GA | 30009 | 8886506566 | |
| 166 | CAPITOL AMERICAN LIFE INSURANCE COMPANY | PO BOX 94953 | CLEVELAND | OH | 441014953 | 2166966400 | |
| 128 | CAPITOL LIFE INSURANCE COMPANY | PO BOX 1200 | DENVER | CO | 80201 | 8005252115 | PER HOSP. ASSO. 07/02, THIS IS STILL A VALID CARRIER |
| D42 | CARE IMPROVEMENT PLUS | PO BOX 4347 | SCRANTON | PA | 18505 | 8666862506 | MEDICARE ADVANTAGE PLAN |
| 764 | CARE LINK HEALTH PLAN | PO BOX 7373 | LONDON | KY | 407427373 | 8003482922 | |
| B92 | CARE SOURCE | ONE SOUTH MAIN | DAYTON | OH | 45402 | 8004880134 | |
| 151 | CARELINK | PO BOX 7373 | LONDON | KY | 40742 | 8003482922 | MEDICAID HMO |
| 471 | CAREMARK | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8003030187 | |
| 280 | CAREMARK PRESCRIPTION SERVICES | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8008415550 | USE CARRIER 471 |
| B04 | CARITEN HEALTHCARE | PO BOX 22987 | KNOXVILLE | TN | 37933 | 8002840042 | CODE IN OPEN STATUS BY SCHA |
| D21 | CARITEN SENIOR HEALTH | PO BOX 22885 | KNOXVILLE | TN | 37933 | 8656707790 | MEDICARE ADVANTAGE PLAN |
| 945 | CAROLINA ATLANTIC MEDICAL SERVICES ORGANIZATION | PO BOX 22528 | CHARLESTON | SC | 29413 | 8008100906 | DORMANT 8/06 |
| A71 | CAROLINA BEHAVIORAL HEALTH ALLIANCE | PO BOX 571137 | WINSTON SALEM | NC | 271571137 | 8004757900 | |
| 498 | CAROLINA BENEFIT ADMINISTRATORS | PO BOX 3257 | SPARTANBURG | SC | 29304 | 8645736937 | |
| 445 | CAROLINA CARE PLAN/MEDICAL MUTUAL INS. CO. OF OHIO | PO BOX 6018 | CLEVELAND | OH | 441011018 | 8003153143 | ALSO KNOWN AS SUPERMED ANOTHER PHONE # 800-232-3143 |
| 723 | CAROLINA CONTINENTAL INSURANCE | PO BOX 427 | COLUMBIA | SC | 29202 | 8032566265 | |
| E12 | CAROLINA CRESCENT | 1201 MAIN ST. STE. 970 | COLUMBIA | SC | 29201 | 8032516630 | HEALTHY KIDS CONNECTION |
| 559 | CAROLINA HOSPITAL SYSTEMS BENEFIT PLAN | PO BOX 100569 | FLORENCE | SC | 295010659 | 8436613875 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------|------------------|----|-----------|------------|---|
| 623 | CAROLINA MEDICARE PRIME HMO | 201 EXECUTIVE CENTER DR. | COLUMBIA | SC | 29210 | 8037507473 | MEDICARE ADVANTAGE PLAN |
| C77 | CARPENTERS HOSPITALIZATION PLAN | 3611 CHESTER AVE. | CLEVELAND | OH | 44114 | 8004213959 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 877 | CARTER-JONES LUMBER CO | WELFARE PLAN | FLORENCE | SC | 295010659 | | CODE ASSIGNED BY SCHA |
| 336 | CASEBP (CATSKILL AREA SCHOOLS EMPLOYEE PLAN | PO BOX 220 | STAMFORD | NY | 12167 | 8009626294 | CODE IN OPEN STATUS BY SCHA |
| CAS | CASUALTY CASE | - | - | - | - | | |
| 366 | CATALYST RX | PO BOX 1069 | ROCKVILLE | MD | 20849 | 8009973784 | |
| C66 | CATERPILLAR, INC. | PO BOX 62920 | COLORADO SPRINGS | CO | 809622920 | 3094942363 | |
| 568 | CBCA ADMINISTRATORS | PO BOX 1272 | MINNEAPOLIS | MN | 55440 | 8884465710 | WAS HEALTH RISK MANAGEMENT INC. |
| B11 | CBCA ADMINISTRATORS, INC. | PO BOX 1272 | MINNEAPOLIS | MN | 554400535 | 8884465710 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 339 | CELTIC INDIVIDUAL HEALTH | PO BOX 33839 | INDIANAPOLIS | IN | 462030839 | 8004777870 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 907 | CELTIC LIFE INSURANCE CO. | PO BOX 46337 | MADISON | WI | 53744 | 8007662525 | |
| X0X | CENTRAL BENEFITS MUTUAL INSURANCE COMPANY | PO BOX 16526 | COLUMBUS | OH | 43216 | 6144645870 | |
| 273 | CENTRAL BENEFITS USA (CENBEN USA) | PO BOX 619059 | DALLAS | TX | 85261 | 8007725924 | CODE ASSIGNED BY SCHA |
| C13 | CENTRAL RESERVE LIFE OF NORTH AMERICA INSURANCE CO | 17800 ROYALTON RD. | STRONGSVILLE | OH | 441365197 | 8003213997 | |
| 507 | CENTRAL STATES HEALTH & LIFE CO. OF OMAHA | PO BOX 34350 | OMAHA | NE | 68134 | 4023971111 | |
| 476 | CENTRAL STATES, SOUTHEAST & SOUTHWEST | PO BOX 5116 | DEPLAINES | IL | 60017 | 8003235000 | |
| 476DN | CENTRAL STATES, SOUTHEAST & SOUTHWEST | PO BOX 5116 | DEPLAINES | IL | 60017 | 8003235000 | |
| C84 | CENTRAL UNITED & CHRISTIAN MUTUAL LIFE INS. CO. | 2727 ALLEN PARKWAY | HOUSTON | TX | 770192115 | 7135290045 | |
| A54 | CENTURY HEALTHCARE | PO BOX 2256 | GRAPEVINE | TX | 76099 | 8884441995 | NEIC 30018 |
| 813 | CENTURY PLANNER | 9201 WATSON RD, STE. 350 | ST. LOUIS | MO | 631261509 | 8007762453 | |
| 604 | CHAMPVA | PO BOX 469064 | DENVER | CO | 80246 | 3033317599 | |
| 659 | CHARLESTON COUNTY | - | - | - | - | | |
| E66 | CHCCARE OF SOUTH CAROLINA | 140 STONE RIDGE DR. | COLUMBIA | SC | 29210 | 8668022474 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|----------------------|--------------|----|-----------|------------|--|
| D66 | CHCCARES OF SOUTH CAROLINA | 140 STONE RIDGE DR. | COLUMBIA | SC | 29210 | 8668022474 | MEDICAID HMO |
| B71 | CHCS SERVICES, INC. | PO BOX 12467 | PENSACOLA | FL | 325912457 | 8888031780 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 660 | CHEROKEE COUNTY | - | - | - | - | | |
| A99 | CHEROKEE INSURANCE | PO BOX 853925 | RICHARDSON | TX | 750853925 | 8002010450 | |
| B03 | CHESAPEAKE LIFE INS. CO. | PO BOX 809025 | DALLAS | TX | 753809025 | 8887563534 | |
| 661 | CHESTER COUNTY | - | - | - | - | | |
| 662 | CHESTERFIELD COUNTY | - | - | - | - | | |
| 992 | CHESTERFIELD RESOURCES, INC. | PO BOX 1884 | AKRON | OH | 44309 | 8003210935 | |
| 541 | CHILDRENS REHAB SERVICES | PO BOX 4217 | SPATANBURG | SC | 293054217 | 8645962227 | CODE ASSIGNED BY SCHA |
| 535 | CHP DIRECT/SUPERMED | PO BOX 94648 | CLEVELAND | OH | 441014648 | 8007731445 | |
| B91 | CHRISTIAN BROTHERS EMPLOYEE BENEFIT TRUST | 1205 WINDHAM PARKWAY | ROMEVILLE | IL | 60446 | 8008070400 | |
| B65 | CHRISTIAN CARE MEDI SHARE | PO BOX 674 | STERLING | IL | 61081 | 8156258595 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 511 | CIGNA BEHAVIORAL HEALTH | PO BOX 46270 | EDEN PRAIRIE | MN | 55344 | 8003364091 | |
| 134 | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 182223 | CHATTANOOGA | TN | 374227223 | 8008824462 | DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 134DN | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 188037 | CHATTANOOGA | TN | 37422 | 8002446224 | DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 134RX | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 42005 | PHOENIX | AZ | 850802005 | 8002510670 | DO NOT USE FOR MEDICARE.THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 136 | CIGNA FLEXCARE | PO BOX 30575 | CHARLOTTE | NC | 282303211 | | CODE ASSIGNED BY SCHA |
| 999 | CIGNA HEALTHCARE OF SC/HEALTHSOURCE SC | PO BOX 190024 | CHARLESTON | SC | 294199024 | 8007203150 | BOUGHT BY CIGNA HEALTHCARE CC 134 |
| 452 | CIGNA INTERNATIONAL EXPATRIATE BENEFITS | PO BOX 15050 | WILMINGTON | DE | 19850 | 8004412668 | |
| D57 | CIGNA MEDICARE ACCESS | PO BOX 22174 | TEMPE | AZ | 852852174 | 8005779410 | MEDICARE ADVANTAGE PLAN |
| 646 | CIGNA-MEDICARE | PO BOX 671 | NASHVILLE | TN | 37202 | 6152445600 | MEDICARE INTERMEDIARY |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------------|---------------|----|-----------|------------|---|
| 407 | CINERGY HEALTH INS. | 1844 N. NOB HILL RD. #623 | PLANTATION | FL | 33322 | 8008471148 | |
| 177 | CINERGY HEALTH PREFERRED PLAN | 144 N BEVERWYCK RD. #332 | LAKE HIAWATHA | NJ | 080341997 | 8008471148 | CODE IN OPEN STATUS BY SCHA |
| A63 | CITIZENS INSURANCE | PO BOX 1627 | ANDERSON | SC | 29622 | 8643340090 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 839 | CITIZENS SECURITY LIFE INS. | PO BOX 436149 | LOUISVILLE | KY | 402536149 | 5022442420 | |
| D56 | CITRUS HEALTH CARE, INC. | PO BOX 20547 | TAMPA | FL | 33622 | 8667691157 | MEDICARE ADVANTAGE PLAN |
| 574 | CITY OF AMARILLO GROUP HEALTH | PO BOX 15130 | AMARILLO | TX | 79105 | 8063784235 | CODE IN OPEN STATUS BY SCHA |
| 114 | CLAIMEDIX INC. | PO BOX 140067 | KANSAS CITY | MO | 64114 | 8009224262 | CODE ASSIGNED BY SCHA |
| A41 | CLAIMS MANAGEMENT SERVICES | PO BOX 10888 | GREENBAY | WI | 54307 | 8004727130 | |
| 219 | CLAIMS PRO | PO BOX 577 | SOUTHFIELD | MI | 48075 | 8008379600 | RX CARRIER ONLY |
| A73 | CLAIMS TECHNOLOGY, INC. | 100 CT. AVE. STE. 306 | DES MOINES | IA | 50309 | 8002458813 | |
| 536 | CLAIMSWARE MANAGEMED | PO BOX 6125 | GREENVILLE | SC | 29606 | 8642348200 | |
| 536DN | CLAIMSWARE MANAGEMED | PO BOX 6125 | GREENVILLE | SC | 29606 | 8642348200 | |
| 663 | CLARENDON COUNTY | - | - | - | - | | |
| 259 | CNA HEALTHCARE PARTNERS | PO BOX 34197 | LITTLE ROCK | AK | 72203 | 8005083772 | |
| 887 | CNIC HEALTH SOLUTIONS | PO BOX 3559 | ENGLEWOOD | CO | 80155 | 8004267453 | |
| A51 | COAL MINE WORKERS COMP PROGRAM | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C14 | COASTAL LUMBER CO | PO BOX 1576 | WALTERBORO | SC | 29488 | 8435382876 | CODE IN OPEN STATUS BY SCHA |
| 664 | COLLETON COUNTY | - | - | - | - | | |
| 132 | COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY | PO BOX 1365 | COLUMBIA | SC | 29202 | 8037987000 | |
| A06 | COLONIAL PENN FRANKLIN LIFE INSURANCE COMPANY | 1818 MARKET ST. | PHILADELPHIA | PA | 191811250 | 8005234000 | THIS CARRIER PART OF CONSECO INSURANCE GROUP |
| 744 | COLUMBIA PHARMACY SOLUTIONS | PO BOX 30 COLUMBIA PLAZA | GREENSBURG | PA | 15601 | 8007131983 | |
| 175 | COLUMBIA UNIVERSAL LIFE INSURANCE CO. | PO BOX 200225 | AUSTIN | TX | 787200225 | 5123453200 | |
| 589 | COMBINED ADMINISTRATIVE SERVICES | PO BOX 4539 | DALTON | GA | 307194539 | 7062727391 | CODE IN OPEN STATUS BY SCHA |
| 133 | COMBINED INSURANCE COMPANY OF AMERICA | 5050 BROADWAY | CHICAGO | IL | 60640 | 8002254500 | |
| 609 | COMM FOR BLIND | | | | | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|------------------------------|-------------|----|-----------|------------|--|
| 974 | COMMERCE BENEFIT GROUP | PO BOX 900 | ELYRIA | OH | 44036 | 8002239941 | |
| 986 | COMMON WEALTH BENEFIT ADMINISTRATORS | 115 HANOVER ST. | ASHLAND | VA | 23005 | 8005261677 | |
| B36 | COMMONWEALTH INDEMIY PLAN | PO BOX 9016 | ANDOVER | MA | 01810 | 8004429033 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D18 | COMMUNITY CARE SENIOR HEALTH PLAN | PO BOX 3249 | TULSA | OK | 741013249 | 8006428065 | MEDICARE ADVANTAGE PLAN |
| 911 | COMMUNITY HEALTH PARTNERS | PO BOX 5787 | SPARTANBURG | SC | 29304 | 8889628437 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 287 | COMMUNITY HEALTH PLAN | PO BOX 14467 | CINCINNATI | OH | 45250 | 8888008717 | |
| X1S | COMMUNITY MUTUAL INSURANCE COMPANY | 1351 WILLIAM HOWARD TAFT RD. | CINCINNATI | OH | 45206 | 5132821016 | CODE IN OPEN STATUS BY SCHA |
| 416 | COMPANION BENEFIT ALTERNATIVES | PO BOX 100185 | COLUMBIA | SC | 29202 | 8008681032 | THIS CARRIER ASSIGNED BY SCHA NOT REQUESTED OR USED BY DHHS. |
| 433 | COMPANION LIFE | PO BOX 100133 | COLUMBIA | SC | 29202 | 8037880500 | |
| 548 | COMPBENEFITS INSURANCE CO. | PO BOX 804483 | CHICAGO | IL | 606804106 | 8005940977 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C56 | COMP DENT | 1930 BISHOP LANE SUIT 132 | LOUISVILLE | KY | 40218 | 8006331262 | |
| A39 | COMPLETE BENEFITS SOLUTIONS | PO BOX 3649 | GREENVILLE | SC | 29603 | 8662702316 | |
| A58 | COMPREHENSIVE BENEFITS | PO BOX 8955 | MELVILLE | NY | 11747 | 8008283605 | |
| 853 | COMPSYCH CORP. | PO BOX 8379 | CHICAGO | IL | 60680 | 8775955282 | |
| 412 | CONNECTICARE | PO BOX 546 | FARRINGTON | CT | 06034 | 8002517722 | |
| 331 | CONSECO HEALTH INS. CO | PO BOX 66904 | CHICAGO | IL | 606660904 | 8005412254 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 525 | CONSECO MEDICAL INSURANCE CO. | PO BOX 1205 | ROCKFORD | IL | 61105 | 8009470319 | USE CODE 282 WASHINGTON NATIONAL |
| 309 | CONSOLIDATED BENEFIT SERVICES, INC. | PO BOX 1391 | DAYTON | OH | 45401 | 8004766789 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C16 | CONSOLIDATED BENEFITS, INC | PO BOX 23686 | COLUMBIA | SC | 29224 | 8037365088 | |
| 286 | CONSOLIDATED GROUP | PO BOX 248 | BATTLEBORO | VT | 05302 | 8002411121 | CODE IN OPEN STATUS BY SCHA |
| 970 | CONSOLIDATED WORKERS ASSOCIATION (CWA) | PO BOX 2647 | CHINO HILLS | CA | 91709 | 8009195514 | CODE ASSIGNED BY SCHA |
| 802 | CONSTITUTION LIFE INSURANCE CO | PO BOX 130 | PENSACOLA | FL | 325910130 | 8007896364 | |
| A04 | CONSULTEC PRESCRIPTION BENEFITS MANAGEMENT | 9040 ROSWELL RD. STE. 700 | ATLANTA | GA | 303501853 | 8003654944 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-------------------|---------------|----|-----------|------------|--|
| 154 | CONSUMER DR.N BENEFITS ASSO. | PO BOX 6080-228 | MISSION VIEIO | CA | 926906080 | 8884114208 | CODE ASSIGNED BY SCHA |
| C31 | CONSUMER HEALTH SOLUTIONS | PO BOX 3492 | SPARTANBURG | SC | 29304 | 8645739541 | THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C39 | CONTINENTAL GENERAL INSURANCE COMPANY | PO BOX 247007 | OMAHA | NE | 681247007 | 4023973200 | |
| 895 | CONTINENTAL LIFE INS. OF TENNESSEE | PO BOX 1188 | BRENTWOOD | TN | 37024 | 6153771300 | |
| A07 | CONTINENTAL LIFE INSURANCE CO. OF SOUTH CAROLINA | PO BOX 6138 | COLUMBIA | SC | 29260 | 8037824947 | |
| 830 | CONTRACTORS EMPLOYEE BENEFIT ADM. (CEBA) | PO BOX 559017 | AUSTIN | TX | 78755 | 8002477724 | |
| 192 | CONVENTRY HEALTHCARE OF NEBRASKA, INC. | PO BOX 7705 | LONDON | KY | 40742 | 8002883343 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 928 | COOK INSURANCE | PO BOX 1029 | BLOOMINGTON | IN | 47402 | 8005932080 | |
| 483 | COOPERATIVE BENEFITS ADMINISTRATORS | PO BOX 6249 | LINCOLN | NE | 68506 | 4024839250 | |
| 551 | COOPERATIVE MANAGED CARE SERVICES LLC | PO BOX 502530 | INDIANAPOLIS | IN | 46250 | 8668734516 | CODE IN OPEN STATUS BY SCHA |
| 211 | COORDINATED BENEFIT PLANS INC. | PO BOX 853925 | RICHARDSON | TX | 750853925 | 8007531000 | |
| 843 | CORE MANAGEMENT RESOURCES GROUP | PO BOX 840 | MACON | GA | 31202 | 8887412673 | |
| 138 | CORESOURCE | PO BOX 2920 | CLINTON | IA | 527332920 | 8775433935 | |
| 552 | CORESOURCE INC | 6100 FAIRVIEW RD. | CHARLOTTE | NC | 28210 | 8003275462 | |
| 552DN | CORESOURCE INC | 6100 FAIRVIEW RD. | CHARLOTTE | NC | 28210 | 8003275462 | |
| 571 | CORESOURCE, INC. | PO BOX 8215 | LITTLE ROCK | AR | 722218215 | 8886049397 | CODE IN OPEN STATUS BY SCHA |
| 364 | CORESTAR | PO BOX 1195 | MINNEAPOLIS | MN | 55440 | 8004446965 | |
| 857 | CORPORATE BENEFIT SERVICES INC | PO BOX 12954 | CHARLOTTE | NC | 28220 | 7043730447 | |
| 857DN | CORPORATE BENEFIT SERVICES INC | PO BOX 12954 | CHARLOTTE | NC | 28220 | 7043730447 | |
| A98 | CORPORATE BENEFIT SERVICES OF AMERICA INC | PO BOX 738 | HOPKINS | MN | 55343 | 8007654224 | |
| 831 | CORPORATE BENEFIT SOLUTIONS, INC. | PO BOX 8215 | LITTLE ROCK | AR | 72221 | 8886049397 | |
| 780 | CORPORATE SYSTEMS ADMINISTRATION INC | PO BOX 4985 | JOHNSON CITY | TN | 376024985 | 8002752847 | |
| 213 | COVENANT ADMINISTRATORS | PO BOX 105738 | ATLANTA | GA | 30348 | 7702396230 | |
| 245 | COVENTRY HEALTH CARE | PO BOX 8400 | LONDON | KY | 40742 | 8008916506 | |
| 480 | COVENTRY HEALTH CARE OF THE CAROLINAS | PO BOX 7715 | LONDON | KY | 40742 | 8008891947 | COVENTRY HEALTH CARE IS PARENT CO. OF SOUTHERN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---------------------------------------|--------------------------|----------------|----|-----------|------------|--|
| | | | | | | | HEALTH AND WELLPATH |
| 191 | COVENTRY HEALTHCARE OF DELAWARE, INC. | PO BOX 7713 | LONDON | KY | 40742 | 8008337423 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED MY SCHA |
| 482 | COVENTRY HEALTHCARE OF GEORGIA | PO BOX 7128 | LONDON | KY | 40742 | 8667321017 | |
| 246 | COVENTRY HEATHL CARE RX | PO BOX 8400 | LONDON | KY | 40742 | 8009476824 | |
| B62 | COX HEALTH SYSTEMS INS. CO | PO BOX 5750 | SPRINGFIELD | MO | 658015750 | 8005613265 | |
| 632 | CRIME VICTIMS | - | - | - | ----- | | |
| 169 | CROWN CORK & SEAL COMPANY, INC. | 930 BEAUMONT AVE. | SPARTANBURG | SC | 29303 | 8645856456 | |
| 420 | CUNA MUTUAL INSURANCE GROUP | PO BOX 391 | MADISON | WI | 53701 | 6082385851 | |
| 194 | DAKOTACARE | 1323 S. MINNESOTA AVE. | SIOUX FALLS | SD | 57105 | | CODE ASSIGNED BY SCHA |
| 665 | DARLINGTON COUNTY | - | - | - | - | | |
| D74 | DART MANAGEMENT CORP | PO BOX 318 | MASON | MI | 488540318 | 8002480457 | |
| A65 | DATARX | 5920 ODELLE ST. | CUMMINGS | GA | 30040 | 8778231273 | |
| 436 | DAVIS-GARVIN AGENCY | #1 FERNANDINA CT. | COLUMBIA | SC | 29212 | 8037320060 | |
| B09 | DEARBORN NATIONAL | PO BOX 23060 | BELLEVILLE | IL | 62223 | 8003484512 | |
| 834 | DEFINITY HEALTH | PO BOX 9525 | AMHERST | NY | 14226 | 8663334648 | BROUGHT OUT BY UNITED HEALTHCARE CARRIER 113 |
| 500 | DELTA DENTAL | PO BOX 1809 | ALPHARETTA | GA | 30023 | 8005212651 | |
| C68 | DENTAL BENEFIT PROVIDERS | PO BOX 389 | ROCKVILLE | MD | 20848 | 8004459090 | |
| 901 | DENTAL CARE PLUS | 100 CROWNE POINT PLACE | CINCINNATI | OH | 45241 | 8003679466 | |
| 858 | DENTAQUEST | PO BOX 2136 | COLUMBIA | SC | 29202 | 8003076553 | NAIC 52040 MEDICAID DENTAL CLAIMS PROCESSOR |
| 621 | DEPT CORRECTIONS | | | | | | |
| 179 | DESERET MUTUAL BENEFIT ADMINISTRATOR | PO BOX 45530 | SALT LAKE CITY | UT | 84145 | 8007773622 | |
| 955 | DESIGN SAVERS PLAN | 2814 SPRING RD. STE. 122 | ATLANTA | GA | 30339 | 8006165709 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 611 | DHEC C. CHILDREN | | | | | | |
| 610 | DHEC CANCER | | | | | | |
| 629 | DHEC FAMILY PLANNING | - | - | - | ----- | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------|------------------|----|-------|------------|---|
| 627 | DHEC HEART | - | - | - | ---- | | |
| 628 | DHEC HEMOPHILIA | - | - | - | ---- | | |
| 613 | DHEC HIGH RISK MATERNITY | | | | | | |
| 612 | DHEC LOW RISK MATERNITY | | | | | | |
| 625 | DHEC MIGRANT HEALTH | | | | | | |
| 626 | DHEC SICKLE CELL | | | | | | |
| 615 | DHEC STERILIZATION | | | | | | |
| 630 | DHEC TB | - | - | - | ---- | | |
| 725 | DIALYSIS CLINIC, INC. | 203 FREEMONT AVE. | SPARTANBURG | SC | 29303 | 8645852046 | |
| 554 | DIAMOND G EMPLOYEE BENEFIT TRUST | PO BOX 1298 | GREENVILLE | TN | 37744 | 4236396145 | |
| 666 | DILLON COUNTY | - | - | - | - | | |
| 707 | DILLON YARN MEDICAL BENEFITS | 1019 TITAN RD. | DILLON | SC | 29536 | 8437747353 | |
| 516 | DIRECT REIMBURSEMENT BENEFIT PLANS | 1111 ALDERMAN DR. STE. 420 | ALPHARETTA | GA | 30202 | 7706645594 | |
| 774 | DISNEY WORLDWIDE SERVICES | PO BOX 10130 | LAKE BUENA VISTA | FL | 33830 | 8003922978 | |
| 258 | DIVERSIFIED ADMINISTRATION CORPORATION | PO BOX 299 | MARLBOROUGH | CT | 06447 | 8883222524 | |
| 474 | DIVERSIFIED PHARMACUETICAL | PO BOX 169052 | DELUTH | MN | 55816 | 8002338065 | USE CODE 333 EXPRESS SCRIPTS |
| 667 | DORCHESTER COUNTY | - | - | - | - | | |
| 765 | DR.RS CHOICE | PO BOX 25427 | COLUMBIA | SC | 29224 | 8777724642 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 778 | DUKE BENEFIT SERVICES, INC. | 3078 BRICKHOUSE CT. | VIRGINIA BEACH | VA | 23452 | 757-485-25 | CODE ASSIGNED BY SCHA |
| 786 | E S BEVERIDGE & ASSO., CIN. | PO BOX 636 | MANSFIELD | OH | 44901 | 8004413961 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 849 | E.O.S. HEALTH | PO BOX 27088 | TEMPE | AZ | 85285 | 8884568417 | |
| 567 | EASTERN BENEFIT SYSTEMS | 200 FREEWAY DR. E. | EAST ORANGE | NJ | 07018 | 8005240227 | |
| 735 | EATON BENEFIT PAYMENT OFFICE | PO BOX 16691 | COLUMBUS | OH | 43214 | 8002216036 | |
| A14 | EB RX | 2045 MIDWAY DR. | TWINSBURG | OH | 44087 | 8008007153 | |
| 461 | ECKERD HEALTH SERVICES | 620 EPSILON DR. | PITTSBURGH | PA | 15230 | 8005815300 | USE CODE 712 TDI MANAGED CARE SERVICES |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------------|----------------|----|-----------|------------|--|
| 668 | EDGEFIELD COUNTY | - | - | - | - | | |
| 137 | EDUCATORS MUTUAL LIFE INSURANCE COMPANY | PO BOX 3149 | LANCASTER | PA | 17601 | 7173972751 | |
| 721 | EHD ADMINISTRATORS | PO BOX 83080 | LANCASTER | PA | 176083080 | | CODE ASSIGNED BY SCHA |
| C80 | ELDER HEALTH (MHN/HMC) | PO BOX 4433 | BALTIMORE | MD | 21223 | 8887768851 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D25 | ELDER PLAN, INC. (HMO) | PO BOX 199100 | BROOKLYN | NY | 11219 | 7189218818 | MEDICARE ADVANTAGE |
| B70 | ELECTRICAL WELFARE TRUST FUND | 4601 PRESIDENTS DR, #300 | LANHAM | MD | 20706 | 3017311050 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B24 | EMBLEM HEALTH CARE CO. | PO BOX 3000 | NEW YORK | NY | 10116 | 2125014444 | |
| X0E | EMPIRE BLUE CROSS AND BLUE SHIELD | PO BOX 1407 CHURCH ST. STATION | NEW YORK | NY | 10008 | 8003429816 | |
| D64 | EMPIRE HEALTHCHOICE ASSURANCE, INC. | PO BOX 100300 CLAIMS PROCESSING | COLUMBIA | SC | 29204 | 8037888562 | MEDICARE ADVANTAGE PLAN |
| C43 | EMPLOYEE BENEFIT ADMINISTRATORS | PO BOX 5150 | GREENVILLE | SC | 29606 | 8642356474 | |
| A90 | EMPLOYEE BENEFIT CLAIMS INC | 9501 WEST DEVON | ROSEMONT | IL | 60018 | 3126963660 | |
| 499 | EMPLOYEE BENEFIT CONSULTANTS | PO BOX 928 | FINDLAY | OH | 45839 | 8005587798 | |
| 869 | EMPLOYEE BENEFIT MANAGEMENT SERVICES | PO BOX 21367 | BILLINGS | MT | 59104 | 8007773575 | |
| 506 | EMPLOYEE BENEFIT PLAN ADMINISTRATORS | PO BOX 2000 | HAMPTON | NH | 03842 | 8002587298 | |
| 446 | EMPLOYEE BENEFIT SERVICES | PO BOX 9888 | SAVANNAH | GA | 314120088 | 8035778051 | USE CODE 345 EMPLOYEE BENEFIT SERVICES |
| 345 | EMPLOYEE BENEFIT SERVICES INC | PO BOX 1929 | FORT MILL | SC | 29716 | 8002421510 | |
| 345DN | EMPLOYEE BENEFIT SERVICES INC | PO BOX 1929 | FORT MILL | SC | 29716 | 8002421510 | |
| 761 | EMPLOYEE BENEFIT STRATEGIES | 229 EAST MICHIGAN AVE. STE. 235 | KALAMAZOO | MI | 49007 | 8003257477 | |
| 317 | EMPLOYEE BENEFITS MANAGEMENT CORPORATION | 4789 RINGS RD. | DUBLIN | OH | 43017 | 8005520455 | |
| CO9 | EMPLOYEE BENEFITS TRUST | PO BOX 1431 | WICHITA FALLS | TX | 76307 | 8177617611 | CODE ASSIGNED WITH LETTER O INSTEAD OF NUMERIC ZERO. |
| 450 | EMPLOYEE BENEFITS TRUST | PO BOX 8788 | WILMINGTON | DE | 19899 | 8007522677 | OPEN 6/06 |
| 405 | EMPLOYEE HEALTH GROUP PLAN | 101 LYNHAVEN RD. | VIRGINIA BEACH | VA | 23451 | | |
| 743 | EMPLOYEE PLANS, INC. | PO BOX 2362 | FT WAYNE | IN | 468012362 | 2606257500 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---------------------------------------|------------------------------------|------------------|----|-----------|------------|--|
| 550 | EMPLOYEE SECURITY, INC | 7125 THOMAS EDISON DR. STE. 105 | COLUMBIA | MD | 21046 | 8006381134 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A97 | EMPLOYER PLAN SERVICES, INC. | 2180 NORTH LOOP WEST, STE. 400 | HOUSTON | TX | 77018 | 8004476588 | |
| 247 | EMPLOYERS DIRECT HEALTH | 5050 SPRING VALLEY RD. | DALLAS | TX | 752443909 | 8008729934 | CARRIER WAS FIRST INTERGRATED HEALTH |
| 130 | EMPLOYERS LIFE INSURANCE COMPANY | PO BOX 6305 | SPARTANBURG | SC | 29304 | 8889628437 | CARRIER WAS COASTAL STATE LIFE INS. CO. |
| 852 | EMPLOYERS MUTUAL | 1000 RIVERSIDE AVE, STE. 400 | JACKSONVILLE | FL | 32257 | 8006972235 | |
| C24 | ENCOMPASS HEALTH MANAGMENT SYSTEM | 6000 WEST TOWN PARKWAY STE. 350 | DES MOINES | IA | 50266 | 8005113389 | |
| 824 | ENVISION RX OPTIONS | 2181 EAST AURORA RD. STE. 201 | TWINSBURG | OH | 44087 | 8003614542 | |
| 509 | EQUITABLE LIFE AND CASUALTY | PO BOX 2460 | SALT LAKE CITY | UT | 84110 | 8003525150 | |
| 510 | EQUITABLE PLAN SERVICES | PO BOX 720460 | OKLAHOMA | OK | 73172 | 8007492631 | |
| C94 | ERIN GROUP ADMINISTRATORS | PO BOX 7777 | LANCASTER | PA | 17604 | 8004333746 | ANOTHER PHONE NUMBER 717- 581-1300 |
| C94DN | ERIN GROUP ADMINISTRATORS | PO BOX 7777 | LANCASTER | PA | 17604 | 8004333746 | ANOTHER PHONE NUMBER 717- 581-1300 |
| 788 | ERISA DESIGN SYSTEMS ADM.(EDSA) | PO BOX 1557 | BALTIMORE | MD | 21203 | 8008203372 | DORMANT 8/06 |
| 180 | ESIS | PO BOX 31122 | TAMPA | FL | 33631 | 8008847975 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C18 | EVOLUTIONS HEALTHCARE SYSTEMS | PO BOX 5001 | NEW PORT RICHEY, | FL | 34656 | 8008814474 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D20 | EXCELLUS MEDICARE BLUE CHOICE OPTIMUM | PO BOX 41915 | ROCHESTER | NY | 14604 | 8778839577 | MEDICARE ADVANTAGE PLAN |
| 333 | EXPRESS SCRIPTS | PO BOX 66583 | ST. LOUIS | MO | 63166 | 8004516245 | |
| A35 | FABRI-KAL CORPORATION | PO DRAWER C | PIEDMONT | SC | 29773 | 8642991720 | CODE IN OPEN STATUS BY SCHA |
| 669 | FAIRFIELD COUNTY | - | - | - | - | | |
| B49 | FALLON COMMUNITY HEALTH PLAN | PO BOX 15121 | WORCHESTER | MA | 01615 | 8008685200 | |
| A16 | FCE BENEFIT ADMINISTRATOR | 4615 WALZEM RD. STE. 300 | SAN ANTONIO | TX | 782181610 | 8008999355 | |
| 402 | FEDERAL EMPLOYEE PLAN BLUE CROSS | I-20 AT ALPINE RD. | COLUMBIA | SC | 29260 | 8037883860 | |
| A50 | FEDERAL EMPLOYEES COMPENSATION ACT | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 441 | FEDERAL MOGUL HEALTHCARE | PO BOX 1999 | DETROIT | MI | 48235 | 8005220041 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------|---------------|----|-----------|------------|---|
| 290 | FEDERATED MUTUAL INSURANCE COMPANY (REGIONAL) | PO BOX 31716 | TAMPA | FL | 336313716 | 8134968100 | |
| 769 | FEDEX FREIGHTWAYS | PO BOX 840 | HARRISON | AR | 72602 | 8008744723 | |
| 738 | FHA-TPA DIVISION | PO BOX 327810 | FT LAUDERDALE | FL | 333329711 | 8037988698 | CODE IN OPEN STATUS BY SCHA |
| 205 | FIDELITY LIFE SECURITY | 3130 BROADWAY | KANSAS CITY | MO | 641112406 | 8006488624 | |
| 941 | FIDELITY SECURITY LIFE INSURANCE CO | 419 E MAIN ST. | MIDDLETOWN | NY | 10940 | 8008267531 | THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A36 | FIELDCREST CANNON (CANNON MILLS) | PO BOX 5000 | EDEN | NC | 272895000 | 8002223693 | |
| 467 | FIRSERV HEALTH | PO BOX 182173 | COLUMBUS | OH | 432182173 | 8008482664 | USE CODE 139 |
| 288 | FIRST ADMINISTRATORS, INC. | PO BOX 9900 | SIOUX CITY | IA | 51102 | 8002060827 | |
| 348 | FIRST AGENCY, INC. | 5071 WEST H AVE. | KALAMAZOO | MI | 490098501 | 2693816630 | THIS CODE ASSIGNED BY SCHA 8/28/07 |
| 354 | FIRST BENEFITS CORP | PO BOX 879 | ANDERSON | IN | 46015 | | CODE ASSIGNED BY SCHA |
| A74 | FIRST CAROLINA CARE, INC. | PO BOX 381686 | BIRMINGHAM | AL | 35238 | 8008113298 | |
| 775 | FIRST CHOICE BENEFITS MANAGEMENT | PO BOX 658 | BELOIT | WI | 535120658 | 8003035770 | |
| 803 | FIRST CONTINENTAL LIFE INSURANCE | PO BOX 1911 | CARMEL | IN | 46032 | 8005381235 | |
| 946 | FIRST HEALTH | PO BOX 1377 | THOMASVILLE | GA | 31799 | 8668478235 | |
| 245RX | FIRST HEALTH | PO BOX 23070 | TUCSON | AZ | 85734 | 8005544954 | |
| 249 | FIRST HEALTH WORKERS COMP ONLY | PO BOX 23070 | TUCSON | AZ | 85735 | 8005544954 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 351 | FISERV | PO BOX 8077 | WAUSAU | WI | 544028077 | 8666848090 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 139 | FISERV HEALTH | PO BOX 8013 | WAUSAU, | WI | 544028013 | 8008269781 | WAS WAUSAU INS. CO. |
| 352 | FISERV HEALTH-COLORADO | PO BOX 720 | PUEBLO | CO | 810020720 | 8004468182 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 670 | FLORENCE COUNTY | - | - | - | - | | |
| C75 | FLORIDA 1ST SERVICE ADMINISTRATORS, INC. | PO BOX 3607 | WINTER HAVEN | FL | 338853067 | 8002263155 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 719 | FLORIDA HEALTH ALLIANCE | PO BOX 10269 | JACKSONVILLE | FL | 322470269 | 9043548335 | |
| 913 | FLORIDA HOSPITAL HEALTHCARE SYSTEM | PO BOX 536847 | ORLANDO | FL | 328536847 | 8007414810 | |
| B20 | FMH BENEFIT SERVICES, INC. | PO BOX 25946 | OVERLAND PARK | KS | 66225 | 8009909058 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---------------------------------------|-------------------------------------|--------------|----|-----------|------------|---|
| B05 | FOCUS HEALTHCARE MANAGEMENT, INC. | 720 COOL SPRINGS BLVD. | FRANKLIN | TN | 37067 | 6157784000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A94 | FORETHOUGHT LIFE INSURANCE COMPANY | PO BOX 981721 | EL PASO | TX | 79998 | 8774925870 | |
| C02 | FOUNDATION BENEFITS ADMINISTRATORS | 6300 BRIDGEPOINT PKWAY, BLDG 3 #400 | AUSTIN | TX | 78730 | 8883687910 | |
| 870 | FOUNDATION HEALTH | PO BOX 453219 | SUNRISE | FL | 33345 | 8004415501 | |
| 393 | FOUNTAINHEAD ADMINISTRATORS, INC. | PO BOX 13188 | BIRMINGHAM | AL | 35202 | 8009919155 | |
| C83 | FREEDOM LIFE INSURANCE CO. OF AMERICA | PO BOX 24294 | LOUISVILLE | KY | 40224 | 8005281057 | |
| 587 | FUTURE SCRIPTS | PO BOX 419019 DEPT 382 | KANSAS CITY | MO | 64141 | 8886787012 | |
| 842 | GARDNER AND WHITE INC | PO BOX 40619 | INDIANAPOLIS | IN | 462400619 | 3172579131 | |
| 842DN | GARDNER AND WHITE INC | PO BOX 40619 | INDIANAPOLIS | IN | 462400619 | 3172579131 | |
| 443 | GATES HEALTH CARE PLAN | PO BOX 5887 | DENVER | CO | 80217 | 8007770595 | |
| D54 | GATEWAY HEALTH PLAN MEDICARE ASSURED | PO BOX 11560 | ALBANY | NY | 122110655 | 8006855209 | MEDICARE ADVANTAGE PLAN |
| 864 | GE GROUP ADMINISTRATORS | PO BOX 150809 | ARLINGTON | TX | 76015 | 8882558961 | |
| 442 | GE LIFE & ANNUITY ASSURANCE CO. | PO BOX 6700 | LYNCHBURG | VA | 24505 | 8002530856 | |
| B63 | GE PENSIONER HEALTH BENEFITS | PO BOX 740801 | ATLANTA | GA | 303740801 | 8008488406 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 845 | GEISINGER HEALTH PLAN GOLD | PO BOX 8200 | DANVILLE | PA | 178218200 | 8004989731 | MEDICARE ADVANTAGE PLAN |
| C97 | GEM GROUP | 1200 THREE GATEWAY CENTER | PITTSBURGH | PA | 15222 | 8002428923 | |
| 232 | GENERAL ADJUSTMENT BUREAU | PO BOX 81808 | ALTANTA | GA | 30366 | 4044579555 | CODE ASSIGNED BY SCHA |
| 142 | GENERAL AMERICAN LIFE INSURANCE | 719 TEACO RD. | KENNETH | MO | 63857 | 8004452158 | USE CODE 308 GREAT WEST LIFE INACTIVE 8-02 |
| 728 | GENERAL PRESCRIPTION PROGRAMS INC | 305 MEDICINE BLVD. | NEW YORK | NY | 10165 | 8003412234 | |
| 997 | GENWORTH FINANCIAL | PO BOX 10821 | CLEARWATER | FL | 33757 | 8778259337 | CODE IN OPEN STATUS BY SCHA |
| 799 | GENWORTH FINANCIAL | PO BOX 8021 | SAN RAFAEL | CA | 949129974 | 8008764582 | WAS G E FINANCIAL SERVICES |
| 671 | GEORGETOWN COUNTY | - | - | - | - | | |
| 730 | GEORGIA HEALTHCARE PARTNERSHIP | PO BOX 16388 | SAVANNAH | GA | 314163088 | 8005666710 | |
| 419 | GEORGIA STATE HEALTH BENEFIT PLAN | PO BOX 38151 | ATLANTA | GA | 30334 | 8006266402 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------------|---------------|----|-----------|------------|---|
| 365 | GERBER CHILDRENS WEAR, INC. | PO BOX 2126 | GREENVILLE | SC | 29602 | 8649875200 | |
| 749 | GERBER LIFE INSURANCE COMPANY | PO BOX 2088 | GRAND RAPIDS | MI | 49501 | 8002533074 | |
| B88 | GETTYSBURG HEALTH ADMINISTRATORS | PO BOX 1169 | FREDERICK | MD | 21702 | 8004974474 | |
| 183 | GILSBAR INSURANCE COMPANY | PO BOX 2947 | COVINGTON | LA | 70434 | 8002342643 | |
| 459 | GLASS MOTORS & PLASTIC (GMPA) | 5245 BIG PINE WAY, SE 33907 | FORT MYERS | FL | 33907 | 8139366242 | |
| A44 | GLOBAL MEDICAL MANAGEMENT, INC | 7901 SW 36TH ST. STE. 100 | DAVIE | FL | 33328 | 9543706404 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 144 | GLOBE LIFE & ACCIDENT INSURANCE | 204 N. ROBINSON | OKLAHOMA CITY | OK | 73102 | 4052701400 | |
| 145 | GMP EMPLOYERS RETIREE TRUST | 5245 BIG PINE WAY SE | FORT MYERS | FL | 33907 | 9419366242 | |
| 584 | GOLDEN RULE INSURANCE COMPANY | 7440 WOODLAND DR. | INDIANAPOLIS | IN | 46278 | 6189438000 | |
| 931 | GOOD SAMARITAN PROGRAM | 5151 WEST HWY 40 | BEACHGROVE | IN | 46140 | 3178942000 | |
| 379 | GOODYEAR TIRE & RUBBER COMPANY | PO BOX 677 DEPT. 609 | AKRON | OH | 44309 | 2167966531 | |
| 302 | GOVERNMENT EMPLOYEE HOSP. ASSN (GEHA) | PO BOX 4665 | INDEPENDENCE | MO | 640514665 | 8162575500 | |
| B31 | GREAT AMERICAN LIFE INS. CO (GALIC) | PO BOX 559002 | AUSTIN | TX | 787553010 | 8008802745 | |
| 313 | GREAT WEST HEALTHCARE | 1000 GREAT WEST DR. | KENNETT | MO | 63857 | 8006638081 | |
| 308 | GREAT WEST LIFE | 1000 GREAT WEST DR. | KENNETT | MO | 63857 | 8006638081 | |
| 308DN | GREAT WEST LIFE | PO BOX 11111 | FORT SCOTT | KS | 66701 | 8776314227 | |
| 121 | GREATER HEALTHCARE | PO BOX 3400 | MONROE | NC | 28110 | 7042258887 | |
| 672 | GREENVILLE COUNTY | - | - | - | - | | |
| 673 | GREENWOOD COUNTY | - | - | - | - | | |
| B99 | GROUP & PENSION ADMINISTRATORS, INC. | PO BOX 749075 | DALLAS | TX | 75374 | 8662063224 | |
| 181 | GROUP ADMINISTRATORS, LTD. | 450 E. REMINGTON RD. | SCHAUMBURG | IL | 60173 | 8475191880 | |
| 745 | GROUP BENEFIT SERVICES | 1312 BELLONE AVE. | LUTHERVILLE | MD | 21093 | 8006386085 | |
| 343 | GROUP BENEFITS ADMINISTRATORS | 70 GRAND AVE. | RIVEREDGE | NJ | 07661 | 2013433003 | |
| 906 | GROUP HEALTH ADMINISTRATOR INC | PO BOX 6244 | CHARLOTTE | NC | 282071018 | 8002225790 | |
| 508 | GROUP HEALTH INC. /EMBLEM HEALTH COMPANY | PO BOX 3000 | NEW YORK | NY | 101163000 | 2125014444 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------------|----------------|----|-----------|------------|---|
| 889 | GROUP INSURANCE ADMINISTRATION INC | 3350 PEACHTREE RD. NE STE. 1040 | ATLANTA | GA | 30326 | 8006210683 | |
| 889DN | GROUP INSURANCE ADMINISTRATION INC | 3350 PEACHTREE RD. NE STE. 1040 | ATLANTA | GA | 30326 | 8006210683 | |
| 729 | GROUP INSURANCE SERVICES (GIS) | PO BOX 2291 | DURHAM | NC | 27702 | 9194904391 | CODE IN OPEN STATUS BY SCHA |
| 389 | GROUP LINK | PO BOX 20593 | INDIANAPOLIS | IN | 46220 | 8003597408 | |
| A83 | GROUP RESOURCES INC | PO BOX 100043 | DULUTH | GA | 300969343 | 7706238383 | |
| D46 | GROUPHEALTH OPTIONS, INC | PO BOX 34585 | SEATTLE | WA | 98124 | 8887674670 | MEDICARE ADVANTAGE PLAN |
| 727 | GUARANTEE MUTUAL LIFE CO. | 8801 INDIAN HILLS DR. | OMAHA | NE | 68114 | 8004624660 | |
| 236 | GUARANTEE TRUST LIFE INSURANCE | 1275 MILWAUKEE AVE. | GLENVIEW | IL | | 8476990600 | |
| 283 | GUARDIAN HEALTHCARE | PO BOX 4197 | SCRANTON | PA | 77010 | 8668501256 | MEDICARE ADVANTAGE PLAN |
| 362 | GUARDIAN HEALTHCARE | PO BOX 4197 | SCRANTON | PA | 18505 | 8668501253 | MEDICARE ADVANTAGE PLAN |
| 418 | GUARDIAN INSURANCE COMPANY | PO BOX 8007 | APPLETON | WI | 549128007 | 8006854542 | CODE ASSIGNED BY SCHA |
| 237DN | GUARDIAN LIFE INSURANCE CO. OF AMERICA | PO BOX 2459 | SPOKANE | WA | 99210 | 8005417846 | |
| 237 | GUARDIAN LIFE INSURANCE COMPANY OF AMERICA | PO BOX 8019 | APPLETON | WI | 54913 | 8008734542 | |
| 176 | GUIDESTAR HEALTH SYSTEMS | PO BOX 35238 | BIRMINGHAM | AL | 35238 | 8005956949 | |
| 776 | GULF SOUTH ADMINISTRATORS | PO BOX 8570 | METAIRIE | LA | 700118570 | 8003662475 | CODE IN OPEN STATUS BY SCHA |
| 674 | HAMPTON COUNTY | - | - | - | - | | |
| A96 | HAMRICKS INC | 742 PEACHOID RD. | GAFFNEY | SC | 29340 | 8644877505 | |
| 547 | HARRINGTON HEALTH | PO BOX 30544 | SALT LAKE CITY | UT | 841300544 | 8777370769 | |
| 146 | HARTFORD INSURANCE GROUP | PO BOX 25600 | CHARLOTTE | NC | 28212 | 7045366230 | |
| 197 | HARVARD PILGRIM HEALTH CARE | PO BOX 699183 | QUINCY | MA | 022699183 | 8888884742 | |
| 162 | HARVARD PILGRIM HEALTHCARE | PO BOX 656653 | SAN ANTONIO | TX | 82655 | 8004213550 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A84 | HCC LIFE INSURANCE COMPANY | PO BOX 863 | INDIANAPOLIS | IN | 46206 | 8664007102 | |
| 201 | HCH ADMINISTRATORS | PO BOX 1986 | PEORIA | IL | 61656 | 8003221516 | |
| 201DN | HCH ADMINISTRATORS | PO BOX 1986 | PEORIA | IL | 61656 | 8003221516 | |
| B95 | HDR EMPLOYEE BENEFITS ADMINISTRATORS | PO BOX 5150 | GREENVILLE | SC | 29606 | 8004765150 | CODE IN OPEN STATUS BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------|-----------------|----|-----------|------------|---|
| 837 | HEALTH ADMINISTRATION SERVICES | PO BOX 6724208 | HOUSTON | TX | 77267 | 8008655440 | |
| B87 | HEALTH ALLIANCE | PO BOX 6003 | URBANA | IL | 616036003 | 8003227451 | |
| 823 | HEALTH ALLIANCE PLAN | 2850 W GRAND BLVD. | DETROIT | MI | 495254501 | 8004224641 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 264 | HEALTH AMERICA | PO BOX 7089 | LONDON | KY | 40742 | 8007888445 | |
| B25 | HEALTH AND WELFARE FUND LOCAL 218 | PO BOX 115027 | ATLANTA | GA | 30310 | 4047555665 | |
| B84 | HEALTH CARE CORPORATION | 203 JANDERS RD. | CARY | IL | 60013 | | CODE IN OPEN STATUS BY SCHA |
| 713 | HEALTH CARE CREDIT UNION ASSOC. HCCUA | PO BOX 260957 | PLANT | TX | 750260957 | 8663736366 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 748 | HEALTH CARE SAVINGS, INC. | 4530 PARK RD. | CHARLOTTE | NC | 28209 | - | CODE ASSIGNED BY SCHA |
| 203 | HEALTH CARE SUPPORT/PRIVATE HEALTH CARE SYSTEM | 29 COLUMBIA HEIGHTS | BROOKLYN | NY | 11201 | 8005544022 | CODE ASSIGNED BY SCHA |
| 394 | HEALTH CHOICES, INC | PO BOX 5003 | DUBURQUE | IA | 520045003 | 8003257442 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 562 | HEALTH CLAIMS SERVICES, INC. | PO BOX 9615 | DEERFIELD BEACH | FL | 33442 | 8002223560 | |
| A75 | HEALTH COST SOLUTIONS | PO BOX 1439 | HENDERSONVILLE | TN | 37077 | 8882295020 | WAS LIFECARE CENTERS OF AMERICA |
| B75 | HEALTH DESIGN PLUS | PO BOX 2584 | HUDSON | OH | 442362584 | 8008930777 | |
| 960 | HEALTH EOS | PO BOX 6090 | DER PERE | WI | 541156090 | 8004355694 | CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| B27 | HEALTH FIRST (PPO) | PO BOX 17709 | GREENVILLE | SC | 29606 | 8642893000 | |
| 884 | HEALTH FIRST HEALTH PLANS | PO BOX 565001 | ROCKLEDGE | FL | 329565001 | 8007167737 | CODE IN OPEN STATUS BY SCHA |
| 447 | HEALTH NET | PO BOX 14700 | LEXINGTON | KY | 405125225 | 9004387886 | MEDICARE ADVANTAGE PLAN |
| 874 | HEALTH NET | PO BOX 14700 | LEXINGTON | KY | 40512 | 8887477823 | THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA |
| 281 | HEALTH NETWORK AMERICA/TRIVERIS | PO BOX 307 | EATONTOWN | NJ | 07724 | 8003371421 | CODE ASSIGNED BY SCHA |
| 220 | HEALTH NEW ENGLAND | ONE MONARCH PLACE,STE 1500 | SPRINGFIELD | MA | 011441500 | 8003102835 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B01 | HEALTH PARTNERS | PO BOX 1289 | MINNEAPOLIS | MN | 554401289 | 8889222313 | |
| C09 | HEALTH PLAN ADMINISTRATORS | PO BOX 2638 | ROCKFORD | IL | 61132 | 8156335800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 382 | HEALTH PLAN OF NEVADA | PO BOX 15645 | LAS VEGAS | NV | 891145615 | 8007771840 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------------------|-------------------|----|-----------|------------|---|
| 349 | HEALTH PLAN SELECT | PO BOX 382767 | BIRMINGHAM | AL | 352382767 | 8002936260 | |
| 357 | HEALTH PLAN SERVICES | PO BOX 30298 | TAMPA | FL | 33630- | 8002377767 | |
| 126 | HEALTH PLAN SERVICES (COVENTRY HEALTH CARE) | PO BOX 24146 | SEATTLE | WA | 98124 | 8008610056 | CODE ASSIGNED BY SCHA |
| 332 | HEALTH PLANS INC. | PO BOX 5199 | WESTBOROUGH | MA | 01581 | 8005327575 | |
| 324 | HEALTH REIMBURSEMENT MANAGMENT PARTNERSHIP | 5 HUTCHINSON DR. | DANVERS | MA | 01923 | 8889994767 | CODE IN OPEN STATUS BY SCHA |
| 225 | HEALTH SERVICES FOUNDATION | PO BOX 2109 | LIVERMORE | CA | 94551 | 5104497070 | |
| A79 | HEALTH SPECIAL RISK | 4001 N. JOSEY LANE | CARROLLTON | TX | 75007 | 9724926474 | |
| 572 | HEALTH TRANS, LLC | 8300 E MAPLEWOOD AVE. | GREENWOOD VILLAGE | CO | 80111 | 8778398119 | |
| A27 | HEALTHCARE SUPPORT | 25 COLUMBIA HEIGHTS | BROOKLYN HEIGHTS | NY | 112012482 | 8005544022 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 758 | HEALTHCHOICE | PO BOX 24870 | OKLAHOMA | OK | 731270870 | 8004892974 | CODE ASSIGNED BY SCHA |
| 814 | HEALTHCOMP ADMINISTRATORS | PO BOX 45018 | FRESNO | CA | 93718 | 8004427247 | |
| 524 | HEALTHFIRST | PO BOX 130217 | TYLER | TX | 75713 | 8004778957 | CODE ASSIGNED BY SCHA TPA |
| D19 | HEALTHFIRST 65 PLUS | PO BOX 5196 | NEW YORK | NY | 10274 | 8882601010 | MEDICARE ADVANTAGE PLAN |
| 639 | HEALTHFIRST HMO | 255 ENTERPRISE BLVE. STE. 20 | GREENVILLE | SC | 29615 | 8644551100 | MEDICAID HMO |
| 753 | HEALTHNET | PO BOX 2226 | AUGUSTA | GA | 309032226 | 9009778221 | |
| 440 | HEALTHNET | PO BOX 14702 | LEXINGTON | KY | 40512 | 8006417761 | |
| A67 | HEALTHSCOPE BENEFITS | PO BOX 99005 | LUBBOCK | TX | 794906831 | 8009676831 | |
| 553DN | HEALTHSCOPE BENEFITS, INC. | PO BOX 8076 | LITTLE ROCK | AR | 72203 | 8008277026 | |
| 553 | HEALTHSCOPE BENEFITS, INC. | PO BOX 8076 | LITTLE ROCK | AR | 72203 | 8883736102 | |
| 305 | HEALTHSMART | PO BOX 2801 | CHARLESTON | WV | 253302801 | 8668695597 | |
| 920 | HEALTHSMART PREFERRED CARE | PO BOX 53010 | LUBBOCK | TX | 794533010 | 8064732500 | |
| 876 | HEALTHSOURCE OF NC INC | PO BOX 28087 | RALEIGH | NC | 27611 | 8008499000 | USE CODE 134 CIGNA HEALTHCARE |
| 519 | HEALTHSOURC ADMINISTRATORS | PO BOX 382617 | BIRMINGHAM | AL | 35238 | 8778939294 | |
| 242 | HELLER ASSOCIATES | 8228 MAYFIELD RD. STE. 5B | CHESTERLANDE | OH | 44026 | 4405272955 | CODE IN OPEN STATUS BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--------------------------------------|----------------------|--------------|----|-----------|------------|---|
| 848 | HERITAGE | PO BOX 1730 | AUBURNDALE | FL | 33823 | 8002822460 | |
| 732 | HERTZ CLAIM MANAGEMENT | PO BOX 726 | PARK RIDGE | NJ | 07656 | 2013072177 | |
| 117 | HEWITT COLEMAN AND ASSOCIATES | PO BOX 6708 | GREENVILLE | SC | 29606 | 8642405840 | |
| X1R | HIGHMARK BLUE CROSS BLUE SHIELD | PO BOX 535053 | PITTSBURGH | PA | 152535053 | 4125447000 | |
| D45 | HIGHMARK SECURITY BLUE | 120 5TH AVE. | PITTSBURGH | PA | 15222309 | 8005473627 | MEDICARE ADVANTAGE PLAN |
| A78 | HIGHWAY TO HEALTH (HTH) | PO BOX 968 | HORSHAM | PA | 19044 | 8883502002 | THIS CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| B15 | HILLCREST BENEFIT ADMINISTRATORS | PO BOX 1516 | MT. DORA | FL | 32756 | 8007439264 | |
| 502 | HIP HEALTH PLAN | PO BOX 2803 | NEW YORK | NY | 101162803 | 8004478255 | MEDICARE ADVANTAGE PLAN |
| B81 | HM BENEFITS ADMINISTRATORS, INC. | PO BOX 535078 | PITTSBURGH | PA | 152535078 | 8002792624 | |
| A13 | HOLDEN & COMPANY | PO BOX 10411 | SAVANNAH | GA | 31412 | 8004043344 | |
| A68 | HOLLINGSWORTH SACO LOWELL CORP. | PO DRAWER 2327 | GREENVILLE | SC | 29602 | 8648593211 | DORMANT 8/06 |
| 984 | HOMELAND HEALTHCARE | PO BOX 3726 | SEATTLE | WA | 98124 | 8004934240 | |
| D36 | HOP/PSERS HEALTH ADMINISTRATION UNIT | PO BOX 2921 | CLINTON | IA | 52733 | 8007737725 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 239 | HORACE MANN LIFE INSURANCE COMPANY | 1 HORACE MANN PLAZA | SPRINGFIELD | IL | 62715 | 2177892500 | |
| 238 | HORIZON HEALTHCARE | PO BOX 1028 | WEST TRENTON | NJ | 08628 | 8007923666 | |
| 675 | HORRY COUNTY | - | - | - | - | | |
| 782 | HOUSING BENEFIT PLAN | PO BOX 542077 | DALLAS | TX | 753542077 | 8009372036 | |
| C34 | HTH WORLDWIDE INSURANCE SERVICES | PO BOX 39 | MINNEAPOLIS | MN | 554400039 | 8665108780 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 836 | HUMANA | 1100 EMPLOYERS BLVD. | GREEN BAY | WI | 543440620 | 8005584444 | |
| C59 | HUMANA CHOICE (PPO) | PO BOX 14605 | LEXINGTON | KY | 405784602 | 8004574708 | MEDICARE ADVANTAGE PLAN |
| B68 | HUMANA GOLD CHOICE | PO BOX 202047 | FLORENCE | SC | 295022047 | 8775115000 | THIS CODE INCORRECTLY ASSIGNED BY HOSP. ASSO. USE CODE 648 FOR THE MEDICARE ADVANTAGE PLAN 648 |
| 648 | HUMANA GOLD CHOICE (PFFS) | PO BOX 7060 | CAMDEN | SC | 29020 | 8775115000 | MEDICARE ADVANTAGE PLAN |
| 793 | HUMANA GOLD PLUS | PO BOX 14601 | LEXINGTON | KY | 405124601 | 8004574708 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------|--------------|----|-----------|------------|---|
| 216 | HUMANA HEALTH INSURANCE OF FLORIDA | PO BOX 19080-F | JACKSONVILLE | FL | 32245 | 8004574708 | |
| 752 | HYGEIA CORPORATION | 15500 NEW BARN RD. | MIAMI LAKES | FL | 33014 | 8005912650 | CODE ASSIGNED BY SCHA |
| 371 | ICON BENEFIT ADMINISTRATORS, INC. | PO BOX 53010 | LUBBOCK | TX | 794533070 | 8006589777 | |
| 250 | IDEAL SCRIPTS | 144 METRO CENTER BLVD. | WARWICK | RI | 02886 | 8007176614 | |
| B80 | IMB-SBC MEDICAL PLAN | PO BOX 1746 | INDIANAPOLIS | IN | 462061746 | | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 801 | IMERICA LIFE AND HEALTH INS. CO | PO BOX 3287 | ENGLEWOOD | CO | 80155 | 8882738020 | |
| B26 | IMSCO HEALTH PLAN | PO BOX 697 | BUCKEYSTOWN | MD | 217170697 | 8009442833 | IMSCO - INTERNATIONAL MANAGEMENT SERVICE CO. |
| 798 | INCENTUS | 1710 FIRMAN | RICHARDSON | TX | 75081 | 8005591322 | USE CODE B44 AMERICA CHOICE HEALTH PLAN |
| 716 | INDECS CORP | PO BOX 668 | LYNDHURST | NJ | 07071 | 8884463327 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A08 | INDEPENDENCE AMERICAN INS. CO.(IHC HEALTH SOLUTION | PO BOX 21456 | EAGON | MN | 55121 | 8664290608 | |
| X1G | INDEPENDENCE BLUE CROSS | 1901 MARKET ST. | PHILADELPHIA | PA | 19103 | 8002752583 | |
| 892 | INDEPENDENT HEALTH | PO BOX 9066 | BUFFALO | NY | 14231 | 8002471466 | |
| D44 | INDEPENDENT HEALTH | PO BOX 9066 | BUFFALO | NY | 14231 | 8666178585 | MEDICARE ADVANTAGE PLAN |
| 975 | INFORMED RX | PO BOX 5206 | LISLE | IL | 60532 | 8006453332 | WAS NATIONAL MEDICAL HEALTH CARD |
| B51 | INNOVIAANT | PO BOX 8082 | WAUSAU | WI | 54402 | 8775592955 | |
| C60 | INSTILL HEALTH SYSTEMS (FFS) | PO BOX 7061 | CAMDEN | SC | 290207845 | 8774467845 | MEDICARE ADVANTAGE PLAN |
| C61 | INSTILL HEALTH SYSTEMS (PPO) | PO BOX 7061 | CAMDEN | SC | 290207845 | 8774467845 | MEDICARE ADVANTAGE PLAN |
| 863 | INSURANCE ADMINISTRATION CORP. | PO BOX 39119 | PHOENIX | AZ | 85069 | 8008433106 | |
| D02 | INSURANCE ADMINISTRATOR OF AMERICA | PO BOX 5082 | MT. LAUREL | NJ | 08054 | 8009896739 | |
| 149 | INSURANCE COMPANY OF NORTH AMERICA (INA) | 195 BROADWAY 11TH FLOOR | NEW YORK | NY | 100073100 | 2126184000 | |
| 726 | INSURANCE SERVICE AND BENEFITS | 3218 HIGHWAY 67 STE. 218 | MESQUITE | TX | 75150 | 8008783157 | |
| C41 | INSUREX BENEFITS ADMINISTRATORS, INC. | PO BOX 41779 | MEMPHIS | TN | 381741799 | 9017256435 | |
| C41DN | INSUREX BENEFITS ADMINISTRATORS, INC. | PO BOX 41779 | MEMPHIS | TN | 381741799 | 9017256435 | |
| 484 | INTEGRITY BENEFITS NETWORK | PO BOX 4537 | MARIETTA | GA | 30061 | 7704281604 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|--------------------------------------|----------------|----|-----------|------------|---|
| B72 | INTEGRITY NATIONAL LIFE INS. | PO BOX 32350 | LOUISVILLE | KY | 40232 | 5024261843 | CODE ASSIGNED BY SCHA |
| A45 | INTEQ GROUP | 5445 LASIERRA DR. STE. 400 | DALLAS | TX | 75231 | 8009593953 | |
| 465 | INTER CARE BENEFIT SYSTEMS | PO BOX 3559 | ENGLEWOOD | CO | 801553559 | 3037705710 | |
| C26 | INTERACTIVE MEDICAL SYSTEMS, INC. | PO BOX 19108 | RALEIGH | NC | 27619 | 9198468400 | |
| C54 | INTER-AMERICAS INS. CORP. (OUIDA) | PO BOX 9510 | WICHITA | KS | 672770510 | | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 129 | INTERGROUP SERVICES CORPORATION | 101 LINDENWOOD DR, STE. 150 | MALVERN | PA | 19355 | 8005379389 | |
| D01 | INTERLINK HEALTH SERVICES | 4950 NE BELNAP CT. #205 | HILLSBORO | OR | 97124 | 5036402000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B76 | INTERNATIONAL ASSO. BENEFITS | 1747 PENNSYLVANIA AVE. NORTH WEST | WASHINGTON | DC | 20006 | 8002751171 | |
| 983 | INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS | 3901 E. WINSLOW AVE. | PHOENIX | AZ | 85040 | 6022340497 | |
| 101 | INTERNATIONAL CLAIMS SERVICES | 27092 BURBANK ST. | FOOTHILL RANCH | CA | 92610 | 8779167920 | ASSIGNED BY SCHA |
| 189 | INTERNATIONAL EDUCATION EXCHANGE SERVICES | PO BOX 370 | ITHACA | NY | 148510307 | 8664337462 | |
| 464 | INTERNATIONAL MEDICAL GROUP | 407 N. FULTON ST. | INDIANAPOLIS | IN | 46202 | 8006284664 | |
| 473 | INTERNATIONAL MISSION BOARD (IMB) | PO BOX 6767 | RICHMOND | VA | 232300767 | 8042191585 | CODE ASSIGNED BY SCHA |
| 454 | INTERNATIONAL UNION OF OPERATING ENGINEERS | 166 WEST KELLY ST. | METUCHEN | NJ | 08840 | 9085486662 | |
| 411 | INTERPLAN HEALTH GROUP | PO BOX 90613 | ARLINGTON | TX | 76006 | 8660511-47 | CODE ASSIGNED BY SCHA |
| A19 | ISLAND GROUP ADMINISTRATION, INC` | 3 TOILSOME LANE | EAST HAMPTON | NY | 11937 | 8009262306 | CODE ASSIGNED BY SCHA |
| 958 | ITPE-NMU HEALTH AND WELFARE FUND | PO BOX 13817 | SAVANNAH | GA | 31416 | 9123527169 | |
| 958DN | ITPE-NMU HEALTH AND WELFARE FUND | PO BOX 13817 | SAVANNAH | GA | 31416 | 9123527169 | |
| 757 | J C PENNEY LIFE INSURANCE COMPANY | PO BOX 869090 | PLANO | TX | 750860909 | 9728816000 | |
| 827 | J. SMITH LANIER | PO BOX 72749 | NEWMAN | GA | 30271 | 8882954864 | |
| 996 | J.F. MOLLOY & ASSO. | PO BOX 68947 | INDIANAPOLIS | IN | 46268 | 8003313287 | SEE CARRIER 942 PRINCIPAL FINANCIAL GROUP |
| 335 | J.P. FARLEY CORP. | PO BOX 458022 | WESTLAKE | OH | 441468022 | 4402504300 | |
| 676 | JASPER COUNTY | - | - | - | - | | |
| 109 | JEFFERSON PILOT INSURANCE COMPANY | PO BOX 26011 | GREENSBORO | NC | 27420 | 3366913000 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------------------------|--------------|----|-----------|------------|---|
| 514 | JLT SERVICES (TPA FOR NY LIFE) | PO BOX 1511 | LATHAM | NY | 12110 | 8007933773 | NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA |
| D09 | JM FAMILY ENTERPRISES | 8019 BAYBERRY RD. | JACKSONVILLE | FL | 32256 | 8008920059 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 885 | JOHN ALDEN INSURANCE COMPANY | PO BOX 020270 | MIAMI | FL | 33102 | 8003284316 | |
| 885DN | JOHN ALDEN INSURANCE COMPANY | PO BOX 020270 | MIAMI | FL | 33102 | 8003284316 | |
| 202 | JOHN HANCOCK INSURANCE COMPANY | PO BOX 852 | BOSTON | MA | 02117 | 8002331449 | |
| B12 | JOHN HANCOCK LIFE AND HEALTH INSURANCE | JOHN HANCOCK B5-03 200 BERKELEY STEET | BOSTON | MA | 02116 | 8003777311 | |
| C71 | JOHNS HOPKINS HEALTHCARE | 6704 CURTIS CT. | GLEN BURNIE | MD | 21060 | 8002612393 | |
| 417 | JULY PRODUCTS | 5 GATEWAY CENTER STE. 60 | PITTSBURG | PA | 15222 | 8669008322 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| A69 | KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA | PO BOX 7004 | DOWNEY | CA | 902427004 | 8003310420 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 104 | KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA. | PO BOX 7004 | DOWNEY | CA | 90242 | 8003903510 | CODE ASSIGNED BY SCHA |
| 528 | KAISER PERMANENTE | PO BOX 190849 | ALTANTA | GA | 31119 | 8006111811 | MEDICARE ADVANTAGE PLAN |
| C78 | KAISER PERMANENTE | PO BOX 190849 | ATLANTA | GA | 31119 | 4042612590 | |
| 537 | KAISER PERMANENTE-OHIO REGION | PO BOX 5316-9774 | CLEVELAND | OH | 441010316 | 8006348816 | CODE ASSIGNED BY SCHA |
| C47 | KANAWHA BENEFIT SERVICES | PO BOX 50098 | KNOXVILLE | TN | 379500098 | 8008221274 | |
| C47DN | KANAWHA BENEFIT SERVICES | PO BOX 50098 | KNOXVILLE | TN | 379500098 | 8008221274 | |
| 153 | KANAWHA LIFE INSURANCE COMPANY | PO BOX 6000 | LANCASTER | SC | 29721 | 8032862440 | |
| 153DN | KANAWHA LIFE INSURANCE COMPANY | PO BOX 6000 | LANCASTER | SC | 29721 | 8032862440 | |
| 868 | KANSAS CITY LIFE | PO BOX 219325 | KANSAS CITY | MO | 64121 | 8008745254 | |
| C30 | KEENAN AND COMPANY | PO BOX 11431 | TORRANCE | CA | 90510 | 8006533626 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 677 | KERSHAW COUNTY | - | - | - | - | | |
| 760 | KEY BENEFIT ADMINISTRATORS | PO BOX 55230 | INDIANAPOLIS | IN | 46205 | 8003314757 | |
| 936 | KEY BENEFITS-TRANSCOICE PLUS | PO BOX 1279 | FORT MILL | SC | 297161279 | 8005916764 | CODE ASSIGNED BY SCHA |
| 893 | KEYSTON HEALTH PLAN EAST | PO BOX 8339 | PHILADELPHIA | PA | 19101 | 8002273116 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-------------------------------|--------------|----|-----------|------------|---|
| D71 | KEYSTONE 65 | PO BOX 7799 | PHILADELPHIA | PA | 191017799 | 8002273116 | MEDICARE ADVANTAGE PLAN |
| B66 | KIRKE-VAN ORSDEL, INC. | PO BOX 9126 | DES MOINES | IA | 503069126 | 8002472192 | USE CODE 759 MEDIPLUS PER SCHA |
| 318 | KLAIS & COMPANY | 1867 WEST MARKET ST. | AKRON | OH | 443136977 | 3308678443 | |
| 900 | KOHLER COMPANY | 444 HIGHLAND DR. | KOHLER | WI | 530441515 | 9204574441 | |
| 711 | LABORERS DISTRICT COUNCIL OF GA AND SC | PO BOX 607 | JONESBORO | GA | 302370607 | 4044771888 | |
| 456 | LIDLAW EMPLOYEE BENEFIT PLAN, INC. | 4144 NORTH CENTRAL EXPRESSWAY | DALLAS | TX | 75204 | 2148269090 | CODE ASSIGNED BY SCHA |
| 320 | LAMAR LIFE INSURANCE COMPANY | PO BOX 880 | JACKSON | MS | 39201 | 6019493100 | |
| 678 | LANCASTER COUNTY | - | - | - | - | | |
| 457 | LAQUINTA INN | PO BOX 2636 | SAN ANTONIO | TX | 782790064 | | CODE ASSIGNED BY SCHA |
| 679 | LAURENS COUNTY | - | - | - | - | | |
| D04 | LBA HEALTH PLANS, INC./PRIMARY SELECT | PO BOX 17098 | OWINGS MILL | MD | 211177098 | 8008158240 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 680 | LEE COUNTY | - | - | - | - | | |
| 978 | LEGGETT & PLATT | PO BOX 7687 | HIGH POINT | NC | 27264 | 8773112150 | |
| D31 | LEON MEDICAL CENTER HEALTH PLAN | PO BOX 65-9006 | MIAMI | FL | 33265 | 3055595366 | MEDICARE ADVANTAGE PLAN |
| 681 | LEXINGTON COUNTY | - | - | - | - | | |
| 943 | LIBERTY MUTUAL LIFE INSURANCE | 5 HUTCHINSON DR. | DANVERS | MA | 01923 | 8889994767 | CODE IN OPEN STATUS BY SCHA |
| 540 | LIBERTY NATIONAL LIFE INSURANCE COMPANY | PO BOX 2612 | BIRMINGHAM | AL | 35202 | 2053252722 | |
| 243 | LIFE & CASUALTY INSURANCE COMPANY OF TENNESSEE | AMERICAN GENERAL CENTER | NASHVILLE | TN | 37250 | 6157491000 | |
| B02 | LIFE INSURANCE CO. OF ALABAMA | PO BOX 349 | GADSDEN | AL | 35902 | 8002262371 | |
| 156 | LIFE INSURANCE COMPANY OF GEORGIA | PO BOX 105006 | ATLANTA | GA | 303485006 | 7709805100 | |
| 157 | LIFE INSURANCE COMPANY OF VIRGINIA, THE | PO BOX 27601 | RICHMOND | VA | 23230 | 8042816000 | |
| 408 | LIFE INVESTORS INSURANCE COMPANY OF AMERICA | PO BOX 8043 | LITTLE ROCK | AR | 72203 | 5013760426 | AKA AEGON |
| 515 | LIFE OF THE SOUTH INSURANCE COMPANY | PO BOX 45237 | JACKSONVILLE | FL | 32232 | 8006616385 | THIS CODE ASSIGNED BY SCHA NOT A MEDICAID REQUEST |
| 396 | LIFE PARTNERS INS GROUP | 7887 E. BELLEVIEW AVE. | ENGLEWOOD | CO | 80111 | 8005257662 | CODE ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|----------------------|------------------|----|-----------|------------|---|
| 241 | LIFE REINSURANCE CO. | PO BOX 792070 | SAN ANTONIO | TX | 78279 | 8002291024 | |
| B82 | LIFEGUARD BENEFITS | PO BOX 93929 | SOUTHLAKE | TX | 76092 | 8664163617 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B23 | LINCOLN FINANCIAL GROUP | PO BOX 614008 | ORLANDO | FL | 32861 | 8004232765 | |
| 323 | LINCOLN HERITAGE LIFE INSURANCE CO | PO BOX 10843 | CLEARWATER | FL | 337578843 | 8885868810 | |
| 158 | LINCOLN NATIONAL LIFE INSURANCE COMPANY | PO BOX 614008 | ORLANDO | FL | 32861 | 8004232765 | |
| 796 | LINECO | 2000 SPRINGER DR. | LOMBARD | IL | 60148 | 8003237268 | CODE ASSIGNED BY SCHA |
| 543 | LONE STAR LIFE INSURANCE | PO BOX 709009 | DALLAS | TX | 753709009 | 2144476400 | CODE ASSIGNED BY SCHA |
| A53 | LONGSHORE & HARBOR WORKERS COMP PROGRAM | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 367 | LOOMIS INSURANCE COMPANY | PO BOX 7011 | WYOMISSING | PA | 196107011 | 8007820392 | |
| C85 | LOYAL AMERICAN LIFE INSURANCE COMPANY | PO BOX 559004 | AUSTIN | TX | 78755 | 8006336752 | |
| 492 | LT11-LIFETRAC NETWORK | 111100 WAYZATA BLVD. | MINNEAPOLIS | MN | 55305 | | CODE ASSIGNED BY SCHA |
| B18 | LUMENOS | PO BOX 69309 | HARRISBURG | PA | 17106 | 8774957223 | |
| 504 | M CARE | PO BOX 130799 | ANN ARBOR | MI | 481130779 | 2156578920 | CODE IN OPEN STATUS BY SCHA |
| 902 | M CARE | PO BOX 130799 | ANN ARBOR | MI | 481130779 | 8006588878 | CODE ASSIGNED BY SCHA. THIS IS THE HMO TO CC 504 WHICH IS THE POS |
| A32 | MAGELLEN BEHAVIORAL HEALTH | PO BOX 1659 | MARYLAND HEIGHTS | MO | 63043 | 8003592422 | |
| B07 | MAGNACARE | PO BOX 1001 | GARDEN CITY | NY | 11530 | 8666246259 | |
| 847 | MAHONEY BENEFIT ADMINISTRATORS | PO BOX 7260 | FORT LAUDERDALE | FL | 33338 | 8002807093 | |
| 327 | MAIL HANDLERS BENEFIT PLAN | PO BOX 8402 | LONDON | KY | 40742 | 8004107778 | |
| 812 | MAJOR LEAGUE BASEBALL BENEFIT PLAN | PO BOX 7003 | PARKERSBURG | WV | 261027003 | 8006692255 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 159 | MAKSIN MANAGMENT CORP | CN98000 | PENNSAUKEN | NJ | 08110 | 8002570625 | |
| 438 | MAMSI LIFE AND HEALTH INSURANCE CO | PO BOX 993 | FREDRICKS | MD | 21705 | 8002576458 | |
| 860 | MANAGED HEALTH NETWORK | PO BOX 209010 | AUSTIN | TX | 78720 | 8008352094 | |
| 915 | MANAGED HEALTH RESOURCES | PO BOX 30742 | CHARLOTTE | NC | 28208 | 7043555200 | |
| 835 | MANAGED PHARMACY BENEFITS | 1100 NORTH LINDBERGH | ST. LOUIS | MO | 63132 | 8006729540 | THIS CARRIER BOUGHT OUT BY EXPRESS SCRIPTS. |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---|-------------------|----|-----------|------------|---|
| A15 | MANAGED PRESCRIPTIONS SERVICES (MPS) | ONE CITY CENTRE STE. 1100 | ST. LOUIS | MO | 631016922 | 8007596959 | |
| 932 | MANHATTAN INSURANCE GROUP | PO BOX 925309 | HOUSTON | TX | 772925309 | 8006699030 | CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| 756 | MANUS INSURANCE COMPANY | 6350 W ANDREW JACKSON HWY | TALBOTT | TN | 37877 | 8009933401 | |
| 682 | MARION COUNTY | - | - | - | - | | |
| A26 | MARKEL SMART STM | PO BOX 610190 | DALLAS | TX | 752610190 | 8002792290 | |
| 683 | MARLBORO COUNTY | - | - | - | - | | |
| 268 | MARQUETTE NATIONAL LIFE INS. CO. | PO BOX 130 | PENSACOLA | FL | 32591 | 8009348203 | |
| 709DN | MARSH ADVANTAGE AMERICA | 501 NORTH BROADWAY, STE. 500 | ST. LOUIS | MO | 63102 | 8008687526 | FORMERLY BENEFIT PLAN SERVICES |
| 531 | MARY BLACK HEALTHNETWORK | 1690 SKYLYN DR., STE.,130 | SPARTANBURG | SC | 29307 | 8645733535 | |
| B59 | MARYLAND INDIVIDUAL PRACTICE ASSO. | PO BOX 930 | FREDRICK | MD | 21705 | 8009622174 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 569 | MARYLAND PHYSICIANS CARE | PO BOX 61778 | PHOENIX | AZ | 85082 | 8009538854 | CODE IN OPEN STATUS BY SCHA |
| 178 | MASHANTUCKET PLAN ADMINISTRATORS | PO BOX 3620 | MASHANTUCKET | CT | 06338 | 8887796872 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 226 | MASTER HEALTH PLAN | PO BOX 16367 | AUGUSTA | GA | 303919123 | 7068635955 | |
| B32 | MAXCARE | PO BOX 18024 | OKLAHOMA CITY | OK | 73154 | 8002597765 | |
| 586 | MCA ADMINISTRATORS (MANAGED CARE OF AMERICA) | MANOR OAK TWO, STE. 605 1910 COCHRAN RD. | PITTSBURGH | PA | 15220 | 4129220780 | WAS DIVERSIFIED GROUP ADMINISTRATORS |
| 684 | MCCORMICK COUNTY | - | - | - | - | | |
| 361 | MDI GOVERNMENT HEALTH SERVICES | 822 HIGHWAY A1A NORTH STE. 310 | PONTE VEDRA BEACH | FL | 32082 | 8008416288 | CODE ASSIGNED BY SCHA |
| 368 | MED BENEFITS SYSTEM | PO BOX 177 | SOUTH BEND | IN | 46601 | 2192370560 | |
| 206 | MED COST BENEFITS SERVICES | PO BOX 25307 | WINSTON SALEM | NC | 271145307 | 8007951023 | |
| 223 | MED COST PREFERRED | PO BOX 25437 | WINSTON SALEM | NC | 27114 | 8008247406 | CODE ASSIGNED BY SCHA |
| B38 | MEDBEN | PO BOX 1009 | NEWARK | OH | 43058 | 8006868425 | |
| 873 | MEDCO HEALTH | PO BOX 8190 | MADISON | WI | 537088190 | 8002217006 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY THE SCHA |
| C46 | MEDCO HEALTH SOLUTIONS | PO BOX 14711 | LEXINGTON | KY | 40512 | 8002727243 | AS OF 8/1/02 MERCK-MEDCO AND THEIR SUBSIDIARY PAID |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-------------------------------|----------------|----|-----------|------------|---|
| | | | | | | | PRESCRIPTIONS IS NOW MEDCO HEALTH. |
| 152 | MEDICA | PO BOX 30990 | SALT LAKE CITY | UT | 84130 | 8004585512 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA |
| 222 | MEDICA | PO BOX 30990 | SALT LAKE CITY | UT | 84107 | 8009523455 | |
| 619 | MEDICAID, SC | | | | | | |
| 616 | MEDICAID-OUT-OF-STATE | | | | | | |
| C98 | MEDICAL BENEFIT ADM. OF MARYLAND, INC. | PO BOX 950 | FORREST HILL | MA | 60631 | 8885323467 | |
| 295 | MEDICAL BENEFIT ADMINISTRATORS | 5940 SEMINOLE CENTER CT. | MADISON | WI | 53711 | 6082731776 | |
| 781 | MEDICAL CLAIMS MANAGEMENT CORP | PO BOX 12995 | CHARLOTTE | NC | 282202995 | 8003340609 | |
| 781DN | MEDICAL CLAIMS MANAGEMENT CORP | PO BOX 12995 | CHARLOTTE | NC | 282202995 | 8003340609 | |
| C25 | MEDICAL CLAIMS SERVICES | 1 WALL ST. STE. 2A | RAVENSWOOD | WV | 26164 | 8882250522 | |
| C08 | MEDICAL DEVELOPMENT INTERNATION | 19450 DEERFIELD AVE. STE. 400 | LANSTOWNE | VA | 20176 | 8008416188 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 822 | MEDICAL MUTUAL | PO BOX 6018 | CLEVELAND | OH | 44101 | 8002582873 | CODE ASSIGNED BY SCHA |
| 539 | MEDICAL MUTUAL INSURANCE OF OHIO | PO BOX 94648 | CLEVELAND | OH | 44101 | 8003621279 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| X0R | MEDICAL MUTUAL OF OHIO | 2060 EAST 9TH ST. | CLEVELAND | OH | 441151355 | 2166877000 | |
| 979 | MEDICAL REIMBURSEMENT OF AMERICA | 113 SEABOARD LANE | FRANKLIN | TN | 37067 | 6159633826 | THIS CODE IS USED BY SCHA NOT AN ACTIVE MEDICAID CODE |
| 207 | MEDICAL SAVINGS HEALTH PLAN | 419 E. MAIN ST. | MIDDLETON | NY | 10940 | 3173298222 | |
| B39 | MEDICAL SAVINGS INSURANCE CO. | 5835 WEST 74TH ST. | INDIANAPOLIS | IN | 462781758 | 3173298222 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| X1N | MEDICAL SERVICE CORPORATION OF EASTERN WASHINGTON | PO BOX 3048 | SPOKANE | WA | 99220 | 5095364900 | |
| D99 | MEDICARE ADVANTAGE | | | | | | MEDICARE ADVANTAGE PLAN GENERIC CODE |
| D32 | MEDICARE COMPLETE (UNITED HEALTH CARE) | PO BOX 659735 | SAN ANTONIO | TX | 782659735 | 8778423210 | MEDICARE ADVANTAGE PLAN |
| 618 | MEDICARE PART A | | | | | | |
| 620 | MEDICARE PART B ONLY | | | | | | |
| D14 | MEDICARE PLUS BLUE (BCBS OF MICHIGAN) | 27000 ELEVEN MILE RD. | SOUTHFIELD | MI | 48034 | 8002495103 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------|----------------------|----|-----------|------------|---|
| 617 | MEDICARE RAILROAD (PGBA) PROFESSIONAL PART B | PO BOX 10066 | AUGUSTA | GA | 30999 | 8772887600 | |
| 995 | MEDIMPACT | 10680 TREENA ST. | SAN DIEGO | CA | 92131 | 8007882949 | |
| 372 | MEDIPLAN | 502 VALLEY RD. | WAYNE | NJ | 07410 | 9736963111 | |
| 759 | MEDIPLUS | PO BOX 9126 | DES MOINES | IA | 50309 | 8002472192 | AKA TROA |
| B56 | MEDSAVE USA | 3035 LAKELAND HILLS BLVD. | LAKELAND | FL | 33805 | 8002263155 | |
| 746 | MED-TAC CLAIMS | PO BOX 9110 | NEWTON | MA | 02160 | 8003479355 | |
| C96 | MEDTRACK SERVICES | 6310 LAMAR AVE. STE. 230 | OVERLAND PARK | KS | 66202 | 8007714648 | |
| 477 | MEGA LIFE AND HEALTH INSURANCE COMPANY | PO BOX 982009 | NORTH RICHLAND HILLS | TX | 761828009 | 8005272845 | |
| B50 | MEMBER HEALTH | PO BOX 391180 | CLEVELAND | OH | 44139 | 8888685854 | |
| 709 | MERCER ADMINISTRATION | PO BOX 4546 | IOWA CITY | IA | 52244 | 8008687526 | |
| 833 | MERCY HEALTH PLANS | PO BOX 4568 | SPRINGFIELD | MO | 658084568 | 8006472240 | |
| 377 | MERITAIN HEALTH | PO BOX 853921 | RICHARDSON | TX | 75085 | 7163195399 | WAS NORTH AMERICAN ADMINISTRATORS, INC. |
| A29 | MERITAN HEALTH | PO BOX 80884 | INDIANAPOLIS | IN | 46280 | 8006064841 | |
| 108 | METROPOLITAN LIFE INSURANCE COMPANY | PO BOX 981282 | EL PASO | TX | 79998 | 8006386626 | |
| 916 | MHEALTH | PO BOX 742567 | HOUSTON | TX | 77274 | 8886425040 | |
| 961 | MHN (MANAGED HEALTH NETWORK) | PO BOX 27018 | LAS VEGAS | NV | 89126 | 8004584642 | CODE ASSIGNED BY SCHA |
| 790 | MHNET BEHAVIORAL HEALTH | PO BOX 7802 | LONDON | KY | 40742 | 8007527242 | |
| 988 | MID WEST NATIONAL LIFE INS. CO. | PO BOX 981606 | EL PASO | TX | 799981610 | 8007331110 | |
| 742 | MIDA DENTAL PLAN | 2000 TOWN CENTER, STE. 2200 | SOUTHFIELD | MI | 48075 | 8009376432 | |
| C95 | MIDWEST SECURITY | 2700 MIDWEST DR. | ONALASKA | WI | 54650 | 8002368672 | |
| D40 | MINNESOTA POWER HEALTH PLANS | 30 W SUPERIOR ST. | DULUTH | MN | 55802 | 8888128800 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C06 | MISSIONARY MEDICAL | PO BOX 45730 | SALT LAKE CITY | UT | 84145 | 8007771647 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 820 | MMSI MAYO MANAGEMENT SERVICES | 4001 41ST ST. WEST | ROCHESTER | NM | 41154 | 8006356671 | CODE ASSIGNED BY SCHA SEE CARRIER CODE 536 |
| 545 | MOLINA HEALTHCARE OF OHIO | PO BOX 22712 | LONGBEACH | CA | 90801 | 8006424148 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|----------------------------|---------------|----|-----------|------------|--|
| 597 | MONARCH DIRECT | PO BOX 9004 | SPRINGFIELD | MA | 01101 | 8006289000 | |
| 227 | MONUMENTAL GENERAL INSURANCE COMPANY | 1111 N CHARLES ST. | BALTIMORE | MD | 20201 | 8007529797 | |
| 148 | MONUMENTAL LIFE INSURANCE COMPANY | PO BOX 61 | DURHAM | NC | 27702 | 8004445431 | |
| 460 | MORRIS ASSOCIATES | PO BOX 50440 | INDIANAPOLIS | IN | 462500440 | 3175549000 | |
| C04 | MOTOR CITY WELFARE FUND | 2075 W BIG BEAVER STE. 700 | TROY | MI | 48084 | 2488227044 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D24 | MOUNT CARMEL HEALTH PLAN (MCHP) MEDIGOLD (HMO) | PO BOX 6111 | WESTERVILLE | OH | 43086 | 8002403870 | |
| 733 | MOUNTAIN CLAIMS MANAGEMENT | PO BOX 1008 | FRUITLAND | ID | 83619 | 2084527979 | CODE IN OPEN STATUS BY SCHA |
| A12 | MOUNTAIN CLAIMS MANAGEMENT | PO BOX 1008 | FRUITLAND | ID | 83616 | 8669527979 | |
| X2P | MOUNTAIN STATE BLUE CROSS & BLUE SHIELD, INC. | PO BOX 1948 | PARKERSBERG | WV | 26102 | 3044247700 | |
| 993 | MPI INTERNATIONAL, INC. | PO BOX 81913 | ROCHESTER | MI | 483081913 | 2488539010 | |
| 432 | M-PLAN CARDINAL HEALTH | PO BOX 357 | LINTHICUM | MD | 210900357 | 8006752605 | CODE ASSIGNED BY SCHA |
| A18 | MSH MOBILITY BENEFITS | PO BOX 77 | BEEBE PLAIN | VT | 05823 | 8888421530 | CODE ASSIGNED BY SCHA |
| 564 | MULTINATIONAL UNDERWRITERS | PO BOX 863 | INDIANAPOLIS | IN | 46206 | 8006052282 | CODE ASSIGNED BY SCHA |
| 954 | MULTIPLAN | 115 5TH AVE. | NEW YORK | NY | 100031004 | 8005463887 | |
| 593 | MUTUAL ASSURANCE ADMINISTRATORS, INC | PO BOX 42096 | OKLAHOMA CITY | OK | 73123 | 8006489652 | |
| 724 | MUTUAL MEDICAL PLANS | PO BOX 689 | PEORIA | IL | 61652 | 8004484689 | CODE ASSIGNED BY SCHA |
| 107 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | 8002289090 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| 635 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | 4023427600 | MEDICARE INTERMEDIARY PART A |
| 636 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | | MEDICARE INTERMEDIARY PART B |
| C99 | MUTUAL PROTECTIVE MEDICO LIFE INS. CO. | 1515 S. 75TH ST. | OMAHA | NE | 68124 | 8002286080 | CARRIER WAS PREVIOUSLY C35. |
| C35 | MUTUAL PROTECTIVE MEDICO LIFE INSURANCE COMPANIES | 1515 S 75TH ST. | OMAHA | NE | 68124 | 8002286080 | SEE CODE C99 |
| 937 | MVP HEALTH CARE | PO BOX 1434 | SCHENECTADY | NY | 12301 | 8002295851 | NAME CHANGE ONLY 4/09. WAS PERFERRED CARE |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------------------|---------------------------|----|-----------|------------|-------------------------------------|
| 291 | NALC HEALTH BENEFIT PLAN | 20547 WAVERLY CT. | ASHBURN | VA | 20149 | 7037294677 | |
| 522 | NATIONAL AUTOMATIC SPRINKLER INDUSTRY | 800 CORPORATE DR. | LANDOVER | MD | 20785 | 3015771700 | |
| 312 | NATIONAL BENEFIT ADMINISTRATORS | PO BOX 690903 | CHARLOTTE | NC | 282277016 | 8004826736 | |
| 312DN | NATIONAL BENEFIT ADMINISTRATORS | PO BOX 690903 | CHARLOTTE | NC | 282277016 | 8004826736 | |
| C17 | NATIONAL BENEFITS | 110 GIBRALTAR RD. | HORSHAM | PA | 19044 | 2154430404 | |
| 789 | NATIONAL CASUALTY COMPANY | PO BOX 1250 | ROCKFORD | IL | 611051250 | 8002751896 | CODE IN OPEN STATUS BY SCHA |
| 260 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 10136 | FAIRFAX | VA | 220388022 | 8662199292 | CODE IN OPEN STATUS BY SCHA |
| 267 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 220887 | CHARLOTTE | NC | 282220887 | 7043643865 | CODE ASSIGNED BY SCHA |
| C74DN | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 220887 | CHARLOTTE | NC | 28222 | 7043643865 | |
| C74 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 981610 | EL PASO | TX | 799981610 | 7043643865 | |
| 444 | NATIONAL DISASTER MEDICAL SYSTEM | | | | | | |
| 599 | NATIONAL ELEVATOR INDUSTRY HEALTH BENEFITS | PO BOX 477 | NEWTOWN SQUARE | PA | 190730477 | 8005234702 | |
| A70 | NATIONAL EMPLOYEE BENEFIT ADMINISTRATORS | 1920 N. FLORIDA MANGO RD. | WEST PALM BEACH | FL | 33409 | 8008225899 | |
| 263 | NATIONAL FINANCIAL COMPANY | 110 WEST 7TH ST. STE. 300 | FT WORTH | TX | 76102 | 8007251407 | |
| B53 | NATIONAL FOUNDATION LIFE INSURANCE COMPANY | 110 WEST 7TH ST. STE. 300 | FORT WORTH | TX | 76102 | 8002219039 | |
| 472 | NATIONAL HEALTH CARE HEALTH BENEFITS PLAN(NHC) | PO BOX 1398 | MURFREESBORO | TN | 371331398 | 6158902020 | |
| 929 | NATIONAL HEALTH INSURANCE COMPANY | PO BOX 619999 | DALLAS/FORT WORTH AIRPORT | TX | 752619999 | 8002371900 | |
| 828 | NATIONAL PHARMACEUTICAL SERVICES | PO BOX 407 | BOYSTOWN | NE | 68017 | 8005465677 | |
| 495 | NATIONAL PRESCRIPTION ADMINISTRATORS | PO BOX 1981 | EAST HANOVER | NJ | 079361981 | 8005226727 | BOUGHT OUT BY EXPRESS SCRIPTS CC333 |
| 334 | NATIONAL RURAL LETTER CARRIERS ASSOCIATION | 1750 PENNSYLVANIA AVE., NW | WASHINGTON | DC | 20006 | 8006388432 | |
| C86 | NATIONAL STATES INSURANCE COMPANY | PO BOX 27321, 1830 CRAIG PARK CT. | ST. LOUIS | MO | 63141 | 3148780101 | |
| 914 | NATIONAL TEACHERS ASSO LIFE INSURANCE CO. | PO BOX 2369 | ADDISON | TX | 75001 | 8886716771 | |
| 414 | NATIONAL TELEPHONE COOP. ASSN. | 1 WEST PACK SQUARE, STE. 600 | ASHEVILLE | NC | 28801 | 8282529776 | |
| 558 | NATIONAL TRAVELERS LIFE INS. CO. | PO BOX 9197 | DES MOINES | IA | 50306 | 8002325818 | INACTIVE 8/02 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--------------------------------------|--------------------------------|------------------|----|-----------|------------|---|
| 388 | NATIONALWAY HEALTHCARE ASSOCIATES | PO BOX 682708 | HOUSTON | TX | 77268 | 8008107856 | |
| 163 | NATIONWIDE LIFE INSURANCE COMPANY | PO BOX 182202 | COLUMBUS | OH | 432182202 | 6142497111 | |
| A52 | NATIONWIDE SPECIALITY HEALTH CLAIMS | PO BOX 420 | SPRINGFIELD | MA | 01101 | 8005174791 | |
| 518 | NAT'L ASBESTOS WORKERS MED FUND | 4600 POWDER MILL RD. | BELTSVILLE | MD | 20705 | 8003863632 | |
| 800 | NEBCO (TENNECO) | PO BOX 97 | SCRATNON | PA | 185040097 | 8007177562 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 141 | NEOA HEALTH BENEFITS FUND | 428 E SCOTT AVE. - PO BOX 3070 | KNOXVILLE | TN | 37927 | - | |
| 806 | NETWORK HEALTH PLAN | PO BOX 568 | MENASHA | WI | 54952 | 9207201300 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 360 | NEW ENGLAND FINANCIAL | PO BOX 190019 | N. CHARLESTON | SC | 29419 | 8004087681 | USE CARRIER 859 NEW ENGLAND GROUP TRUST |
| 859 | NEW ENGLAND GROUP TRUST | PO BOX 30466 | TAMPA | FL | 33630 | 8006541731 | |
| 248 | NEW ENGLAND LIFE INSURANCE | 25145 COUNTRY CLUB BLVD. | NORTH OLMSTED | OH | 440705300 | 8002558063 | |
| 437 | NEW ERA LIFE INSURANCE CO | PO BOX 4884 | HOUSTON | TX | 772104884 | 2813687200 | |
| 520 | NEW JERSERY CARPENTERS | PO BOX 7818 | EDISON | NJ | 088180846 | 8006243096 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 808 | NEW MARKET DIMENSION | PO BOX 1338 | COCKEYVILLE | MD | 21031 | 8005706745 | |
| C89 | NEW SOURCES BENEFITS | PO BOX 6305 | SPARTANBURG | SC | 29304 | 8004761555 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 165 | NEW YORK LIFE INSURANCE COMPANY | PO BOX 105095 | ATLANTA | GA | 30348 | 8003884580 | |
| D39 | NEW YORK WELFARE FUND | 101-49 WOOKHAVEN BLVD. | OZONE PARK | NY | 11416 | 7188455800 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 685 | NEWBERRY COUNTY | - | - | - | - | | |
| B54 | NGS AMERICAN INC | PO BOX 7676 | ST. CLAIR SHORES | MI | 48080 | 8107797676 | |
| B97 | NIPPON LIFE INSURANCE CO. | PO BOX 25951 | SHAWNEE MISSION | KS | 662251835 | 8003741835 | |
| 174 | NMU PENSION & WELFARE FUND | 360 WEST 31ST ST., 3RD FL | NEW YORK | NY | 10001 | 2123374900 | |
| 350 | NORTH AMERICA ADMINISTRATORS | PO BOX 1984 | NASHVILLE | TN | 37203 | 6152563561 | |
| 384 | NORTH AMERICAN BENEFIT NETWORK | PO BOX 94928 | CLEVELAND | OH | 441014928 | 8003214085 | |
| C36 | NORTH AMERICAN INSURANCE COMPANY | PO BOX 44160 | MADISON | WI | 53744 | 6086621232 | |
| 359 | NORTH CAROLINA MUTUAL LIFE INSURANCE | 411 W. CHAPEL HILL ST. | DURHAM | NC | 27701 | 9196829201 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------------|---------------|----|-----------|------------|---|
| A17 | NOVA HEALTHCARE ADMINISTRATORS | 2680 GRAND ISLAND BLVD. | GRAND ISLAND | NY | 140720308 | 8003333195 | |
| A64 | NTCA (NAT'L TELECOMMUNICATIONS COOPERATIVE ASSO.) | ONE WEST PACK SQUARE STE. 600 | ASHEVILLE | NC | 288013459 | 8282819000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 458 | OBA MIDWEST | 8160 SOUTH CASS AVE. | DARIEN | IL | 60561 | 6309602035 | WHEN CALLING THE ABOVE PHONE NUMBER, YOU ARE ASKED TO DIAL AN EXTENSION. DIAL EXTENSION 23. |
| 170 | OCCIDENTAL LIFE INSURANCE COMPANY OF NC | PO BOX 10324 | RALEIGH | NC | 27605 | 9198318189 | |
| 686 | OCONEE COUNTY | - | - | - | - | | |
| 821 | ODS HEALTH PLAN ADVANTAGE | PO BOX 4030 | PORTLAND | OR | 972084030 | 8773370650 | CODE ASSIGNED BY SCHA |
| 982 | OFFICE OF GROUP BENEFITS STATE OF LOUISIANA | PO BOX 44036 | BATON ROUGE | LA | 708044036 | 8002728451 | |
| 809 | OHIP CARPENTERS HEALTH & WELFARE FUND | 8281 YOUNGSTOWN WARREN RD. #240 | NILES | OH | 44446 | 8003629354 | CODE ASSIGNED BY SCHA |
| 591 | OLD AMERICAN INSURANCE COMPANY | PO BOX 418573 | KANSAS CITY | MO | 64141 | 8167534900 | |
| C37 | OLD SURETY LIFE INSURANCE CO | PO BOX 54407 | OKLAHOMA CITY | OK | 731541407 | 8002725466 | |
| 866 | OLYMPIC HEALTH MANAGEMENT | PO BOX 5348 | BELLINGHAM | WA | 98227 | 3607349888 | |
| 353 | ONE HEALTH PLAN OF SC | PO BOX 190019 | N CHARLESTON | SC | 29419 | 8003149010 | CODE ASSIGNED BY SCHA |
| 583 | ONE NATION BENEFIT ADMINISTRATORS | PO BOX 528 | COLUMBUS | OH | 43216 | 8008246796 | NAME CHANGE WAS ANTHEM BENEFIT ADMINISTRATORS |
| 850 | ONENET PPO | PO BOX 934 | FREDERICK | MD | 217050934 | 8003423289 | CODE ASSIGNED BY SCHA |
| 807 | OPTIMA HEALTH PLAN | PO BOX 5028 | TROY | MI | 460071199 | 8002291199 | |
| 896 | OPTIMED HEALTH PLAN | 902 CLINT MOORE RD. STE. 100 | BOCA RATON | FL | 33487 | 8004828770 | |
| 891 | OPTIMUM CHOICE OF THE CAROLINAS INC | 4 TAFT CT. | ROCKVILLE | MD | 20850 | 8003438205 | |
| 880 | OPTIMUM HEALTH PARTNERS | PO BOX 2243 | GREENVILLE | SC | 29602 | 8642134992 | |
| 687 | ORANGEBURG COUNTY | - | - | - | - | | |
| 603 | OTHER INDIGENT (HOSPITAL CHARITY) | | | SC | | | |
| 624 | OTHER SPONSOR | | | | | | |
| 696 | OUT-OF-STATE GA | - | - | - | - | | |
| 697 | OUT-OF-STATE NC | - | - | - | - | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|------------------------|------------------|----|-----------|------------|--|
| 698 | OUT-OF-STATE OTHER | - | - | - | - | | |
| 963 | OXFORD HEALTH PLANS | PO BOX 2083 | NASHUA | NH | 030612083 | 8882014111 | |
| 215 | OXFORD LIFE INSURANCE COMPANY | PO BOX 46518 | MADISON | WI | 53744 | 8774693073 | |
| D26 | OXFORD MEDICARE ADVANTAGE (HMO) | PO BOX 7082 | BRIDGEPORT | CT | 06601 | 8002341228 | MEDICARE ADVANTAGE PLAN |
| 370 | P5 HEALTH PLAN SOLUTIONS | PO BOX 9554 | SALT LAKE | UT | 84109 | 8774740605 | WAS P5 ELECTRONIC HEALTH SERVICES |
| 771 | PACIFIC FIDELITY LIFE INSURANCE CO (P.F.L.) | PO BOX 982009 | N RICHLAND HILLS | TX | 761828009 | 8176566040 | USE CODE 477 MEGA LIFE |
| 784 | PACIFIC HEALTH ADMINISTRATORS | PO BOX 620123 | ORLANDO | FL | 328620123 | 8007766070 | CODE ASSIGNED BY SCHA |
| 399 | PACIFIC LIFE AND ANNUITY | PO BOX 34799 | PHOENIX | AZ | 85067 | 8007332285 | |
| 254 | PACIFIC MUTUAL LIFE INSURANCE COMPANY | 700 NEWPORT CENTER DR. | NEWPORT BEACH | CA | 92660 | 8004512513 | |
| D03 | PACIFIC SOURCE | PO BOX 7068 | EUGENE | OR | 97401 | 8006246052 | |
| 747 | PACIFICARE | PO BOX 6099 | CYPRESS | CA | 90630 | 8663169776 | CODE ASSIGNED BY SCHA |
| 787 | PACIFICARE SENIOR SUPPLEMENT PLAN | PO BOX 6072 | CYPRESS | CA | 906300072 | 8008513802 | |
| 766 | PALMER & CAY/CARSWELL, INC. | PO BOX 1286 | SAVANNAH | GA | 31402 | 9122346621 | |
| 766DN | PALMER & CAY/CARSWELL, INC. | PO BOX 1286 | SAVANNAH | GA | 31402 | 9122346621 | |
| B29 | PANAMERICAN BENEFIT SOLUTIONS | PO BOX 619008 | DALLAS | TX | 75261 | 8006949888 | WAS US NOW INSURANCE GROUP |
| 255 | PAN-AMERICAN LIFE INSURANCE COMPANY | PO BOX 60219 | NEW ORLEANS | LA | 70160 | 5045661300 | |
| 976 | PARAGON BENEFITS, INC. | PO BOX 12288 | COLUMBUS | GA | 31917 | 7062776710 | |
| 293 | PARAMOUNT HEALTH CARE | PO BOX 497 | TOLEDO | OH | 43697 | 8888912564 | |
| B16 | PARTNER RX MANAGEMENT | PO BOX 12119 | SCOTTSDALE | AZ | 85260 | 8006594112 | |
| 890 | PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA | PO BOX 17368 | WINSTON SALEM | NC | 271167368 | 8009425695 | |
| 172 | PAUL REVERE LIFE INSURANCE COMPANY | PO BOX 15118 | WORCESTER | MA | 016150118 | 5087994441 | |
| A21 | PC HEALTH PLAN ADMINISTRATION | PO BOX 1377 | THOMASVILLE | GA | 31799 | 8884261937 | CODE ASSIGNED BY SCHA |
| 363 | PEARCE ADMINISTRATION | PO BOX 2437 | FLORENCE | SC | 29503 | 8886226001 | GM SOUTHWEST IS THE CLAIMS PROCESSOR FOR PEARCE ADMINISTRATION |
| 538 | PENN GENERAL SERVICES | PO BOX 72077 | ATLANTA | GA | 303581535 | 8004441535 | CODE ASSIGNED BY SCHA |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------------------|-----------------|----|-----------|------------|---|
| B96 | PENN TREATY & AMERICAN NETWORK | PO BOX 130 | PENSACOLA | FL | 32591 | 8006357418 | |
| 805 | PENN TREATY NETWORK AMERICA (PTNA) | PO BOX 130 | PENSACOLA | FL | 325910130 | 8006357418 | CODE ASSIGNED BY SCHA |
| 182 | PENN TREATY NETWORK AMERICA INS. CO. | PO BOX 7066 | ALLENTOWN | PA | 181057066 | 8003620700 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C49 | PENN WESTERN BENEFITS, INC | PO BOX 7834 | GREENSBORO | NC | 27417 | 3366659400 | |
| C49DN | PENN WESTERN BENEFITS, INC | PO BOX 7834 | GREENSBORO | NC | 27417 | 3366659400 | |
| X0J | PENNSYLVANIA BLUE SHIELD | PO BOX 890089 | CAMP HILL | PA | 17089 | 8006373493 | |
| 173 | PENNSYLVANIA LIFE INSURANCE COMPANY | PO BOX 130 | PENSACOLA | FL | 325910100 | 8002757366 | |
| 878 | PENSION AND GROUP SERVICE/HRM CLAIM MANAGEMENT | PO BOX 4022 | KALAMAZOO | MI | 490034022 | 8002530966 | |
| 770 | PEOPLES BENEFIT LIFE INSURANCE | PO BOX 484 | VALLEY FORGE | PA | 19493 | 8005237900 | |
| 862 | PERFORMAX | 300 CORPORATE PARKWAY | AMHERST | NY | 11226 | 8777776076 | |
| 708 | PERFORMAX | PO BOX 61505 | KING OF PRUSSIA | PA | 19406 | 8885547629 | CODE NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA |
| 325 | PERSONAL CARE | PO BOX 7141 | LONDON | KY | 40742 | 8004311211 | |
| 740 | PHARMACARE | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8002376184 | AS OF 1/1/08 CO. MERGED WITH CAREMARK (471) ADD NEW POLICIES WITH 471 |
| 964 | PHARMACEUTICAL CARE NETWORK | 9343 TECH CENTER DR. | SACRAMENTO | CA | 95826 | 8007770074 | |
| 314 | PHARMACY ADVANTAGE NETWORK | 50 LENNOX POINTE | ATLANTA | GA | 30324 | 8887275560 | SEE CARRIER 366 CATALYST RX |
| B47 | PHARMACY DATA MANAGEMENT, INC | 1170 E WESTERN RESERVE RD. | POLAND | OH | 44514 | 8007740890 | |
| 257 | PHARMACY NETWORK NATIONAL OF N.C. | 4000 OLD WAKEFOREST RD. STE. 101 | RALEIGH | NC | 27609 | 8003317108 | SEE CARRIER 366 CATALYST RX |
| B33 | PHARMAVAIL DRUG COMPANY | 3380 TRICKHUM RD. BLDG 400, UNIT 100 | WOODSTOCK | GA | 30188 | 8009333734 | |
| 948 | PHILADELPHIA AMERICAN LIFE INS. CO. | PO BOX 2465 | HOUSTON | TX | 77252 | 8005527879 | |
| 555 | PHILADELPHIA AMERICAN LIFE INSURANCE CO | PO BOX 4884 | HOUSTON | TX | 772104882 | 8005527879 | CODE ASSIGNED BY SCHA |
| 468 | PHOENIX HEALTHCARE | PO BOX 150809 | ARLINGTON | TX | 76015 | 8003976241 | |
| 561 | PHOENIX MUTUAL LIFE INSURANCE COMPANY | ONE AMERICAN ROW | HARTFORD | CT | 06115 | 8004512513 | THIS CARRIER PURCHASED BY CC864 GE GROUP ADMINISTRATORS |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------|-------------|----|-----------|------------|---|
| 533 | PHYSICIANS CARE NETWORK | PO BOX 101111 | COLUMBIA | SC | 292111111 | 8883239271 | |
| 326 | PHYSICIANS HEALTH PLAN OF MID MICHIGAN | PO BOX 247 | ALPHARETTA | GA | 300090247 | 8008329186 | |
| 590 | PHYSICIANS HEALTH SERVICES | PO BOX 981 | BRIDGEPORT | CT | 06601 | 8008484747 | |
| 773 | PHYSICIANS MUTUAL INSURANCE COMPANY | PO BOX 2018 | OMAHA | NE | 681032018 | 8002289100 | DO NOT USE THIS CODE FOR MEDICARE ADVANTAGE PLANS OFFERED BY THIS CARRIER |
| 228 | PHYSICIANS PLUS INS. CO. | PO BOX 909953 | MILWAUKEE | WI | 53209 | 8005455015 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 462 | PICCADILLY INSURANCE EMPLOYEE BENEFITS DEPT. | PO BOX 2467 | BATON ROUGE | LA | 70821 | 5042968382 | |
| 688 | PICKENS COUNTY | - | - | - | - | | |
| A22 | PIEDMONT ADMINISTRATORS | PO BOX 78030 | GREENSBORO | NC | 274270830 | 8008527040 | |
| 804 | PIEDMONT COMMUNITY HEALTHCARE INC. | PO BOX 14408 | CINCINNATI | OH | 452500408 | 8004007247 | |
| 434 | PIEDMONT HEALTH ALLIANCE | 116 BONHAM CT. | ANDERSON | SC | 29621 | 8643759661 | |
| 487 | PIEDMONT INS COMPANY | PO BOX 979 | MARION | SC | 29571 | 8434235541 | |
| B10 | PILGRIM HEALTH & LIFE INSURANCE | PO BOX 897 | ATLANTA | GA | 30303 | 4046592100 | CODE IN OPEN STATUS BY SCHA |
| B21 | PIONEER HEALTH | PO BOX 6600 | HOLYOKE | MA | 01041 | 8004234586 | |
| 792 | PIONEER LIFE INSURANCE COMPANY OF ILLINOIS | PO BOX 1250 | ROCKFORD | IL | 611051250 | 8159875000 | USE CODE 282 WASHINGTON NATIONAL |
| 338 | PITTMAN & ASSOCIATES, INC. | PO BOX 111047 | MEMPHIS | TN | 38111 | 8002381344 | |
| C55 | PLAN ADMINISTRATORS (MATURE AMERICAN) | 734 15TH ST. NW STE. 500 | WASHINGTON | DC | 20005 | 2023936600 | |
| 276 | PLAN HANDLERS | 930 CANTERBURY PLACE | ESCONDIDO | CA | 92025 | 8005385512 | |
| 886 | PLANNED ADMINISTRATORS INC | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037540041 | |
| 886DN | PLANNED ADMINISTRATORS INC | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037540041 | |
| 706 | PLUMBERS & PIPEFITTERS LOCAL NO. 421 | PO BOX 840 | MACON | GA | 312020840 | 8887412673 | |
| 585 | PLUMBERS & STEAMFITTERS WELFARE FUND | 1024 MCKINLEY ST. | PEEKSILL | NY | 10566 | 9147377220 | |
| 751DN | POLARIS BENEFIT ADMINISTRATORS | PO BOX 1008 | DELAWARE | OH | 43015- | 8002340225 | |
| 751RX | POLARIS BENEFIT ADMINISTRATORS | PO BOX 1008 | DELAWARE | OH | 43015- | 8002340225 | |
| 751 | POLARIS BENEFIT ADMINISTRATORS | PO BOX 2010 | WESTERVILLE | OH | 43086- | 8002340225 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------------------|------------------|----|-----------|------------|--|
| 391 | POMCO | PO BOX 6329 | SYRACUSE | NY | 13217 | 8002344393 | |
| 385 | POSTMASTERS BENEFIT PLAN | 1019 N. ROYAL ST. | ALEXANDRIA | VA | 22314 | 7036835585 | |
| 168 | PRECISE BENEFIT ADMINISTRATORS | PO BOX 9064 | JERICO | NY | 11753 | 5163906000 | |
| A11 | PREFERRED ADMINISTRATORS | PO BOX 18263 | TAMPA | FL | 336798263 | 8772767198 | |
| 486 | PREFERRED CARE | PO BOX 22920 | ROCHESTER | NY | 146922920 | 8009993920 | MEDICARE ADVANTAGE PLAN |
| 347 | PREFERRED CARE INC (PCI) | 1300 VIRGINIA DIRVE STE. 315 | FORT WASHINGTON | PA | 19034 | 8002223085 | |
| 909DN | PREFERRED HEALTH ALLIANCE CORP. | 300 CORPORATE PKWY. STE. 3 | BIRMINGHAM | AL | 35242 | 2059691155 | |
| 909 | PREFERRED HEALTH ALLIANCE CORP. | PO BOX 382048 | BIRMINGHAM | AL | 35238 | 8007228477 | |
| 270 | PREFERRED HEALTH PLAN OF THE CAROLINAS | PO BOX 220397 | CHARLOTTE | NC | 28222 | 8666360239 | |
| 303 | PREFERRED HEALTH PLAN, INC. | PO BOX 24125 | LOUISVILLE | KY | 40224 | 5023397500 | |
| 933 | PREFERRED HEALTHCARE SYSTEMS | 620 HOWARD AVE. | ALTOONA | PA | 166014899 | | CODE ASSIGNED BY SCHA |
| B86 | PREFERRED ONE ADMINISTRATIVE SERVICES | PO BOX 59212 | MINNEAPOLIS | MN | 55459 | 8009971750 | |
| A43 | PREMIER BENEFIT MANAGEMENT, INC. | 7070-A KAIGHN AVE. | PENSAUKEN | NJ | 08109 | 800-966-01 | CODE ASSIGNED BY SCHA |
| 939 | PREMIER HEALTH SYSTEMS | PO BOX 1640 | COLUMBIA | SC | 292021640 | 8032968999 | CODE ASSIGNED BY SCHA |
| 229 | PRESCRIPTION HEALTH SERVICES | PO BOX 80716 | LOS ANGELES | CA | 90080 | 8004212342 | CODE ASSIGNED BY SCHA |
| XYZ | PRESCRIPTIONS SOLUTIONS | PO BOX 6037 | CYPRESS | CA | 90630 | 8007887871 | |
| 421 | PRIMARILY CARE | 75 SOCKANOSSET CROSSROAD STE. 300 | CRANSTON | RI | 02920 | 4147975000 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 387 | PRIMARY PHYSICIANS CARE | PO BOX 94648 | CLEVELAND | OH | 441014648 | 7045232758 | |
| 397 | PRIME THERAPEUDIC | PO BOX 14624 | LEXINGTON | KY | 405124624 | 8004231973 | |
| 844 | PRIME TIME HEALTH PLAN | PO BOX 6905 | CANTON | OH | 44706 | 8006177446 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A42 | PRIMERICA LIFE INSURANCE COMPANY | 3120 BRECKINRIDGE BLVD. | DULUTH | GA | 30199 | 4043811000 | |
| 479 | PRIMEXTRA | PO BOX 1088 | TWINSBURG | OH | 44087 | 8004334893 | |
| 942 | PRINCIPAL FINANCIAL GROUP | PO BOX 39710 | COLORADO SPRINGS | CO | 80949 | 8002474695 | |
| 817 | PRIORITY HEALTH | 1231 E BELTLINE NE | GRAND RAPIDS | MI | 495254501 | 8004465674 | |
| 940 | PRIVATE HEALTH CARE SYSTEMS (PHCS) | PO BOX 2914 | DES PLAINES | IL | 600172914 | 8005317662 | CODE ASSIGNED BY SCHA 6/18/07 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|------------------------------------|-----------------|----|-----------|------------|--|
| B35 | PROCARE RX PBM | 3090 PREMIERE PARKWAY, STE. 100 | DULUTH | GA | 30097 | 8006993542 | |
| 578 | PROFESSIONAL ADMINISTRATORS, INC. | 3751 MAGUIRE BLVD. STE. 100 | ORLANDO | FL | 32814 | 8007410521 | |
| 965 | PROFESSIONAL BENEFIT ADMINISTRATORS, INC. (PBA) | PO BOX 4687 | OAKBROOK | IL | 605223755 | 6306553755 | |
| A20 | PROFESSIONAL CLAIMS MANAGEMENT | PO BOX 35276 | CANTON | OH | 443155276 | 8003258424 | |
| A20DN | PROFESSIONAL CLAIMS MANAGEMENT | PO BOX 35276 | CANTON | OH | 443155276 | 8003258424 | |
| 316 | PROFESSIONAL INSURANCE CORPORATION | 2610 WYCLIFF RD. | RALEIGH | NC | 27607 | 8002891122 | |
| 534 | PROVANTAGE PRESCRIPTION BENEFIT MANAGEMENT SERVICE | PO BOX 1662 | WAUKEHA | WI | 53187 | 2627844600 | |
| A92 | PROVIDENT AMERICAN LIFE & HEALTH INS. | PO BOX 29158 | SHAWNEE MISSION | KS | 66201915 | 8007535133 | |
| 485 | PROVIDENT HEALTH PLAN | PO BOX 3125 | PORTLAND | OR | 972083125 | 8006283912 | CODE ASSIGNED BY SCHA |
| 381 | PROVIDENT INDEMNITY LIFE INSURANCE COMPANY | PO BOX 511 | NORRISTOWN | PA | 19404 | 8005199175 | |
| 110RX | PROVIDENT/CAREMARK | PO BOX 686005 | SAN ANTONIO | TX | 78268 | 8008415550 | USE CODE 280 CAREMARK |
| 328 | PROVIDER SELECT, INC. | PO BOX 330070 | FORT WORTH | TX | 76163 | 8667747766 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 882 | PRUDENTIAL HEALTHCARE SYSTEM OF NC | 2701 COLTSGATE RD. STE. 100 | CHARLOTTE | NC | 28211 | | CODE ASSIGNED BY SCHA |
| 111 | PRUDENTIAL INSURANCE COMPANY OF AMERICA | 841 PRUDENTIAL DR. | JACKSONVILLE | FL | 32207 | 8003463778 | THIS CARRIER BOUGHT OUT BY AETNA CC100 |
| 251 | PYMARID LIFE INSURANCE CO. | PO BOX 12922 | PENSACOLA | FL | 325912922 | 8006581413 | CODE IN OPEN STATUS BY SCHA MEDICARE SUPPLEMENTAL PLAN G |
| D28 | PYRAMID LIFE INSURANCE CO (PFFS) | PO BOX 958465 | LAKE MARY | FL | 327958465 | 4076281776 | MEDICARE ADVANTAGE PLAN |
| 230 | PYRAMID LIFE INSURANCE COMPANY | PO BOX 772 | SHAWNEE MISSION | KS | 66201 | 8004440321 | |
| 221 | QUAL CARE | PO BOX 249 | PISCATHAWAY | NJ | 08855 | 8009926613 | CODE ASSIGNED BY SCHA |
| A85 | QUALCHOICE | PO BOX 25610 | LITTLE ROCK | AR | 722219914 | 8002357111 | |
| A48 | QUALMED OF OREGON | PO BOX 286 | CLACKMAS | OR | 970150286 | 8005685628 | DORMANT 8/06 |
| X0KRX | REGENCE BCBS OF OREGON | PO BOX 12625 MAILSTOP S4P | SALEM | OR | 97309 | 8884371508 | RX PLAN ONLY X0K IS MM PLAN |
| X0KRS | REGENCE BCBS OF OREGON | PO BOX 12625 MAILSTOP S4P | SALEM OREGON | OR | 97309 | 8884371508 | RX PLAN ONLY MM CODE X0K |
| XOKRX | REGENCE BCBS OF OREGON RX PLAN | PO BOX 12625 MAILSTOP S4P | SALEM | OR | 97309 | 8884371508 | RX PLAN ONLY MM PLAN IS X0K |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-------------------------------|----------------|----|-----------|------------|---|
| X0K | REGENCE BLUE CROSS BLUE SHIELD OF OREGON | PO BOX 1271 | PORTLAND | OR | 97207 | 5032255221 | |
| 795 | REGIONAL MEDICAL ADMINISTRATORS INC. | PO BOX 4128 | GLEN RAVEN | NC | 272150901 | 3362267950 | |
| 187 | RELIANCE STANDARD LIFE INS. CO. | PO BOX 82520 | LINCOLN | NE | 68501 | 8004977044 | |
| B19 | RENAISSANCE DENTAL | PO BOX 17250 | INDIANAPOLIS | IN | 46217 | 8883589484 | |
| 296 | RESERVE NATIONAL INSURANCE | PO BOX 26620 | OKLAHOMA CITY | OK | 73126 | 8006549106 | |
| 375 | RESTAT | PO BOX 758 | WEST BEND | WI | 530950758 | 8002481062 | |
| A95 | REYNOLDS & REYNOLDS | PO BOX 1272 | DAYTON | OH | 45401 | 8007363539 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 689 | RICHLAND COUNTY | - | - | - | - | | |
| 398 | RIGHT CHOICE BENEFITS ADMINISTRATORS | 12250 WEBER HILL RD. STE. 100 | ST. LOUIS | MO | 63127 | 8003659036 | CODE ASSIGNED BY SCHA |
| 214 | RISK BENEFIT MANAGEMENT SERVICES, LLC (RBMS) | PO BOX 241569 | ANCHORAGE | AK | 99524 | 8007703740 | |
| 546 | RISK MANGEMENT SERVICES | PO BOX 6309 | SYRACUSE | NY | 13217 | 3154489228 | |
| A30 | RMSCO, INC. | PO BOX 678 | LIVERPOOL | NY | 130880678 | 8772047086 | |
| A30DN | RMSCO, INC. | PO BOX 678 | LIVERPOOL | NY | 130880678 | 8772047086 | |
| 592 | ROBEY BARBER INSURANCE SERVICES | PO BOX 10100 | TAMPA | FL | 33679 | 8007497409 | USE CODE A98 CORPORATE BENEFIT SERVICES DORMANT 8/02 |
| 218 | ROCKY MOUNTAIN HEALTH PLAN (RMHP) | PO BOX 4517 | ENGLEWOOD | CO | 80155 | 8884792000 | |
| 278 | ROCKY MOUNTIAN HEALTH PLAN | PO BOX 10600 | GRAND JUNCTION | CO | 81502 | 8008544558 | |
| 762 | ROYAL NEIGHBORS OF AMERICA | PO BOX 10850 | CLEARWATER | FL | 337578850 | 8778158857 | CODE ASSIGNED BY SCHA |
| A09 | RX AMERICA | 221 N CHARLES LINDBERG DR. | SALT LAKE CITY | UT | 84116 | 8007708014 | |
| 718 | RX PRIME/CIGNA PHARMACY SERVICES | PO BOX 3598 | SCRANTON | PA | 185050598 | 8006225579 | |
| C44 | S C MEDICAL ASSOCIATION-MEMBERS INSURANCE TRUST | PO BOX 11188 | COLUMBIA | SC | 29211 | 8037986207 | |
| 185 | S&S HEALTHCARE STRATEGIES | PO BOX 46511 | CINCINNATI | OH | 45216 | 8888008717 | |
| 410 | SAFECO INSURANCE COMPANY | PO BOX 34699 | REDMOND, | WA | 981241699 | 2068678000 | |
| 690 | SALUDA COUNTY | - | - | - | - | | |
| 570 | SAMBA HEALTH BENEFIT PLAN | 11301 OLD GEORGETOWN RD. | ROCKVILLE | MD | 20852 | 8006386589 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------------|----------------|----|-----------|------------|---|
| 231 | SAVERS LIFE INSURANCE COMPANY | 8064 NORTH POINT BLVD. STE. 201 | WINSTON SALEM | NC | 27106 | 8006420483 | |
| 489 | SAVRX | PO BOX 8 | FREEMONT | NE | 68026 | 8003506714 | |
| C20 | SCREEN ACTORS GUILD-PRODUCERS HEALTH PLAN | PO BOX 7830 | BURBANK | CA | 915107830 | 8007774013 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 846 | SCRIPT CARE, INC. | 6380 FOLSOM DR. | BEAUMONT | TX | 77706 | 8008809988 | |
| 435 | SEABURY AND SMITH COMPANY, INC. | PO BOX 2545 | NASHVILLE | TN | 37219 | 8005822498 | |
| 818 | SEAFARERS HEALTH & BENEFIT PLAN (SHBP) | PO BOX 380 | PINEY POINT | MD | 20674 | 8002524674 | |
| 596 | SECURE HORIZONS | PO BOX 659787 | SAN ANTONIO | TX | 782659787 | 8665798811 | MEDICARE ADVANTAGE PLAN |
| D62 | SECURE HORIZONS DIRECT (UNITED HEALTHCARE) | PO BOX 31353 | SALT LAKE CITY | UT | 84131 | 8665798774 | MEDICARE ADVANTAGE PLAN |
| D27 | SECURE HORIZONS PACIFICARE | PO BOX 25032 | SANTA ANA | CA | 927995032 | 7148253828 | MEDICARE ADVANTAGE PLAN |
| D12 | SECUREHORIZONS DIRECT PFFS | PO BOX 12466 | PENSACOLA | FL | 325912466 | 8882024340 | MEDICARE ADVANTAGE PLAN |
| 865 | SECURIAN DENTAL PLANS | PO BOX 9385 | MINNEAPOLIS | MN | 554409385 | 8002349009 | NAIC 93742 |
| 184 | SECURITY LIFE INSURANCE CO. OF AMERICA | PO BOX 3199 | WINSTON-SALEM | NC | 27102 | 8003009566 | |
| D15 | SECURITYCHOICE ENHANCED PLUS | PO BOX 795180 | SAN ANTONIO | TX | 78279 | 8884458916 | MEDICARE ADVANTAGE PLAN |
| C27 | SELECT BENEFIT ADMINISTRATORS | PO BOX 440 | ASHLAND | WI | 54806 | 8004973699 | |
| C27DN | SELECT BENEFIT ADMINISTRATORS | PO BOX 440 | ASHLAND | WI | 54806 | 8004973699 | |
| B48 | SELECT HEALTH | PO BOX 30192 | SALT LAKE CITY | UT | 84123 | 8005385038 | |
| E37 | SELECT HEALTH | PO BOX 7120 | LONDON | KY | 40742 | 8882762020 | HEALTHY KIDS CONNECTION |
| 883 | SELECT HEALTH OF SOUTH CAROLINA INC | 7410 NORTHSIDE DR. STE. 208 | CHARLESTON | SC | 29420 | 8435691759 | CODE IN OPEN STATUS BY SCHA |
| 637 | SELECT HEALTH/FIRST CHOICE | PO BOX 7120 | LONDON | KY | 40742 | 8882762020 | MEDICAID HMO |
| 392 | SELF FUNDED GROUP INSURANCE ADMINISTRATORS | PO BOX 1719 | KALAMAZOO | MI | 490051790 | 8003421895 | |
| C76 | SELF FUNDING ADMINISTRATORS | PO BOX 6596 | ANNAPOLIS | MD | 21401 | 8004248622 | |
| 204 | SELF INSURED BENEFIT ADMINISTRATORS | 18167 US HWY 19N | CLEARWATER | FL | 33764 | 7275320400 | |
| 378 | SELF INSURERS SERVICE INC. | 2218 SOUTH PRIEST DR. | TEMPE | AZ | 85282 | | |
| 930 | SENTRY LIFE INSURANCE COMPANY | PO BOX 8025 | STEVENS POINT | WI | 54481 | 8004267234 | |
| A23 | SERV U PRESCRIPTION | PO BOX 23237 | MILWAUKEE | WI | 532230237 | 8007593203 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--------------------------------------|----------------|----|-----------|------------|---|
| D10 | SEVEN CORNERS INC | PO BOX 3430 | CARMEL | IN | 46082 | 8666994186 | |
| B79 | SHASTA ADMINISTRATIVE SERVICES | PO BOX 5735 | CINCINNATI | OH | 45201 | 5136291800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 235 | SHAW INDUSTRIES | PO BOX 10 | DALTON | GA | 30722 | 8003211855 | |
| 490 | SHEET METAL LOCAL 20 | PO BOX 42489 | INDIANAPOLIS | IN | 43242 | 8002482141 | CODE ASSIGNED BY SCHA |
| A28 | SHENANDOAH LIFE INSURANCE CO | PO BOX 12847 | ROANOKE | VA | 24029 | 8008485433 | |
| 838 | SHESFIELD, OLSON & MCQUEEN | PO BOX 16608 | ST PAUL | MN | 55116 | 8883308408 | |
| 631 | SHRINERS | - | - | - | ----- | | |
| 208 | SIEBA, LTD | PO BOX 5000 | ENDICOTT | NY | 13761 | 8002524624 | |
| D53 | SIERRA OPTIMA PLUS CLAIMS | PO BOX 15645 | LAS VEGAS | NV | 891145645 | 8882742207 | MEDICARE ADVANTAGE PLAN |
| C87 | SIHO INSURANCE SERVICES | PO BOX 1787 | COLUMBUS | IN | 47202 | 8008732022 | |
| 576 | SIOUX VALLEY HEALTH | PO BOX 91110 | SIOUX FALLS | SD | 57109 | 8007525863 | |
| A77 | SISCO | PO BOX 389 | DUDUQUE | IA | 52004 | 8004574725 | |
| D22 | SMART VALUE (BC OF GA) (PFFS) | PO BOX 3897 | SCRANTON | PA | 18505 | 8668659329 | MEDICARE ADVANTAGE PLAN |
| 478 | SMITH ADMINISTRATORS | PO BOX 163289 | FORT WORTH | TX | 76161 | 8008672582 | |
| 298 | SMITH PREMIERE PHARMACY PLAN | PO BOX 5824 | SPARTANBURG | SC | 29304 | 8002474526 | |
| 329 | SMITHFIELD FOODS HEALTHCARE | PO BOX 158 | SMITHFIELD | VA | 23431 | 8008095916 | |
| B06 | SOUTHCARE HEALTHCARE PREFERRED | 1100 CIRCLE 75 PARKWAY, STE. 1400 | ATLANTA | GA | 30339 | 8004702004 | |
| A87 | SOUTHEAST COMMUNITY CARE (ARCADIAN HEALTH) | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | |
| D43 | SOUTHEAST COMMUNITY CARE BY ARCADIAN HEALTH | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | MEDICARE ADVANTAGE PLAN |
| 888 | SOUTHEASTERN BENEFIT PLANS INC. | 335 ARCHDALE DR. | CHARLOTTE | NC | 282174246 | 7045295400 | |
| C48 | SOUTHERN ADMINISTRATIVE SERVICES | PO BOX 8069 | COLUMBUS | GA | 31908 | 8004268803 | |
| 897 | SOUTHERN BENEFIT ADM. | 5305 VIRGINIA BEACH BLVD. | NORFOLK | VA | 23502 | 7574618091 | |
| A66 | SOUTHERN BENEFIT ADMINISTRATORS, INC. | PO BOX 1449 | GOODLETTSVILLE | TN | 37070 | 8008310420 | |
| B30 | SOUTHERN BENEFITS, SOUTHEASTERN PIPE TRADERS | PO BOX 1449 | GOODLETTSVILLE | TN | 370701449 | 8008314914 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------|---------------|----|-----------|------------|---|
| D06 | SOUTHERN CALIFORNIA BAKERY & CONFECTIONARY | PO BOX 22041 | COMMERCE | CA | 90022 | 3237227171 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B73 | SOUTHERN CALIFORNIA PIPE TRADES TRUST FUND | 501 SHATTO PLACE, 5TH FLOOR | LOS ANGELES | CA | 90020 | 2133856161 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 224 | SOUTHERN ELEC. HEALTH FUND | 3928 VOLUNTEER DR. | CHATTANOOGA | TN | 37416 | 4238992593 | |
| B57 | SOUTHERN FARM BUREAU LIFE INS. CO. | PO BOX 78 | JACKSON | MS | 39205 | 8004579611 | |
| 990 | SOUTHERN GROUP ADMINISTRATORS, INC. | 200 SOUTH MARSHALL ST. | WINSTON SALEM | NC | 27101 | 8003348159 | |
| B22 | SOUTHERN HEALTH SERVICES | PO BOX 7704 | LONDON | KY | 40742 | 8006274872 | |
| B52 | SOUTHERN PLANNED ADMINISTRATORS | PO BOX 218180 | HOUSTON | TX | 77218 | 2818291033 | |
| 186 | SOUTHLAND LIFE INSURANCE COMPANY | PO BOX 105006 | ATLANTA | GA | 303485006 | 7709805100 | |
| 691 | SPARTANBURG COUNTY | - | - | - | - | | |
| 811 | SPARTANBURG REGIONAL HEALTHCARE SYSTEM | PO BOX 1000 | LANCASTER | SC | 29721 | 877-629-00 | CODE ASSIGNED BY SCHA |
| A89 | SPECIAL INSURANCE SERVICES (SIS) | PO BOX 250349 | PLANO | TX | 750250349 | 8007676811 | CODE ASSIGNED BY SCHA |
| 736 | SPECTERA | 2811 LORD BALTIMORE DR. | BALTIMORE | MD | 212442644 | 8006383120 | |
| 741 | SPENCER & ASSOCIATES INS. | 1 S. LIMESTONE ST. STE. 301 | SPRINGFIELD | OH | 45502 | 8667669016 | CODE ASSIGNED BY SCHA |
| 573 | ST JOHN'S CLAIMS ADMINISTRATION | PO BOX 14409 | SPRINGFIELD | MO | 65814 | 8778757700 | |
| 512 | ST11-STRATEGIC HEALTH | 9501 NE 2ND AVE. | MIAMI SHORES | FL | 33138 | | CODE ASSIGNED BY SCHA |
| A46 | STANDARD INSURANCE COMPANY | PO BOX 209 | PORTLAND | OR | 972070209 | 5033217000 | |
| C42 | STANDARD CORPORATION | 1400 MAIN ST. STE. 1300 | COLUMBIA | SC | 29201 | 8037716785 | |
| C38 | STANDARD LIFE & ACCIDENT INSURANCE COMPANY | PO BOX 1800 | GALVESTON | TX | 775531800 | 8883501488 | |
| 188 | STANDARD LIFE & CASUALTY INSURANCE COMPANY | PO DRAWER 1514 | FORT MILL | SC | 29716 | 8035483657 | |
| 307 | STANDARD SECURITY LIFE INS. CO OF NEW YORK | PO BOX 828 | PARK RIDGE | IL | 60068 | 8665131479 | |
| B74 | STAR HRG | PO BOX 54150 | PHOENIX | AZ | 850784150 | 8002881474 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 240 | STARBRIDGE | PO BOX 55270 | PHOENIX | AZ | 85078 | 8003085948 | |
| 952 | STARK TRUSS CO., INC. | PO BOX 2080C | STOW | OH | 44224 | 8004564002 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A03 | STARMARK | PO BOX 2942 | CLINTON | IA | 52733 | 8005221246 | THIS CARRIER HANDLES GROUPS WITH LESS THAN 50 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------|---------------|----|-----------|------------|--|
| | | | | | | | EMPLOYEES. SEE CC212 FFOR GROUPS OVER 50 EMPLOYEES. |
| 400 | STATE EMPLOYEES HEALTH PLAN BLUE CROSS | 4101 PERCIVAL RD. | COLUMBIA | SC | 29219 | 8008682520 | CLAIMS SHOULD BE SENT TO THE ATTN OF SARAH TOWNES AX-B10 |
| 373 | STATE FARM INSURANCE COMPANIES | 7401 CYPRESS GARDENS BLVD. | WINTERHAVEN, | FL | 338880007 | 8633183000 | |
| 147 | STATE MUTUAL INSURANCE | PO BOX 10811 | CLEARWATER | FL | 337578811 | 8887806388 | |
| B60 | STATE MUTUAL LIFE ASSURANCE COMPANY OF AMERICA | 1100 31ST ST. | DOWNERS GROVE | IL | 60515 | 8003233359 | CODE IN OPEN STATUS BY SCHA |
| B83 | STATE OF LOUISIANA EMPLOYEES | PO BOX 44036 | BATON ROUGE | LA | 70804 | 8002728451 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 867 | STATE OF NC COMP. HEALTH BENEFIT | PO BOX 30025 | DURHAM | NC | 27702 | 9194897431 | |
| A91 | STATES GENERAL LIFE INS. CO | 115 WEST 7TH ST. STE. 1200 | FORT WORTH | TX | 761027012 | 8007828375 | |
| A47 | STATESMAN NATIONAL LIFE INSURANCE COMPANY | 3815 MONTROSE BLVD. | HOUSTON | TX | 77006 | 7135266000 | |
| 244 | STERLING INVESTORS LIFE INS. CO. | PO BOX 10844 | CLEARWATER | FL | 337578844 | 8776045240 | |
| 233 | STERLING LIFE INSURANCE | PO BOX 5348 | BELLINGHAM | WA | 98227 | 8006880010 | |
| 645 | STERLING MEDICARE CHOICE HMO | PO BOX 70 | LINTHIEUM | MD | 21900 | 6152445600 | MEDICARE ADVANTAGE PLAN |
| 140 | STERLING OPTION I (PFFS) | PO BOX 5348 | BELLINGHAM | WA | 982270010 | | MEDICARE ADVANTAGE PLAN |
| 374 | STONEBRIDGE LIFE INSURANCE CO. | 2700 W. PLANO PARKWAY | PLANO | TX | 75075 | 8003319955 | |
| 714 | STOWE ASSOCIATES | 2872 WOODCOCK BLVD. #200 | ATLANTA | GA | 30341 | 8005337896 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B61 | STOWE-PHARR MILLS | 100 MAIN ST. | MCADENVILLE | NC | 28101 | 7048243551 | CODE IN OPEN STATUS BY SCHA |
| 734 | STRATEGIC OUTBURSTING INC. | PO BOX 241508 | CHARLOTTE | NC | 28224 | 8888367764 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA |
| C05 | STRATEGIC OUTSOURCING, INC. (SOI) | PO BOX 241508 | CHARLOTTE | NC | 28224 | 8888367764 | |
| A40 | STRATEGIC RESOURCE COMPANY | PO BOX 14079 | LEXINGTON | KY | 40512 | 8887729682 | |
| C93 | STUDENT ASSURANCE INSURANCE SERVICES | PO BOX 196 | STILL WATER | MN | 55085 | 8003282739 | |
| 209 | SUMMIT AMERICA INSURANCE SERVICES | 7400 COLLEGE BLVD. STE. 100 | OVERLAND PARK | KS | 66210 | 8772466997 | |
| 692 | SUMTER COUNTY | - | - | - | - | | |
| 342 | SUN LIFE INSURANCE COMPANY OF CANADA | ONE SUN LIFE EXECUTIVE PARK | WELLESLEY | MA | 02181 | 8002253950 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------|----------------|----|-----------|------------|---|
| 861 | SUPERIOR ESSEX | PO BOX 724907 | ATLANTA | GA | 31139 | 8772917920 | |
| 395 | T R PAUL GROUP SERVICES, INC. | PO BOX 5508 | NEWTOWN | CT | 064705508 | 2034268161 | CODE ASSIGNED BY SCHA |
| C45 | TALL TREE ADMINISTRATORS | PO BOX 71747 | SALT LAKE CITY | UT | 841710747 | 8774534201 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C19 | TAYLOR BENEFIT RESOURCES, INC. | PO BOX 6580 | THOMASVILLE | GA | 31758 | 8883525246 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 712 | TDI MANAGED CARE SERVICES | 620 EPSILON DR. | PITTSBURG | PA | 15238 | 8005815300 | CARRIER BOUGHT OUT BY PHARMACARE CC 740 |
| C50 | TENNESSEE BENEFIT ADMINISTATORS | PO BOX 3257 | SPARTANBURG | SC | 29304 | 901-685-89 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C01 | TERMINIX SERVICE | PO BOX 2627 | COLUMBIA | SC | 29202 | 8037721783 | CODE ASSIGNED BY SCHA |
| 497 | TEXAS INTERNATIONAL | PO BOX 11007 | WINSTON SALEM | NC | 27116 | 8663074711 | |
| B94 | THE CAPELLA GROUP | PO BOX 200368 | ARLINGTON | TX | 76006 | 8884113888 | |
| C33 | THE DESTINY HEALTH PLAN | PO BOX 4628 | OAKBROOK | IL | 60522 | 8668269345 | |
| 269 | THE EPOCH GROUP | PO BOX 12170 | OVERLAND PARK | KS | 66212 | 8002556065 | |
| 785 | THE HARVEST INSURANCE CO. | PO BOX 956003 | LAKE MARY | FL | 327950856 | 8002530856 | CODE ASSIGNED BY SCHA |
| 763 | THE PROVIDENT | PO BOX 31499 | TAMPA | FL | 33631 | 8005257268 | |
| B28 | THE STANDARD | PO BOX 82622 | LINCOLN | NE | 68501 | 8005479515 | |
| 767 | THIELE KAOLIN CO. | PO BOX 1868 | STATESBORO | GA | 30459 | 4785523951 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 542 | THIRD PARTY ADMINISTRATORS/AMERICAN BENEFIT | 1733 PARK ST. | NAPERVILLE | IL | 60563 | 8006315917 | |
| 315 | THOMAS COOPER AND COMPANY | PO BOX 22557 | CHARLESTON | SC | 29413 | 8437222115 | |
| 315DN | THOMAS COOPER AND COMPANY | PO BOX 22557 | CHARLESTON | SC | 29413 | 8437222115 | |
| A01 | THRIVENT FINANCIAL FOR LUTHERANS | 4341 N. BALLARD RD. | APPLETON | WI | 54919 | 8008474836 | |
| 463 | TIM BAR CORP | PO BOX 449 | HANOVER | PA | 17331 | 7176324727 | |
| 322 | TIME INSURANCE COMPANY | PO BOX 981602 | EL PASO | TX | 799980624 | 8005537654 | USE 386 ASSURANT HEALTH |
| 265 | TODAY'S OPTION | PO BOX 391883 | CAMBRIDGE | MA | 02139 | 8662225137 | MEDICARE ADVANTAGE PLAN |
| 797 | TODAY'S OPTIONS UNIVERSAL AMERICAN | PO BOX 742528 | HOUSTON | TX | 77274 | 8664225009 | MEDICARE ADVANTAGE PLAN |
| 755 | TOTAL BENEFIT SERVICES INC | PO BOX 30180 | NEW ORLEANS | LA | 70190 | 800596 315 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--------------------------------|--------------|----|-----------|------------|--|
| D69 | TOTAL CARE/HEALTHSPRING | PO BOX 20000 | NASHVILLE | TN | 372024070 | 8007437141 | MEDICARE ADVANTAGE PLAN |
| E55 | TOTAL CAROLINA CARE INC. | 1441 MAIN ST. | COLUMBIA | SC | 29210 | 8664336041 | |
| D55 | TOTAL CAROLINA CARE, INC | 1441 MAIN ST. | COLUMBIA | SC | 29210 | 8664336031 | MEDICAID HMO |
| B40 | TOTAL CLAIMS SOLUTION (TCS) | PO BOX 10888 | GREEN BAY | WI | 543070888 | 8003760110 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B46 | TOTAL CLAIMS SOLUTION (TCS) | PO BOX 10888 | GREEN BAY | WI | 54307 | 8003760110 | |
| C03 | TOTAL PLAN SERVICES, INC. | PO BOX 251369 | PLANO | TX | 75025 | 8009695238 | |
| A80 | TOTAL SCRIPT | 10901 WEST 120TH AVE. STE. 110 | BROOMFIELD | CO | 80021 | 8007522211 | |
| D47 | TOUCHSTONE HEALTH PSO | PO BOX 33519 | INDIANAPOLIS | IN | 462030519 | 8887770204 | MEDICARE ADVANTAGE PLAN |
| A76 | TOWER LIFE INS. CO. | 310 S. MARY ST. | SAN ANTONIO | TX | 78205 | 8006606077 | |
| X3B | TPA EXCHANGE | PO BOX 4363 | ST AUGUSTINE | FL | 32085 | 8885022789 | |
| C52 | TPA OF GEORGIA | 2900 CHAMBLEE-TUCKER RD. #3 | ATLANTA | GA | 303414128 | 7704517550 | |
| 856 | TRANSAMERICA OCCIDENTAL LIFE | PO BOX 2101 TERMINAL ANNEX | LOS ANGELES | CA | 90051 | 2137422111 | |
| 112 | TRAVELERS INSURANCE COMPANY | PO BOX 473500 | CHARLOTTE | NC | 282473500 | 7045443665 | USE CODE 113 UNITED HEALTHCARE INACTIVE 8-02 |
| 406 | TRAVELERS PLAN ADMINISTRATORS OF ARIZONA | PO BOX 52100 | PHOENIX | AZ | 85072 | 6028661066 | CODE IN OPEN STATUS BY SCHA |
| 642 | TRICARE FOR LIFE | PO BOX 7890 | MADISON | WI | 537077890 | 8667730404 | |
| 819 | TRICARE OVERSEAS PROGRAM | PO BOX 7985 | MADISON | WI | 537077985 | 8009826257 | CODE ASSIGNED BY SCHA 6/07/10 |
| 614 | TRICARE SOUTH REGION | PO BOX 7031 | CAMDEN | SC | 290207031 | 8004033950 | INTERNET WWW.MYTRICARE.COM |
| C29 | TRUE CHOICE USA | PO BOX 251369 | PLANO | TX | 75025 | 8002519665 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 212 | TRUSTMARK INSURANCE CO. | PO BOX 2942 | CLINTON | IA | 52733 | 8476151500 | USE THIS CARRIER FOR GROUPS WITH MORE THAN 50 EMPLOYEES. USE CCA03 FOR GROUPS LESS THAN 50 EMPLOYEES |
| 703 | TUCKER COMPANY & ADMINISTRATORS | 9140 ARROW POINT BLVD. #200 | CHARLOTTE | NC | 282738102 | 7045259666 | |
| B85 | TUFTS HEALTHCARE | PO BOX 9185 | WATERTOWN | MA | 02471 | 8004238080 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-------------------------------|----------------|----|-----------|------------|---|
| 376 | TUFTS HEATH PLAN | PO BOX 9171 | WATERTOWN | MA | 024719171 | 8004620224 | CODE ASSIGNED BY SCHA |
| 261 | UICI ADMINISTRATORS | PO BOX 30087 | RENO | NV | 895203087 | 8003153440 | |
| B17 | ULTRA BENEFITS | PO BOX 763 | WESTBORO | MA | 01581 | 8668587223 | |
| B42 | UMR | PO BOX 266 | ONALASKA | WI | 546568764 | 8002368672 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 356 | UMR | PO BOX 2697 | WICHITA | KS | 67201 | 8008269781 | USE CODE 139 |
| 139DN | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 84130 | 8008269781 | WAS WAUSAU INS. CO. |
| 143 | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | |
| 967 | UNDERWRITERS SAFETY AND CLAIMS | PO BOX 23507 | LOUISVILLE | KY | 40223 | 8006781536 | |
| 701 | UNI-CARE CHOICE HEALTH BENEFITS | PO BOX 51130 | SPRINGFIELD | MA | 01151 | 8002888630 | |
| 160DN | UNICARE HEALTH AND LIFE INSURANCE | PO BOX 4059 | SCHAUMBURG | IL | 601684059 | 8772179677 | |
| 160 | UNI-CARE HEALTH AND LIFE INSURANCE CO | PO BOX 4458 | CHICAGO | IL | 606804458 | 8772179677 | WAS MASS MUTUAL |
| D29 | UNICARE LIFE & HEALTH INS. CO (PFFS) | 233 S WACKER DR. STE. 3900 | CHICAGO | IL | 68606 | 3123247000 | MEDICARE ADVANTAGE PLAN |
| 556 | UNIFIED GROUP SERVICES | PO BOX 10 | PENDLETON | IN | 46064 | 7657781535 | |
| 566 | UNIFIED GROUP SERVICES | PO BOX 10 | PENDLETON | IN | 46064 | 7657781535 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 517 | UNIFORM MEDICAL PLAN | PO BOX 34850 | SEATTLE | WA | 98124 | 8007626004 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 195 | UNION BANKERS INSURANCE COMPANY | PO BOX 655433 | DALLAS | TX | 752655433 | 2149547840 | |
| 693 | UNION COUNTY | - | - | - | - | | |
| 501 | UNION FIDELITY INSURANCE COMPANY | 4850 ST. RD. | TREVOSE | PA | 19049- | 8005236599 | |
| 306 | UNION LABOR LIFE INSURANCE | 111 MASSACHUSETTS AVE., NW | WASHINGTON | DC | 20001 | 8004438087 | |
| C73 | UNION PACIFIC RAILROAD EMPLOYEES HEALTH | 795 NORTH 400 WEST | SALT LAKE | UT | 84103 | 8005470421 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 439 | UNION SECURITY INSURANCE CO | PO BOX 981602 | EL PASO | TX | 79998 | 8004446254 | USE 386 ASSURANT HEALTH |
| 825 | UNISON ADVANTAGE | PO BOX 1138 | MONROEVILLE | PA | 151465138 | 8002904009 | MEDICARE ADVANTAGE PLAN |
| E38 | UNISON HEALTH PLAN | 250 BERRYHILL RD. | COLUMBIA | SC | 29210 | 8037985852 | HEALTHY KIDS CONNECTION |
| 638 | UNISON HEALTH PLAN HMO | 250 BERRYHILL RD. | COLUMBIA | SC | 29210 | 8037985852 | MEDICAID HMO |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|--|----------------|----|-----------|------------|---|
| 779 | UNISYS | PO BOX 13500 | TALLAHASSEE | FL | 32317 | 8007677829 | DORMANT 8/06 |
| 449 | UNITED SERVICE ASSO. FOR HEALTHCARE | PO BOX 6080-288 | MISSION VAIEJO | CA | 926906080 | 8008721187 | CODE ASSIGNED BY SCHA |
| 277 | UNITED AMERICAN INSURANCE COMPANY | PO BOX 8080 | MCKINNEY | TX | 750708080 | 9725295085 | |
| 871 | UNITED BEHAVIORAL HEALTH | PO BOX 169053 | DULUTH | MN | 55816 | 8008776003 | CODE ASSIGNED BY SCHA |
| A37 | UNITED BEHAVIORAL/DENTAL SYSTEMS | PO BOX 30755 | SALT LAKE CITY | UT | 84130 | 8005575745 | |
| 196 | UNITED BENEFIT LIFE INSURANCE | 3909 HULEN ST. | FT. WORTH | TX | 76107 | 8007320657 | |
| 565 | UNITED BENEFITS | PO BOX 2480 | DAYTONA BEACH | FL | 321152480 | 8004344890 | WAS POE & BROWN |
| 103 | UNITED CLAIMS SOLUTIONS | 10835 N. 25TH AVE. 105 | PHOENIX | AZ | 85029 | 8667448482 | CODE ASSIGNED BY SCHA |
| 124 | UNITED COMMERCIAL TRAVELERS OF AMERICA | PO BOX 159019 | COLUMBUS | OH | 43215 | 8008480123 | |
| 737 | UNITED CONCORDIA | PO BOX 69421 | HARRISBURG | PA | 17106 | 8003320366 | |
| 794 | UNITED FAMILY LIFE INSURANCE COMPANY | PO BOX 2204 | ATLANTA | GA | 30371 | 4046593300 | |
| 577 | UNITED FIDELITY LIFE INSURANCE COMPANY | PO BOX 13487 | KANSAN CITY | MO | 64199 | 8163912134 | OPEN 1/06 |
| 704 | UNITED FOOD & COMMERCIAL WORKERS (UFCW) | 1800 PHOENIX BLVD. STE. 310 | ATLANTA | GA | 30349 | 8002417701 | |
| 340 | UNITED HEALTCARE PLAN OF RIVER VALLEY | 3800 23RD AVE. OF THE CITIES, STE. 200 | MOLINE | IL | 61265 | 8002246602 | THIS COMPANY BOUGHT OUT JOHN DEERE INS. CO. 6/29/07 |
| 715 | UNITED HEALTH & LIFE INSURANCE COMPANY | PO BOX 169050 | DULUTH | MN | 558168200 | 8005262414 | USE CC113 UNITED HEALTHCARE |
| 113DN | UNITED HEALTHCARE | PO BOX 30567 | SALT LAKE CITY | UT | 84130 | 8005215505 | |
| 113 | UNITED HEALTHCARE | PO BOX 740800 | ATLANTA | GA | 303740800 | 8778423210 | |
| 927 | UNITED HEALTHCARE HERITAGE PLUS | UHC OF RIVER VALLEY PO BOX 5230 | KINGSTON | NY | 102425230 | 8002246602 | |
| A82 | UNITED HEALTHCARE INDEMNITY | PO BOX 740801 | ATLANTA | 30 | 303740801 | 8008488406 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D30 | UNITED HEALTHCARE INS. CO (PPO) | PO BOX 150450 | HARTFORD | CT | 061150450 | 8607025000 | MEDICARE ADVANTAGE PLAN |
| A38 | UNITED HEALTHCARE OF NC | PO BOX 2604 | GREENSBORO | NC | 274386304 | 8009991147 | |
| 881 | UNITED HEALTHCARE OF NC | PO BOX 26303 | GREENSBORO | NC | 274386303 | 8009991147 | CODE ASSIGNED BY SCHA |
| B77 | UNITED HEALTHCARE PLAN ADMINISTRATORS | PO BOX 121212 | MARIETTA | GA | 300670092 | 8005627079 | USE CODE 985 BENESIGHT |
| 872 | UNITED HEALTHCARE PLAN OF RIVER VALLED | 3800 23RD AVE. #200 | MOLINE | IL | 61215 | 8002246602 | CODE ASSIGNED BY SCHA THESE COMPANY BOUGHT OUT JOHN DEERE INS. CO. THIS WAS |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---------------------------|----------------|----|-----------|------------|--|
| | | | | | | | THE HMO FOR JOHN DEERE 6/29/07 |
| 279 | UNITED INSURANCE COMPANY OF AMERICA | 1 E WACKER DR. | CHICAGO | IL | 60601 | 8007778467 | |
| B64 | UNITED MEDICAL RESOURCES INC. | PO BOX 145804 | CINCINNATI | OH | 45214 | 5136193000 | |
| 720 | UNITED MINE WORKERS HEALTH & RETIREMENT FUND | ROUTE 2 BOX 218A | BIG STONE GAP | VA | 24219 | 8006549763 | |
| C81 | UNITED PAYORS & UNITED PROVIDERS | 2273 RESEARCH BLVD. | ROCKVILLE | MD | 20850 | 8002474144 | |
| 994 | UNITED PROVIDER SERVICES | PO BOX 820277 | FORT WORTH | TX | 76182 | 8005198374 | CARRIER BOUGHT OUT BY CC 740 PHARMACARE |
| 810 | UNITED RESOURCE NETWORK | PO BOX 30758 | SALT LAKE CITY | UT | 84130 | 877-801-35 | CODE ASSIGNED BY SCHA |
| X3A | UNITED TEACHERS ASSO. INS. CO. | PO BOX 30010 | AUSTIN | TX | 78755 | 8008808824 | |
| 493 | UNITED TEACHERS ASSOCIATION | PO BOX 30010 | AUSTIN | TX | 787553010 | 8668808824 | |
| 217 | UNITED WORLD LIFE INS. CO. | 3316 FARNAM ST. | OMAHA | NE | 68175 | 8776175587 | |
| 791 | UNITEDHEALTH INTEGRATED SERVICES | PO BOX 30783 | SALT LAKE CITY | UT | 841300786 | 8665968447 | |
| A31 | UNITY HEALTH INSURANCE | PO BOX 610 | SAUK CITY | WI | 535831374 | 8003623308 | |
| 989 | UNIVERA HEALTHCARE | PO BOX 23000 | ROCHESTER | NY | 14692 | 8772429464 | |
| D63 | UNIVERA SENIOR CHOICE SECURE | PO BOX 23000 | ROCHESTER | NY | 15692 | 8006171114 | MEDICARE ADVANTAGE PLAN |
| 530 | UNIVERSAL BENEFITS CORPORATION | PO BOX 97 | SCRANTON | PA | 185040097 | 8007470622 | CODE ASSIGNED BY SCHA |
| 198 | UNIVERSAL FIDELITY LIFE INS. CO. | PO BOX 1428 | DUNCAN | OK | 735344 | 8003668355 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D34 | UNIVERSAL HEALTH CARE | PO BOX 3211 | ST PETERSBURG | FL | 33731 | 8666904842 | MEDICARE ADVANTAGE PLAN |
| 855 | UNIVERSITY HEALTH PLANS | PO BOX 830926 DEPT 003 | BIRMINGHAM | AL | 35283 | 8778780914 | |
| D05 | UPMC HEALTH BENEFITS, INC. | PO BOX 2999 | PITTSBURGH | PA | 15230 | 8773813764 | MEDICARE ADVANTAGE PLAN |
| 409 | UPSTATE ADMINISTRATIVE SERVICES | PO BOX 6589 | SYRACUSE | NY | 132176589 | 3154221533 | |
| 777 | US HEALTH AND LIFE | PO BOX 37504 | OAK PARK | MI | 482370504 | 8002259674 | THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA |
| B55 | US SCRIPTS | 2425 WEST SHAW AVE. | FRESNO | CA | 93711 | 8004608988 | |
| 717 | USA HEALTH CARE (MVP HEALTH CARE) | PO BOX 22920 | ROCHESTER | NY | 146922920 | 8009993920 | CODE ASSIGNED BY SCHA |
| 953 | USA HEALTHCARE ORGANIZATION | 7301 N. 16TH ST. STE. 201 | PHOENIX | AZ | 85020 | 8008723860 | CODE ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------|---------------|----|-----------|------------|---|
| 582 | USAA GENERAL INDEMNITY CO. | PO BOX 15506 | SACRAMENTO | CA | 958521506 | 8005318222 | |
| 131 | USI | PO BOX 9888 | SAVANNAH | GA | 31412 | 9126911551 | THIS CARRIER BOUGHT JONES, HILL & MERCER INS. |
| 513 | VALUE OPTIONS | PO BOX 1079 | TROY | NY | 121811079 | 8002880882 | |
| 466 | VALUE RX | PO BOX 421150 | PLYMOUTH | MN | 554420150 | 8009554879 | USE CODE 333 EXPRESS SCRIPTS |
| 633 | VETERANS ADMINISTRATION | - | - | - | - | | |
| 962 | VICARE PLUS | PO BOX 1710 | SUFFOLK | VA | 23439 | 8779344403 | |
| 491 | VISION SERVICE PLAN | PO BOX 997100 | SACRAMENTO | CA | 958997100 | 8006227444 | |
| 606 | VOCA.REHAB GENERAL | | | | | | |
| 608 | VOCATIONAL REHAB DISABILITY | | | | | | |
| A56 | VULCAN MATERIALS COMPANY | PO BOX 530187 | BIRMINGHAM | AL | 352530187 | 8642772371 | DORMANT 8/06 |
| B41 | VYTRA HEALTHCARE | PO BOX 9091 | MELVILLE | NY | 11747 | 8668089399 | |
| 549 | WAL-MART STORES GROUP HEALTH PLAN | 922 W WALNUT STE. A | ROGERS | AR | 72756 320 | 5016212929 | USE CODE 401 BLUE CROSS BLUE SHIELD OF SC |
| 282 | WASHINGTON NATIONAL INSURANCE COMPANY | PO BOX 1934 | DES PLAINES | IL | 60017 | 8009470319 | |
| 841 | WATKINS ASSOCIATED INDUSTRIES | PO BOX 1738 | ATLANTA | GA | 30301 | 8003333841 | CODE ASSIGNED BY SCHA |
| 139RX | WAUSAU INSURANCE COMPANY | PO BOX 8013 | WAUSAU, | WI | 544028013 | 8008269781 | |
| B13 | WEB TPA | PO BOX 99906 | GRAPEVINE | TX | 760999706 | 8007582851 | |
| C32 | WELL FARGO INSURANCE | PO BOX 2801 | CHARLESTON | WV | 253302801 | 8004354351 | |
| D17 | WELLCARE | PO BOX 795184 | SAN ANTONIO | TX | 78279 | 8662352770 | MEDICARE ADVANTAGE PLAN |
| D52 | WELLCARE OF GEORGIA | PO BOX 31224 | TAMPA | FL | 33531 | 8662311821 | MEDICARE ADVANTAGE PLAN |
| 292 | WELLMARK ADMINISTRATORS | PO BOX 9901 | SIOUX CITY | IO | 51102 | 8005265710 | |
| X10 | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 5023 | SIOUX FALLS | SD | 57104 | 5152454500 | USE CARRIER CODE X2A |
| X2A | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 5023 | SIOUX FALLS | SD | 57104 | 8005268995 | |
| 252 | WELLNET HEALTHCARE | 57 ST. RD. | SOUTH HAMPTON | PA | 18966 | 8007271733 | |
| 879 | WELLPATH SELECT | PO BOX 7102 | LONDON | KY | 40742 | 8662083610 | WELLPATH SELECT IS A PLAN UNDER THE PARENT CO. COVENTRY HEALTH CARE |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|--------------------------|--------------|----|-----------|------------|--|
| A24 | WELLPOINT NEXT RX | PO BOX 145433 | CINCINNATI | OH | 45250 | 8009627378 | USE CARRIER 333 EXPRESS SCRIPTS |
| C32DN | WELLS FARGO | PO BOX 11064 | CHARLESTON | WV | 253321064 | 8004354351 | |
| 594 | WELLS FARGO FINANCIAL | 206 EIGHTH ST. | DES MOINES | IA | 50309 | 5152432131 | WAS NORTHWEST FINANCIAL |
| 912 | WELLS FARGO TPA-NC OFFICES | PO BOX 2857 | FAYETTEVILLE | NC | 28302 | 8003376288 | |
| 991 | WEST PORT BENEFITS | PO BOX 66743 | ST. LOUIS | MO | 63166 | 8883065299 | |
| D37 | WEST VIRGINIA LOCAL 152 HEALTH & WELFARE | 5 HOT METAL ST. STE. 200 | PITTSBURGH | PA | 15203 | 8668258152 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B89 | WESTERN & SOUTHERN FINANCIAL GROUP | PO BOX 5735 | CINCINNATI | OH | 45201 | 5136291800 | |
| B90 | WESTERN FIDELITY INSURANCE | PO BOX 901010 | FORT WORTH | TX | 76101 | 8174517200 | |
| B93 | WESTERN STATES ADMINISTRATION | PO BOX 8082 | FRESNO | CA | 937478082 | 2092514891 | CODE ASSIGNED BY SCHA |
| 415 | WEYCO, INC. | PO BOX 30132 | LANSING | MI | 48909 | 5173497010 | |
| 415DN | WEYCO, INC. | PO BOX 30132 | LANSING | MI | 48909 | 5173497010 | |
| 969 | WHP HEALTH INITIATIVE | PO BOX 545 | DEERFIELD | IL | 60015 | 8002072568 | |
| 694 | WILLIAMSBURG COUNTY | - | - | - | - | | |
| 116 | WILLIS CORROON ADMINISTRATIVE SERVICES | PO BOX 305154 | NASHVILLE | TN | 372305154 | 8002558109 | |
| 826 | WILLSE & ASSOCIATES, INC. | PO BOX 1196 | BALTIMORE | MD | 21203 | 4105470454 | |
| D75 | WINDSOR MEDICARE EXTRA | PO BOX 269025 | PLANTO | TX | 750269025 | 8662705223 | MEDICARE ADVANTAGE PLAN |
| A88 | WINDSOR STERLING | PO BOX 269003 | PLANO | TX | 750269003 | 8888588551 | |
| 575 | WISCONSIN ELECTRICAL EMPLOYEES | PO BOX 2430 | BROOKFIELD | WI | 53008 | 6082769111 | CODE IN OPEN STATUS BY SCHA |
| 768 | WISCONSIN PHYSICIANS SERVICES | 1717 WEST BROADWAY ST. | MADISON | WI | 53708 | 8889154158 | |
| 923 | WJ JONES ADMINISTRATIVE SERVICES INC | 1979 MARCUS AVE. | LAKE SUCCESS | NY | 11042 | 8008317783 | DORMANT 8/06 |
| 598 | WJB DORN VA MEDICAL CENTER | 6439 GARNERS FERRY RD. | COLUMBIA | SC | 292091639 | 8037764000 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 285 | WOODMAN OF THE WORLD LIFE INSURANCE SOCIETY | 1700 FARNAM ST. | OMAHA | NE | 68102 | 8002253108 | |
| A34 | WOODS & GROOM | 2549 17TH ST. | COLUMBUS | IN | 47202 | 8003683429 | DORMANT 8/06 |
| 622 | WORKMEN'S COMP | | | | | | |
| 580 | WORLD INSURANCE COMPANY | PO BOX 3160 | OMAHA | NE | 681030160 | 4024968000 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED ALPHABETICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|-------------------------------------|--------------------------------------|---------------|----|-----------|------------|--|
| C57 | WORLD TRAVEL PROTECTION | 4600 WITMER INDUSTRIAL ESTATES #2 | NIAGARA FALLS | NY | 14305 | 8004564553 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 155 | WORLDWIDE INSURANCE & CLAIM SERVICE | 4675 S HOLLAND | SPRINGFIELD | MO | 65810 | 4178828100 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 607 | WPS TRICARE FOR LIFE | PO BOX 7889 | MADISON | WI | 537077889 | 8667730404 | |
| C51 | YALE HEALTH PLAN | PO BOX 208217 | NEW HAVEN | CT | 065208217 | 2034320250 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 470 | YODER BROTHERS | 1001 LEBANON RD. | PENDLETON | SC | 29670 | 8646468331 | |
| 695 | YORK COUNTY | - | - | - | - | | |
| C10 | ZAVATA | PO BOX 1208 | AMERICUS | GA | 31709 | 8008417735 | WAS PARADIGM CARE PLAN |
| 977 | ZENITH ADMINISTRATION | PO BOX 91014 | SEATTLE | WA | 98111 | 8004265980 | DORMANT 8/06 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------------|----------------|----|-----------|------------|--|
| 100 | AETNA US HEALTHCARE | PO BOX 14079 | LEXINGTON | KY | 40512 | 8003334432 | |
| 101 | INTERNATIONAL CLAIMS SERVICES | 27092 BURBANK ST. | FOOTHILL RANCH | CA | 92610 | 8779167920 | ASSIGNED BY SCHA |
| 103 | UNITED CLAIMS SOLUTIONS | 10835 N. 25TH AVE. 105 | PHOENIX | AZ | 85029 | 8667448482 | CODE ASSIGNED BY SCHA |
| 104 | KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA. | PO BOX 7004 | DOWNEY | CA | 90242 | 8003903510 | CODE ASSIGNED BY SCHA |
| 105 | ATHENE ANNUITY AND LIFE ASSURANCE COMPANY | PO BOX 19038 | GREENVILLE | SC | 29602 | 8646098111 | |
| 106 | AMERICAN FIDELITY ASSURANCE BENEFITS | PO BOX 25160 | OKLAHOMA CITY | OK | 731250160 | 8006548489 | |
| 107 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | 8002289090 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| 108 | METROPOLITAN LIFE INSURANCE COMPANY | PO BOX 981282 | EL PASO | TX | 79998 | 8006386626 | |
| 109 | JEFFERSON PILOT INSURANCE COMPANY | PO BOX 26011 | GREENSBORO | NC | 27420 | 3366913000 | |
| 110 | AMERIHEALTH HMO, INC. | PO BOX 41574 | PHILADELPHIA | PA | 191011574 | 8886323862 | CODE ASSIGNED BY SCHA |
| 111 | PRUDENTIAL INSURANCE COMPANY OF AMERICA | 841 PRUDENTIAL DR. | JACKSONVILLE | FL | 32207 | 8003463778 | THIS CARRIER BOUGHT OUT BY AETNA CC100 |
| 112 | TRAVELERS INSURANCE COMPANY | PO BOX 473500 | CHARLOTTE | NC | 282473500 | 7045443665 | USE CODE 113 UNITED HEALTHCARE INACTIVE 8-02 |
| 113 | UNITED HEALTHCARE | PO BOX 740800 | ATLANTA | GA | 303740800 | 8778423210 | |
| 114 | CLAIMEDIX INC. | PO BOX 140067 | KANSAS CITY | MO | 64114 | 8009224262 | CODE ASSIGNED BY SCHA |
| 115 | ALLSTATE INSURANCE | PO BOX 7068 | COLUMBIA | SC | 29202 | 8003668997 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 116 | WILLIS CORROON ADMINISTRATIVE SERVICES | PO BOX 305154 | NASHVILLE | TN | 372305154 | 8002558109 | |
| 117 | HEWITT COLEMAN AND ASSOCIATES | PO BOX 6708 | GREENVILLE | SC | 29606 | 8642405840 | |
| 118 | AMERICAN HEALTH & LIFE INSURANCE | 300 ST. PAUL PLACE | BALTIMORE | MD | 21202 | 3013323000 | |
| 119 | AMERICAN HERITAGE LIFE INSURANCE | 1776 AMERICAN HERITAGE LIFE DR. | JACKSONVILLE | FL | 32224 | 8005358086 | |
| 120 | AMERICAN NATIONAL INSURANCE COMPANY | PO BOX 1790 | GALVESTON | TX | 77553 | 8008996803 | |
| 121 | GREATER HEALTHCARE | PO BOX 3400 | MONROE | NC | 28110 | 7042258887 | |
| 122 | ATLANTIC COAST LIFE INSURANCE COMPANY | PO BOX 20010 | CHARLESTON | SC | 294130010 | 8437638680 | |
| 123 | BANKERS LIFE & CASUALTY | PO BOX 66927 | CHICAGO | IL | 606660927 | 8006213724 | |
| 124 | UNITED COMMERCIAL TRAVELERS OF AMERICA | PO BOX 159019 | COLUMBUS | OH | 43215 | 8008480123 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--------------------------------|----------------|----|-----------|------------|---|
| 125 | AMERICAN TRAVELERS LIFE INSURANCE COMPANY | 3220 TILLMAN DR. | BEN SALEM | PA | 19020 | 2152441600 | |
| 126 | HEALTH PLAN SERVICES (COVENTRY HEALTH CARE) | PO BOX 24146 | SEATTLE | WA | 98124 | 8008610056 | CODE ASSIGNED BY SCHA |
| 127 | BENEFITSOURCE, INC | PO BOX 240 | MONROE | MI | 48161 | 8004231028 | CODE ASSIGNED BY SCHA |
| 128 | CAPITOL LIFE INSURANCE COMPANY | PO BOXO 1200 | DENVER | CO | 80201 | 8005252115 | PER HOSP. ASSO. 07/02, THIS IS STILL A VALID CARRIER |
| 129 | INTERGROUP SERVICES CORPORATION | 101 LINDENWOOD DR, STE. 150 | MALVERN | PA | 19355 | 8005379389 | |
| 130 | EMPLOYERS LIFE INSURANCE COMPANY | PO BOX 6305 | SPARTANBURG | SC | 29304 | 8889628437 | CARRIER WAS COASTAL STATE LIFE INS. CO. |
| 131 | USI | PO BOX 9888 | SAVANNAH | GA | 31412 | 9126911551 | THIS CARRIER BOUGHT JONES, HILL & MERCER INS. |
| 132 | COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY | PO BOX 1365 | COLUMBIA | SC | 29202 | 8037987000 | |
| 133 | COMBINED INSURANCE COMPANY OF AMERICA | 5050 BROADWAY | CHICAGO | IL | 60640 | 8002254500 | |
| 134 | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 182223 | CHATTANOOGA | TN | 374227223 | 8008824462 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 135 | ALLIED NATIONAL, INC. | PO BOX 419233 | KANSAS CITY | MO | 641416233 | 8008257531 | CARRIER WAS ALLIED GROUP INSURANCE TRUST |
| 136 | CIGNA FLEXCARE | PO BOX 30575 | CHARLOTTE | NC | 282303211 | | CODE ASSIGNED BY SCHA |
| 137 | EDUCATORS MUTUAL LIFE INSURANCE COMPANY | PO BOX 3149 | LANCASTER | PA | 17601 | 7173972751 | |
| 138 | CORESOURCE | PO BOX 2920 | CLINTON | IA | 527332920 | 8775433935 | |
| 139 | FISERV HEALTH | PO BOX 8013 | WAUSAU, | WI | 544028013 | 8008269781 | WAS WAUSAU INS. CO. |
| 140 | STERLING OPTION I (PFFS) | PO BOX 5348 | BELLINGHAM | WA | 982270010 | | MEDICARE ADVANTAGE PLAN |
| 141 | NEOA HEALTH BENEFITS FUND | 428 E SCOTT AVE. - PO BOX 3070 | KNOXVILLE | TN | 37927 | - | |
| 142 | GENERAL AMERICAN LIFE INSURANCE | 719 TEACO RD. | KENNETH | MO | 63857 | 8004452158 | USE CODE 308 GREAT WEST LIFE INACTIVE 8-02 |
| 143 | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 841300541 | 8008269781 | |
| 144 | GLOBE LIFE & ACCIDENT INSURANCE | 204 N. ROBINSON | OKLAHOMA CITY | OK | 73102 | 4052701400 | |
| 145 | GMP EMPLOYERS RETIREE TRUST | 5245 BIG PINE WAY SE | FORT MYERS | FL | 33907 | 9419366242 | |
| 146 | HARTFORD INSURANCE GROUP | PO BOX 25600 | CHARLOTTE | NC | 28212 | 7045366230 | |
| 147 | STATE MUTUAL INSURANCE | PO BOX 10811 | CLEARWATER | FL | 337578811 | 8887806388 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------------|----------------|----|-----------|------------|---|
| 148 | MONUMENTAL LIFE INSURANCE COMPANY | PO BOX 61 | DURHAM | NC | 27702 | 8004445431 | |
| 149 | INSURANCE COMPANY OF NORTH AMERICA (INA) | 195 BROADWAY 11TH FLOOR | NEW YORK | NY | 100073100 | 2126184000 | |
| 150 | AMERICAN GENERAL LIFE AND ACCIDENT INS CO | PO BOX 1500 | NASHVILLE | TN | 372501500 | 8008882452 | |
| 151 | CARELINK | PO BOX 7373 | LONDON | KY | 40742 | 8003482922 | MEDICAID HMO |
| 152 | MEDICA | PO BOX 30990 | SALT LAKE CITY | UT | 84130 | 8004585512 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA |
| 153 | KANAWHA LIFE INSURANCE COMPANY | PO BOX 6000 | LANCASTER | SC | 29721 | 8032862440 | |
| 154 | CONSUMER DR.N BENEFITS ASSO. | PO BOX 6080-228 | MISSION VIEIO | CA | 926906080 | 8884114208 | CODE ASSIGNED BY SCHA |
| 155 | WORLDWIDE INSURANCE & CLAIM SERVICE | 4675 S HOLLAND | SPRINGFIELD | MO | 65810 | 4178828100 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 156 | LIFE INSURANCE COMPANY OF GEORGIA | PO BOX 105006 | ATLANTA | GA | 303485006 | 7709805100 | |
| 157 | LIFE INSURANCE COMPANY OF VIRGINIA, THE | PO BOX 27601 | RICHMOND | VA | 23230 | 8042816000 | |
| 158 | LINCOLN NATIONAL LIFE INSURANCE COMPANY | PO BOX 614008 | ORLANDO | FL | 32861 | 8004232765 | |
| 159 | MAKSIN MANAGMENT CORP | CN98000 | PENNSAUKEN | NJ | 08110 | 8002570625 | |
| 160 | UNI-CARE HEALTH AND LIFE INSURANCE CO | PO BOX 4458 | CHICAGO | IL | 606804458 | 8772179677 | WAS MASS MUTUAL |
| 161 | AMA INSURANCE AGNECY, INC. | 200 N. LASALLE ST. STE. 400 | CHICAGO | IL | 606819785 | 8004585736 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 162 | HARVARD PILGRIM HEALTHCARE | PO BOX 656653 | SAN ANTONIO | TX | 82655 | 8004213550 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 163 | NATIONWIDE LIFE INSURANCE COMPANY | PO BOX 182202 | COLUMBUS | OH | 432182202 | 6142497111 | |
| 164 | AMERICAN PROGRESSIVE INSURANCE | PO BOX 130 | PENSACOLA | FL | 325910130 | 8006268913 | |
| 165 | NEW YORK LIFE INSURANCE COMPANY | PO BOX 105095 | ATLANTA | GA | 30348 | 8003884580 | |
| 166 | CAPITOL AMERICAN LIFE INSURANCE COMPANY | PO BOX 94953 | CLEVELAND | OH | 441014953 | 2166966400 | |
| 167 | AMERICAN INTERNATIONAL GROUP (AIG) ACCIDENT | PO BOX 3726 | SEATTLE | WA | 98124 | 8775039095 | CODE ASSIGNED BY SCHA |
| 168 | PRECISE BENEFIT ADMINISTRATORS | PO BOX 9064 | JERICHO | NY | 11753 | 5163906000 | |
| 169 | CROWN CORK & SEAL COMPANY, INC. | 930 BEAUMONT AVE. | SPARTANBURG | SC | 29303 | 8645856456 | |
| 170 | OCCIDENTAL LIFE INSURANCE COMPANY OF NC | PO BOX 10324 | RALEIGH | NC | 27605 | 9198318189 | |
| 171 | AON | PO BOX 66 | WINSTON SALEM | NC | 27102 | 8003683804 | |
| 172 | PAUL REVERE LIFE INSURANCE COMPANY | PO BOX 15118 | WORCESTER | MA | 016150118 | 5087994441 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|------------------------------|----------------|----|-----------|------------|--|
| 173 | PENNSYLVANIA LIFE INSURANCE COMPANY | PO BOX 130 | PENSACOLA | FL | 325910100 | 8002757366 | |
| 174 | NMU PENSION & WELFARE FUND | 360 WEST 31ST ST., 3RD FL | NEW YORK | NY | 10001 | 2123374900 | |
| 175 | COLUMBIA UNIVERSAL LIFE INSURANCE CO. | PO BOX 200225 | AUSTIN | TX | 787200225 | 5123453200 | |
| 176 | GUIDESTAR HEALTH SYSTEMS | PO BOX 35238 | BIRMINGHAM | AL | 35238 | 8005956949 | |
| 177 | CINERGY HEALTH PREFERRED PLAN | 144 N BEVERWYCK RD. #332 | LAKE HIAWATHA | NJ | 080341997 | 8008471148 | CODE IN OPEN STATUS BY SCHA |
| 178 | MASHANTUCKET PLAN ADMINISTRATORS | PO BOX 3620 | MASHANTUCKET | CT | 06338 | 8887796872 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 179 | DESERET MUTUAL BENEFIT ADMINISTRATOR | PO BOX 45530 | SALT LAKE CITY | UT | 84145 | 8007773622 | |
| 180 | ESIS | PO BOX 31122 | TAMPA | FL | 33631 | 8008847975 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 181 | GROUP ADMINISTRATORS,LTD. | 450 E. REMINGTON RD. | SCHAUMBURG | IL | 60173 | 8475191880 | |
| 182 | PENN TREATY NETWORK AMERICA INS. CO. | PO BOX 7066 | ALLENTOWN | PA | 181057066 | 8003620700 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 183 | GILSBAR INSURANCE COMPANY | PO BOX 2947 | COVINGTON | LA | 70434 | 8002342643 | |
| 184 | SECURITY LIFE INSURANCE CO. OF AMERICA | PO BOX 3199 | WINSTON-SALEM | NC | 27102 | 8003009566 | |
| 185 | S&S HEALTHCARE STRATEGIES | PO BOX 46511 | CINCINNATI | OH | 45216 | 8888008717 | |
| 186 | SOUTHLAND LIFE INSURANCE COMPANY | PO BOX 105006 | ATLANTA | GA | 303485006 | 7709805100 | |
| 187 | RELIANCE STANDARD LIFE INS. CO. | PO BOX 82520 | LINCOLN | NE | 68501 | 8004977044 | |
| 188 | STANDARD LIFE & CASUALTY INSURANCE COMPANY | PO DRAWER 1514 | FORT MILL | SC | 29716 | 8035483657 | |
| 189 | INTERNATIONAL EDUCATION EXCHANGE SERVICES | PO BOX 370 | ITHACA | NY | 148510307 | 8664337462 | |
| 190 | BOILERMAKERS NATIONAL HEALTH & WELFARE FUND | 754 MINNESOTA AVE., STE. 522 | KANSAS CITY | KS | 661012762 | 9133426555 | |
| 191 | COVENTRY HEALTHCARE OF DELAWARE, INC. | PO BOX 7713 | LONDON | KY | 40742 | 8008337423 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED MY SCHA |
| 192 | CONVENTRY HEALTHCARE OF NEBRASKA, INC. | PO BOX 7705 | LONDON | KY | 40742 | 8002883343 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 193 | ALLSTATE WORKPLACE DIVISION | PO BOX 853916 | RICHARDSON | TX | 750853916 | 8009377039 | |
| 194 | DAKOTACARE | 1323 S. MINNESOTA AVE. | SIOUX FALLS | SD | 57105 | | CODE ASSIGNED BY SCHA |
| 195 | UNION BANKERS INSURANCE COMPANY | PO BOX 655433 | DALLAS | TX | 752655433 | 2149547840 | |
| 196 | UNITED BENEFIT LIFE INSURANCE | 3909 HULEN ST. | FT. WORTH | TX | 76107 | 8007320657 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------|---------------|----|-----------|------------|--|
| 197 | HARVARD PILGRIM HEALTH CARE | PO BOX 699183 | QUINCY | MA | 022699183 | 8888884742 | |
| 198 | UNIVERSAL FIDELITY LIFE INS. CO. | PO BOX 1428 | DUNCAN | OK | 735344 | 8003668355 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 199 | ALL OTHER CARRIERS | - | - | - | - | | |
| 200 | ALL AMERICAN LIFE INSURANCE CO. | 8501 WEST HIGGINS RD. | CHICAGO | IL | 60631 | 7733996645 | |
| 201 | HCH ADMINISTRATORS | PO BOX 1986 | PEORIA | IL | 61656 | 8003221516 | |
| 202 | JOHN HANCOCK INSURANCE COMPANY | PO BOX 852 | BOSTON | MA | 02117 | 8002331449 | |
| 203 | HEALTH CARE SUPPORT/PRIVATE HEALTH CARE SYSTEM | 29 COLUMBIA HEIGHTS | BROOKLYN | NY | 11201 | 8005544022 | CODE ASSIGNED BY SCHA |
| 204 | SELF INSURED BENEFIT ADMINISTRATORS | 18167 US HWY 19N | CLEARWATER | FL | 33764 | 7275320400 | |
| 205 | FIDELITY LIFE SECURITY | 3130 BROADWAY | KANSAS CITY | MO | 641112406 | 8006488624 | |
| 206 | MED COST BENEFITS SERVICES | PO BOX 25307 | WINSTON SALEM | NC | 271145307 | 8007951023 | |
| 207 | MEDICAL SAVINGS HEALTH PLAN | 419 E. MAIN ST. | MIDDLETON | NY | 10940 | 3173298222 | |
| 208 | SIEBA, LTD | PO BOX 5000 | ENDICOTT | NY | 13761 | 8002524624 | |
| 209 | SUMMIT AMERICA INSURANCE SERVICES | 7400 COLLEGE BLVD. STE. 100 | OVERLAND PARK | KS | 66210 | 8772466997 | |
| 210 | AMERITAS LIFE INSURANCE | PO BOX 82520 | LINCOLN | NE | 68501 | 8002559678 | |
| 211 | COORDINATED BENEFIT PLANS INC. | PO BOX 853925 | RICHARDSON | TX | 750853925 | 8007531000 | |
| 212 | TRUSTMARK INSURANCE CO. | PO BOX 2942 | CLINTON | IA | 52733 | 8476151500 | USE THIS CARRIER FOR GROUPS WITH MORE THAN 50 EMPLOYEES. USE CCA03 FOR GROUPS LESS THAN 50 EMPLOYEES |
| 213 | COVENANT ADMINISTRATORS | PO BOX 105738 | ATLANTA | GA | 30348 | 7702396230 | |
| 214 | RISK BENEFIT MANAGEMENT SERVICES, LLC (RBMS) | PO BOX 241569 | ANCHORAGE | AK | 99524 | 8007703740 | |
| 215 | OXFORD LIFE INSURANCE COMPANY | PO BOX 46518 | MADISON | WI | 53744 | 8774693073 | |
| 216 | HUMANA HEALTH INSURANCE OF FLORIDA | PO BOX 19080-F | JACKSONVILLE | FL | 32245 | 8004574708 | |
| 217 | UNITED WORLD LIFE INS. CO. | 3316 FARNAM ST. | OMAHA | NE | 68175 | 8776175587 | |
| 218 | ROCKY MOUNTAIN HEALTH PLAN (RMHP) | PO BOX 4517 | ENGLEWOOD | CO | 80155 | 8884792000 | |
| 219 | CLAIMS PRO | PO BOX 577 | SOUTHFIELD | MI | 48075 | 8008379600 | RX CARRIER ONLY |
| 220 | HEALTH NEW ENGLAND | ONE MONARCH PLACE,STE | SPRINGFIELD | MA | 011441500 | 8003102835 | CODE NOT REQUESTED BY |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|------------------------------------|-----------------|----|-----------|------------|---|
| | | 1500 | | | | | MEDICAID. ASSIGNED BY SCHA |
| 221 | QUAL CARE | PO BOX 249 | PISCATHAWAY | NJ | 08855 | 8009926613 | CODE ASSIGNED BY SCHA |
| 222 | MEDICA | PO BOX 30990 | SALT LAKE CITY | UT | 84107 | 8009523455 | |
| 223 | MED COST PREFERRED | PO BOX 25437 | WINSTON SALEM | NC | 27114 | 8008247406 | CODE ASSIGNED BY SCHA |
| 224 | SOUTHERN ELEC. HEALTH FUND | 3928 VOLUNTEER DR. | CHATTANOOGA | TN | 37416 | 4238992593 | |
| 225 | HEALTH SERVICES FOUNDATION | PO BOX 2109 | LIVERMORE | CA | 94551 | 5104497070 | |
| 226 | MASTER HEALTH PLAN | PO BOX 16367 | AUGUSTA | GA | 303919123 | 7068635955 | |
| 227 | MONUMENTAL GENERAL INSURANCE COMPANY | 1111 N CHARLES ST. | BALTIMORE | MD | 20201 | 8007529797 | |
| 228 | PHYSICIANS PLUS INS. CO. | PO BOX 909953 | MILWAUKEE | WI | 53209 | 8005455015 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 229 | PRESCRIPTION HEALTH SERVICES | PO BOX 80716 | LOS ANGELES | CA | 90080 | 8004212342 | CODE ASSIGNED BY SCHA |
| 230 | PYRAMID LIFE INSURANCE COMPANY | PO BOX 772 | SHAWNEE MISSION | KS | 66201 | 8004440321 | |
| 231 | SAVERS LIFE INSURANCE COMPANY | 8064 NORTH POINT BLVD. STE. 201 | WINSTON SALEM | NC | 27106 | 8006420483 | |
| 232 | GENERAL ADJUSTMENT BUREAU | PO BOX 81808 | ALTANTA | GA | 30366 | 4044579555 | CODE ASSIGNED BY SCHA |
| 233 | STERLING LIFE INSURANCE | PO BOX 5348 | BELLINGHAM | WA | 98227 | 8006880010 | |
| 234 | ALWAYSCARE BENEFITS INC | PO BOX 80139 | BATON ROUGE | LA | 70898 | 8887295433 | DENTAL PLAN |
| 235 | SHAW INDUSTRIES | PO BOX 10 | DALTON | GA | 30722 | 8003211855 | |
| 236 | GUARANTEE TRUST LIFE INSURANCE | 1275 MILWAUKEE AVE. | GLENVIEW | IL | | 8476990600 | |
| 237 | GUARDIAN LIFE INSURANCE COMPANY OF AMERICA | PO BOX 8019 | APPLETON | WI | 54913 | 8008734542 | |
| 238 | HORIZON HEALTHCARE | PO BOX 1028 | WEST TRENTON | NJ | 08628 | 8007923666 | |
| 239 | HORACE MANN LIFE INSURANCE COMPANY | 1 HORACE MANN PLAZA | SPRINGFIELD | IL | 62715 | 2177892500 | |
| 240 | STARBRIDGE | PO BOX 55270 | PHOENIX | AZ | 85078 | 8003085948 | |
| 241 | LIFE REINSURANCE CO. | PO BOX 792070 | SAN ANTONIO | TX | 78279 | 8002291024 | |
| 242 | HELLER ASSOCIATES | 8228 MAYFIELD RD. STE. 5B | CHESTERLANDE | OH | 44026 | 4405272955 | CODE IN OPEN STATUS BY SCHA |
| 243 | LIFE & CASUALTY INSURANCE COMPANY OF TENNESSEE | AMERICAN GENERAL CENTER | NASHVILLE | TN | 37250 | 6157491000 | |
| 244 | STERLING INVESTORS LIFE INS. CO. | PO BOX 10844 | CLEARWATER | FL | 337578844 | 8776045240 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|----------------------------------|---------------|----|-----------|------------|--|
| 245 | COVENTRY HEALTH CARE | PO BOX 8400 | LONDON | KY | 40742 | 8008916506 | |
| 246 | COVENTRY HEATHLH CARE RX | PO BOX 8400 | LONDON | KY | 40742 | 8009476824 | |
| 247 | EMPLOYERS DIRECT HEALTH | 5050 SPRING VALLEY RD. | DALLAS | TX | 752443909 | 8008729934 | CARRIER WAS FIRST INTERGRATED HEALTH |
| 248 | NEW ENGLAND LIFE INSURANCE | 25145 COUNTRY CLUB BLVD. | NORTH OLMSTED | OH | 440705300 | 8002558063 | |
| 249 | FIRST HEALTH WORKERS COMP ONLY | PO BOX 23070 | TUCSON | AZ | 85735 | 8005544954 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 250 | IDEAL SCRIPTS | 144 METRO CENTER BLVD. | WARWICK | RI | 02886 | 8007176614 | |
| 251 | PYMARID LIFE INSURANCE CO. | PO BOX 12922 | PENSACOLA | FL | 325912922 | 8006581413 | CODE IN OPEN STATUS BY SCHA MEDICARE SUPPLEMENTAL PLAN G |
| 252 | WELLNET HEALTHCARE | 57 ST. RD. | SOUTH HAMPTON | PA | 18966 | 8007271733 | |
| 253 | AMERICAN STERLING INSURANCE SERVICES | PO BOX 26103 | OVERLAND PARK | KS | 66225 | 8772926037 | |
| 254 | PACIFIC MUTUAL LIFE INSURANCE COMPANY | 700 NEWPORT CENTER DR. | NEWPORT BEACH | CA | 92660 | 8004512513 | |
| 255 | PAN-AMERICAN LIFE INSURANCE COMPANY | PO BOX 60219 | NEW ORLEANS | LA | 70160 | 5045661300 | |
| 256 | BENICOMP | 8310 CLINTON PARK DR. | FT WAYNE | IN | 46825 | 8008377400 | CODE ASSIGNED BY SCHA |
| 257 | PHARMACY NETWORK NATIONAL OF N.C. | 4000 OLD WAKEFOREST RD. STE. 101 | RALEIGH | NC | 27609 | 8003317108 | SEE CARRIER 366 CATALYST RX |
| 258 | DIVERSIFIED ADMINISTRATION CORPORATION | PO BOX 299 | MARLBOROUGH | CT | 06447 | 8883222524 | |
| 259 | CNA HEALTHCARE PARTNERS | PO BOX 34197 | LITTLE ROCK | AK | 72203 | 8005083772 | |
| 260 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 10136 | FAIRFAX | VA | 220388022 | 8662199292 | CODE IN OPEN STATUS BY SCHA |
| 261 | UICI ADMINISTRATORS | PO BOX 30087 | RENO | NV | 895203087 | 8003153440 | |
| 262 | CAIC (CONTINENTAL AMERICAN INS. CO) | PO BOX 6080226 | MISSION VIEJO | CA | 926906080 | 8887302244 | |
| 263 | NATIONAL FINANCIAL COMPANY | 110 WEST 7TH ST. STE. 300 | FT WORTH | TX | 76102 | 8007251407 | |
| 264 | HEALTH AMERICA | PO BOX 7089 | LONDON | KY | 40742 | 8007888445 | |
| 265 | TODAY'S OPTION | PO BOX 391883 | CAMBRIDGE | MA | 02139 | 8662225137 | MEDICARE ADVANTAGE PLAN |
| 266 | ACMG ADMINISTRATORS OF SOUTH CAROLINA | 2570 TECHNICAL DR. | MIAMISBURG | OH | 45342 | 8002326242 | |
| 267 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 220887 | CHARLOTTE | NC | 282220887 | 7043643865 | CODE ASSIGNED BY SCHA |
| 268 | MARQUETTE NATIONAL LIFE INS. CO. | PO BOX 130 | PENSACOLA | FL | 32591 | 8009348203 | |
| 269 | THE EPOCH GROUP | PO BOX 12170 | OVERLAND PARK | KS | 66212 | 8002556065 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|----------------------|-----------------|----|-----------|------------|--|
| 270 | PREFERRED HEALTH PLAN OF THE CAROLINAS | PO BOX 220397 | CHARLOTTE | NC | 28222 | 8666360239 | |
| 271 | AMERICAN BENEFIT PLAN ADMINISTRATOR | 2200-B ROSSELLE ST. | JACKSONVILLE | FL | 32204 | 8004685126 | |
| 272 | ALLIANCE HEALTH BENEFIT PLAN | PO BOX 6443 | ROCKVILLE | MD | 20850 | 8003423289 | |
| 273 | CENTRAL BENEFITS USA (CENBEN USA) | PO BOX 619059 | DALLAS | TX | 85261 | 8007725924 | CODE ASSIGNED BY SCHA |
| 274 | CAPITAL DISTRICT PHYSICIANS PLAN | PO BOX 66602 | ALBANY | NY | 122066602 | 8009267526 | |
| 275 | AMERICAN TRUST ADMINISTRATORS | PO BOX 87 | SHAWNEE MISSION | KS | 66201 | 9134514900 | |
| 276 | PLAN HANDLERS | 930 CANTERBURY PLACE | ESCONDIDO | CA | 92025 | 8005385512 | |
| 277 | UNITED AMERICAN INSURANCE COMPANY | PO BOX 8080 | MCKINNEY | TX | 750708080 | 9725295085 | |
| 278 | ROCKY MOUNTIAN HEALTH PLAN | PO BOX 10600 | GRAND JUNCTION | CO | 81502 | 8008544558 | |
| 279 | UNITED INSURANCE COMPANY OF AMERICA | 1 E WACKER DR. | CHICAGO | IL | 60601 | 8007778467 | |
| 280 | CAREMARK PRESCRIPTION SERVICES | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8008415550 | USE CARRIER 471 |
| 281 | HEALTH NETWORK AMERICA/TRIVERIS | PO BOX 307 | EATONTOWN | NJ | 07724 | 8003371421 | CODE ASSIGNED BY SCHA |
| 282 | WASHINGTON NATIONAL INSURANCE COMPANY | PO BOX 1934 | DES PLAINES | IL | 60017 | 8009470319 | |
| 283 | GUARDIAN HEALTHCARE | PO BOX 4197 | SCRANTON | PA | 77010 | 8668501256 | MEDICARE ADVANTAGE PLAN |
| 284 | AMERIHEALTH ADMINISTRATORS | 720 BLAIR RD. | HORSHAM | PA | 19044 | 8003454017 | |
| 285 | WOODMAN OF THE WORLD LIFE INSURANCE SOCIETY | 1700 FARNAM ST. | OMAHA | NE | 68102 | 8002253108 | |
| 286 | CONSOLIDATED GROUP | PO BOX 248 | BATTLEBORO | VT | 05302 | 8002411121 | CODE IN OPEN STATUS BY SCHA |
| 287 | COMMUNITY HEALTH PLAN | PO BOX 14467 | CINCINNATI | OH | 45250 | 8888008717 | |
| 288 | FIRST ADMINISTRATORS, INC. | PO BOX 9900 | SIoux CITY | IA | 51102 | 8002060827 | |
| 289 | AFTRA HEALTH FUND | 261 MADISON AVE. | NEW YORK | NY | 10016 | 8005624690 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 290 | FEDERATED MUTUAL INSURANCE COMPANY (REGIONAL) | PO BOX 31716 | TAMPA | FL | 336313716 | 8134968100 | |
| 291 | NALC HEALTH BENEFIT PLAN | 20547 WAVERLY CT. | ASHBURN | VA | 20149 | 7037294677 | |
| 292 | WELLMARK ADMINISTRATORS | PO BOX 9901 | SIoux CITY | IO | 51102 | 8005265710 | |
| 293 | PARAMOUNT HEALTH CARE | PO BOX 497 | TOLEDO | OH | 43697 | 8888912564 | |
| 294 | BRIDGESTONE/FIRESTONE COMPANIES | PO BOX 26605 | AKRON | OH | 44319 | 8002378447 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-------------------------------|-----------------|----|-----------|------------|---|
| 295 | MEDICAL BENEFIT ADMINISTRATORS | 5940 SEMINOLE CENTER CT. | MADISON | WI | 53711 | 6082731776 | |
| 296 | RESERVE NATIONAL INSURANCE | PO BOX 26620 | OKLAHOMA CITY | OK | 73126 | 8006549106 | |
| 297 | AMALGAMATED LIFE INSURANCE | PO BOX 1451 | NEW YORK | NY | 101161451 | 2124735700 | |
| 298 | SMITH PREMIERE PHARMACY PLAN | PO BOX 5824 | SPARTANBURG | SC | 29304 | 8002474526 | |
| 299 | ALICARE | PO BOX 1447 | NEW YORK | NY | 10116 | 2125395115 | |
| 300 | BENEFIT ADMINISTRATORS INC | PO BOX 6279 | ERIE | PA | 16512 | 8007772524 | |
| 301 | BENEFIT PLAN ADMINISTRATORS | 2145 FORD PARKWAY, STE. 300 | ST. PAUL | MN | 55116 | 8002778973 | |
| 302 | GOVERNMENT EMPLOYEE HOSP. ASSN (GEHA) | PO BOX 4665 | INDEPENDENCE | MO | 640514665 | 8162575500 | |
| 303 | PREFERRED HEALTH PLAN, INC. | PO BOX 24125 | LOUISVILLE | KY | 40224 | 5023397500 | |
| 304 | BUTLER BENEFIT SERVICE, INC. | PO BOX 3310 | DAVENPORT | IA | 528083310 | 8669272200 | |
| 305 | HEALTHSMART | PO BOX 2801 | CHARLESTON | WV | 253302801 | 8668695597 | |
| 306 | UNION LABOR LIFE INSURANCE | 111 MASSACHUSETTS AVE., NW | WASHINGTON | DC | 20001 | 8004438087 | |
| 307 | STANDARD SECURITY LIFE INS. CO OF NEW YORK | PO BOX 828 | PARK RIDGE | IL | 60068 | 8665131479 | |
| 308 | GREAT WEST LIFE | 1000 GREAT WEST DR. | KENNETT | MO | 63857 | 8006638081 | |
| 309 | CONSOLIDATED BENEFIT SERVICES, INC. | PO BOX 1391 | DAYTON | OH | 45401 | 8004766789 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 310 | ADVANCED DATA SOLUTIONS | PO BOX 723097 | ATLANTA | GA | 31139 | 8007425246 | |
| 311 | BENEFIT PLANNERS, INC | PO BOX 682010 | SAN ANTONIO | TX | 78269---- | 2106991872 | |
| 312 | NATIONAL BENEFIT ADMINISTRATORS | PO BOX 690903 | CHARLOTTE | NC | 282277016 | 8004826736 | |
| 313 | GREAT WEST HEALTHCARE | 1000 GREAT WEST DR. | KENNETT | MO | 63857 | 8006638081 | |
| 314 | PHARMACY ADVANTAGE NETWORK | 50 LENNOX POINTE | ATLANTA | GA | 30324 | 8887275560 | SEE CARRIER 366 CATALYST RX |
| 315 | THOMAS COOPER AND COMPANY | PO BOX 22557 | CHARLESTON | SC | 29413 | 8437222115 | |
| 316 | PROFESSIONAL INSURANCE CORPORATION | 2610 WYCLIFF RD. | RALEIGH | NC | 27607 | 8002891122 | |
| 317 | EMPLOYEE BENEFITS MANAGEMENT CORPORATION | 4789 RINGS RD. | DUBLIN | OH | 43017 | 8005520455 | |
| 318 | KLAIS & COMPANY | 1867 WEST MARKET ST. | AKRON | OH | 443136977 | 3308678443 | |
| 319 | BENEFIT CONCEPTS | PO BOX 60608 | KING OF PRUSSIA | PA | 19406 | 8002202600 | |
| 320 | LAMAR LIFE INSURANCE COMPANY | PO BOX 880 | JACKSON | MS | 39201 | 6019493100 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|--|--------------|----|-----------|------------|---|
| 321 | AMERICAN POSTAL WORKERS UNION HEALTH PLAN | PO BOX 188004 | CHATTANOOGA | TN | 37422 | 8002222798 | |
| 322 | TIME INSURANCE COMPANY | PO BOX 981602 | EL PASO | TX | 799980624 | 8005537654 | USE 386 ASSURANT HEALTH |
| 323 | LINCOLN HERITAGE LIFE INSURANCE CO | PO BOX 10843 | CLEARWATER | FL | 337578843 | 8885868810 | |
| 324 | HEALTH REIMBURSEMENT MANAGMENT PARTNERSHIP | 5 HUTCHINSON DR. | DANVERS | MA | 01923 | 8889994767 | CODE IN OPEN STATUS BY SCHA |
| 325 | PERSONAL CARE | PO BOX 7141 | LONDON | KY | 40742 | 8004311211 | |
| 326 | PHYSICIANS HEALTH PLAN OF MID MICHIGAN | PO BOX 247 | ALPHARETTA | GA | 300090247 | 8008329186 | |
| 327 | MAIL HANDLERS BENEFIT PLAN | PO BOX 8402 | LONDON | KY | 40742 | 8004107778 | |
| 328 | PROVIDER SELECT, INC. | PO BOX 330070 | FORT WORTH | TX | 76163 | 8667747766 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 329 | SMITHFIELD FOODS HEALTHCARE | PO BOX 158 | SMITHFIELD | VA | 23431 | 8008095916 | |
| 330 | ANNUITY BOARD OF SOUTHERN BAPTIST CONVENTION | PO BOX 2190 | NASHVILLE | TN | 37234 | 2147200511 | |
| 331 | CONSECO HEALTH INS. CO | PO BOX 66904 | CHICAGO | IL | 606660904 | 8005412254 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 332 | HEALTH PLANS INC. | PO BOX 5199 | WESTBOROUGH | MA | 01581 | 8005327575 | |
| 333 | EXPRESS SCRIPTS | PO BOX 66583 | ST. LOUIS | MO | 63166 | 8004516245 | |
| 334 | NATIONAL RURAL LETTER CARRIERS ASSOCIATION | 1750 PENNSYLVANIA AVE., NW | WASHINGTON | DC | 20006 | 8006388432 | |
| 335 | J.P. FARLEY CORP. | PO BOX 458022 | WESTLAKE | OH | 441468022 | 4402504300 | |
| 336 | CASEBP (CATSKILL AREA SCHOOLS EMPLOYEE PLAN | PO BOX 220 | STAMFORD | NY | 12167 | 8009626294 | CODE IN OPEN STATUS BY SCHA |
| 337 | BOARD OF PENSIONS OF THE PRESBYTERIAN CHURCH OF | PO BOX 13896 | PHILADELPHIA | PA | 19101 | 8007737752 | |
| 338 | PITTMAN & ASSOCIATES, INC. | PO BOX 111047 | MEMPHIS | TN | 38111 | 8002381344 | |
| 339 | CELTIC INDIVIDUAL HEALTH | PO BOX 33839 | INDIANAPOLIS | IN | 462030839 | 8004777870 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 340 | UNITED HEALTCARE PLAN OF RIVER VALLEY | 3800 23RD AVE. OF THE CITIES, STE. 200 | MOLINE | IL | 61265 | 8002246602 | THIS COMPANY BOUGHT OUT JOHN DEERE INS. CO. 6/29/07 |
| 341 | ADMINISTRATIVE CONCEPTS INC. | 994 OLD EAGLE SCHOOL RD. STE. 1005 | WAYNE | PA | 19087 | 8882939229 | |
| 342 | SUN LIFE INSURANCE COMPANY OF CANADA | ONE SUN LIFE EXECUTIVE PARK | WELLESLEY | MA | 02181 | 8002253950 | |
| 343 | GROUP BENEFITS ADMINISTRATORS | 70 GRAND AVE. | RIVEREDGE | NJ | 07661 | 2013433003 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--------------------------------------|---|-------------------|----|-----------|------------|--|
| 344 | ALIA CLAIMS DEPARTMENT | PO BOX 9060 | PHOENIX | AZ | 850689060 | 8008825707 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 345 | EMPLOYEE BENEFIT SERVICES INC | PO BOX 1929 | FORT MILL | SC | 29716 | 8002421510 | |
| 346 | ADMINISTRATIVE SERVICES, INC. | 2187 NORTHLAKE PARKWAY STE. 106 BLD #9 | TUCKER | GA | 30084- | 7709343953 | |
| 347 | PREFERRED CARE INC (PCI) | 1300 VIRGINIA DIRVE STE. 315 | FORT WASHINGTON | PA | 19034 | 8002223085 | |
| 348 | FIRST AGENCY, INC. | 5071 WEST H AVE. | KALAMAZOO | MI | 490098501 | 2693816630 | THIS CODE ASSIGNED BY SCHA 8/28/07 |
| 349 | HEALTH PLAN SELECT | PO BOX 382767 | BIRMINGHAM | AL | 352382767 | 8002936260 | |
| 350 | NORTH AMERICA ADMINISTRATORS | PO BOX 1984 | NASHVILLE | TN | 37203 | 6152563561 | |
| 351 | FISERV | PO BOX 8077 | WAUSAU | WI | 544028077 | 8666848090 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 352 | FISERV HEALTH-COLORADO | PO BOX 720 | PUEBLO | CO | 810020720 | 8004468182 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 353 | ONE HEALTH PLAN OF SC | PO BOX 190019 | N CHARLESTON | SC | 29419 | 8003149010 | CODE ASSIGNED BY SCHA |
| 354 | FIRST BENEFITS CORP | PO BOX 879 | ANDERSON | IN | 46015 | | CODE ASSIGNED BY SCHA |
| 355 | ACTIVA HEALTH GROUP | 4350 E. CAMELBACK RD. # 200 | PHOENIX | AZ | 85018 | 6024689500 | |
| 356 | UMR | PO BOX 2697 | WICHITA | KS | 67201 | 8008269781 | USE CODE 139 |
| 357 | HEALTH PLAN SERVICES | PO BOX 30298 | TAMPA | FL | 33630- | 8002377767 | |
| 358 | BAKERY & CONFECTIONERY UNION | 10401 CONNECTICUT AVE. STE. 300 | KENSINGTON | MD | 208953960 | 3014683742 | |
| 359 | NORTH CAROLINA MUTUAL LIFE INSURANCE | 411 W. CHAPEL HILL ST. | DURHAM | NC | 27701 | 9196829201 | |
| 360 | NEW ENGLAND FINANCIAL | PO BOX 190019 | N. CHARLESTON | SC | 29419 | 8004087681 | USE CARRIER 859 NEW ENGLAND GROUP TRUST |
| 361 | MDI GOVERNMENT HEALTH SERVICES | 822 HIGHWAY A1A NORTH STE. 310 | PONTE VEDRA BEACH | FL | 32082 | 8008416288 | CODE ASSIGNED BY SCHA |
| 362 | GUARDIAN HEALTHCARE | PO BOX 4197 | SCRANTON | PA | 18505 | 8668501253 | MEDICARE ADVANTAGE PLAN |
| 363 | PEARCE ADMINISTRATION | PO BOX 2437 | FLORENCE | SC | 29503 | 8886226001 | GM SOUTHWEST IS THE CLAIMS PROCESSOR FOR PEARCE ADMINISTRATION |
| 364 | CORESTAR | PO BOX 1195 | MINNEAPOLIS | MN | 55440 | 8004446965 | |
| 365 | GERBER CHILDRENS WEAR, INC. | PO BOX 2126 | GREENVILLE | SC | 29602 | 8649875200 | |
| 366 | CATALYST RX | PO BOX 1069 | ROCKVILLE | MD | 20849 | 8009973784 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|----------------------------|--------------|----|-----------|------------|---|
| 367 | LOOMIS INSURANCE COMPANY | PO BOX 7011 | WYOMISSING | PA | 196107011 | 8007820392 | |
| 368 | MED BENEFITS SYSTEM | PO BOX 177 | SOUTH BEND | IN | 46601 | 2192370560 | |
| 369 | AMERICAN INTERNATIONAL GROUP | PO BOX 25050 | WILMINGTON | DE | 19899 | 8004687077 | |
| 370 | P5 HEALTH PLAN SOLUTIONS | PO BOX 9554 | SALT LAKE | UT | 84109 | 8774740605 | WAS P5 ELECTRONIC HEALTH SERVICES |
| 371 | ICON BENEFIT ADMINISTRATORS, INC. | PO BOX 53010 | LUBBOCK | TX | 794533070 | 8006589777 | |
| 372 | MEDIPLAN | 502 VALLEY RD. | WAYNE | NJ | 07410 | 9736963111 | |
| 373 | STATE FARM INSURANCE COMPANIES | 7401 CYPRESS GARDENS BLVD. | WINTERHAVEN, | FL | 338880007 | 8633183000 | |
| 374 | STONEBRIDGE LIFE INSURANCE CO. | 2700 W. PLANO PARKWAY | PLANO | TX | 75075 | 8003319955 | |
| 375 | RESTAT | PO BOX 758 | WEST BEND | WI | 530950758 | 8002481062 | |
| 376 | TUFTS HEATH PLAN | PO BOX 9171 | WATERTOWN | MA | 024719171 | 8004620224 | CODE ASSIGNED BY SCHA |
| 377 | MERITAIN HEALTH | PO BOX 853921 | RICHARDSON | TX | 75085 | 7163195399 | WAS NORTH AMERICAN ADMINISTRATORS, INC. |
| 378 | SELF INSURERS SERVICE INC. | 2218 SOUTH PRIEST DR. | TEMPE | AZ | 85282 | | |
| 379 | GOODYEAR TIRE & RUBBER COMPANY | PO BOX 677 DEPT. 609 | AKRON | OH | 44309 | 2167966531 | |
| 380 | BENCHMARK, INC. | PO BOX 16767 | JACKSON | MS | 39236 | 6013660596 | |
| 381 | PROVIDENT INDEMNITY LIFE INSURANCE COMPANY | PO BOX 511 | NORRISTOWN | PA | 19404 | 8005199175 | |
| 382 | HEALTH PLAN OF NEVADA | PO BOX 15645 | LAS VEGAS | NV | 891145615 | 8007771840 | MEDICARE ADVANTAGE PLAN |
| 383 | AMERICAN HEALTHCARE ALLIANCE | PO BOX 8530 | KANSAS CITY | MO | 641140530 | 8772840102 | |
| 384 | NORTH AMERICAN BENEFIT NETWORK | PO BOX 94928 | CLEVELAND | OH | 441014928 | 8003214085 | |
| 385 | POSTMASTERS BENEFIT PLAN | 1019 N. ROYAL ST. | ALEXANDRIA | VA | 22314 | 7036835585 | |
| 386 | ASSURANT HEALTH | PO BOX 2806 | CLINTON | IA | 527332806 | 8005537654 | WAS FORTIS INSURANCE COMPANY |
| 387 | PRIMARY PHYSICIANS CARE | PO BOX 94648 | CLEVELAND | OH | 441014648 | 7045232758 | |
| 388 | NATIONALWAY HEALTHCARE ASSOCIATES | PO BOX 682708 | HOUSTON | TX | 77268 | 8008107856 | |
| 389 | GROUP LINK | PO BOX 20593 | INDIANAPOLIS | IN | 46220 | 8003597408 | |
| 390 | BOARD OF PENSIONS EVANGELICAL LUTHERAN CHURCH | PO BOX 59093 | MINNEAPOLIS | MN | 554590093 | 6123337651 | |
| 391 | POMCO | PO BOX 6329 | SYRACUSE | NY | 13217 | 8002344393 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-------------------------------|----------------|----|-----------|------------|---|
| 392 | SELF FUNDED GROUP INSURANCE ADMINISTRATORS | PO BOX 1719 | KALAMAZOO | MI | 490051790 | 8003421895 | |
| 393 | FOUNTAINHEAD ADMINISTRATORS, INC. | PO BOX 13188 | BIRMINGHAM | AL | 35202 | 8009919155 | |
| 394 | HEALTH CHOICES, INC | PO BOX 5003 | DUBURQUE | IA | 520045003 | 8003257442 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 395 | T R PAUL GROUP SERVICES, INC. | PO BOX 5508 | NEWTOWN | CT | 064705508 | 2034268161 | CODE ASSIGNED BY SCHA |
| 396 | LIFE PARTNERS INS GROUP | 7887 E. BELLEVIEW AVE. | ENGLEWOOD | CO | 80111 | 8005257662 | CODE ASSIGNED BY SCHA |
| 397 | PRIME THERAPEUDIC | PO BOX 14624 | LEXINGTON | KY | 405124624 | 8004231973 | |
| 398 | RIGHT CHOICE BENEFITS ADMINISTRATORS | 12250 WEBER HILL RD. STE. 100 | ST. LOUIS | MO | 63127 | 8003659036 | CODE ASSIGNED BY SCHA |
| 399 | PACIFIC LIFE AND ANNUITY | PO BOX 34799 | PHOENIX | AZ | 85067 | 8007332285 | |
| 400 | STATE EMPLOYEES HEALTH PLAN BLUE CROSS | 4101 PERCIVAL RD. | COLUMBIA | SC | 29219 | 8008682520 | CLAIMS SHOULD BE SENT TO THE ATTN OF SARAH TOWNES AX-B10 |
| 401 | BLUE CROSS AND BLUE SHIELD OF SC | PO BOX 100300 | COLUMBIA | SC | 29202 | 8037883860 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. ST. ADDRESS 4101 PERVICAL RD. COLA 29219 |
| 402 | FEDERAL EMPLOYEE PLAN BLUE CROSS | I-20 AT ALPINE RD. | COLUMBIA | SC | 29260 | 8037883860 | |
| 403 | BLUE CHOICE/MEDICAID | PO BOX 6170 | COLUMBIA | SC | 29260 | 8772753256 | MEDICAID HMO |
| 404 | BOB JONES UNIVERSITY | 1700 WADE HAMPTON BLVD. | GREENVILLE | SC | 29614 | 8643701800 | |
| 405 | EMPLOYEE HEALTH GROUP PLAN | 101 LYNHAVEN RD. | VIRGINIA BEACH | VA | 23451 | | |
| 406 | TRAVELERS PLAN ADMINISTRATORS OF ARIZONA | PO BOX 52100 | PHOENIX | AZ | 85072 | 6028661066 | CODE IN OPEN STATUS BY SCHA |
| 407 | CINERGY HEALTH INS. | 1844 N. NOB HILL RD. #623 | PLANTATION | FL | 33322 | 8008471148 | |
| 408 | LIFE INVESTORS INSURANCE COMPANY OF AMERICA | PO BOX 8043 | LITTLE ROCK | AR | 72203 | 5013760426 | AKA AEGON |
| 409 | UPSTATE ADMINISTRATIVE SERVICES | PO BOX 6589 | SYRACUSE | NY | 132176589 | 3154221533 | |
| 410 | SAFECO INSURANCE COMPANY | PO BOX 34699 | REDMOND, | WA | 981241699 | 2068678000 | |
| 411 | INTERPLAN HEALTH GROUP | PO BOX 90613 | ARLINGTON | TX | 76006 | 8660511-47 | CODE ASSIGNED BY SCHA |
| 412 | CONNECTICARE | PO BOX 546 | FARRINGTON | CT | 06034 | 8002517722 | |
| 413 | ALLIED BENEFITS SYSTEM | PO BOX 909786 | CHICAGO | IL | 60690 | 8002882078 | |

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CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------------|-----------|----|-----------|------------|--|
| 414 | NATIONAL TELEPHONE COOP. ASSN. | 1 WEST PACK SQUARE, STE. 600 | ASHEVILLE | NC | 28801 | 8282529776 | |
| 415 | WEYCO, INC. | PO BOX 30132 | LANSING | MI | 48909 | 5173497010 | |
| 416 | COMPANION BENEFIT ALTERNATIVES | PO BOX 100185 | COLUMBIA | SC | 29202 | 8008681032 | THIS CARRIER ASSIGNED BY SCHA NOT REQUESTED OR USED BY DHHS. |
| 417 | JULY PRODUCTS | 5 GATEWAY CENTER STE. 60 | PITTSBURG | PA | 15222 | 8669008322 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 418 | GUARDIAN INSURANCE COMPANY | PO BOX 8007 | APPLETON | WI | 549128007 | 8006854542 | CODE ASSIGNED BY SCHA |
| 419 | GEORGIA STATE HEALTH BENEFIT PLAN | PO BOX 38151 | ATLANTA | GA | 30334 | 8006266402 | |
| 420 | CUNA MUTUAL INSURANCE GROUP | PO BOX 391 | MADISON | WI | 53701 | 6082385851 | |
| 421 | PRIMARILY CARE | 75 SOCKANOSSET CROSSROAD STE. 300 | CRANSTON | RI | 02920 | 4147975000 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 432 | M-PLAN CARDINAL HEALTH | PO BOX 357 | LINTHICUM | MD | 210900357 | 8006752605 | CODE ASSIGNED BY SCHA |
| 433 | COMPANION LIFE | PO BOX 100133 | COLUMBIA | SC | 29202 | 8037880500 | |
| 434 | PIEDMONT HEALTH ALLIANCE | 116 BONHAM CT. | ANDERSON | SC | 29621 | 8643759661 | |
| 435 | SEABURY AND SMITH COMPANY, INC. | PO BOX 2545 | NASHVILLE | TN | 37219 | 8005822498 | |
| 436 | DAVIS-GARVIN AGENCY | #1 FERNANDINA CT. | COLUMBIA | SC | 29212 | 8037320060 | |
| 437 | NEW ERA LIFE INSURANCE CO | PO BOX 4884 | HOUSTON | TX | 772104884 | 2813687200 | |
| 438 | MAMSI LIFE AND HEALTH INSURANCE CO | PO BOX 993 | FREDRICKS | MD | 21705 | 8002576458 | |
| 439 | UNION SECURITY INSURANCE CO | PO BOX 981602 | EL PASO | TX | 79998 | 8004446254 | USE 386 ASSURANT HEALTH |
| 440 | HEALTHNET | PO BOX 14702 | LEXINGTON | KY | 40512 | 8006417761 | |
| 441 | FEDERAL MOGUL HEALTHCARE | PO BOX 1999 | DETROIT | MI | 48235 | 8005220041 | |
| 442 | GE LIFE & ANNUITY ASSURANCE CO. | PO BOX 6700 | LYNCHBURG | VA | 24505 | 8002530856 | |
| 443 | GATES HEALTH CARE PLAN | PO BOX 5887 | DENVER | CO | 80217 | 8007770595 | |
| 444 | NATIONAL DISASTER MEDICAL SYSTEM | | | | | | |
| 445 | CAROLINA CARE PLAN/MEDICAL MUTUAL INS. CO. OF OHIO | PO BOX 6018 | CLEVELAND | OH | 441011018 | 8003153143 | ALSO KNOWN AS SUPERMED ANOTHER PHONE # 800-232-3143 |
| 446 | EMPLOYEE BENEFIT SERVICES | PO BOX 9888 | SAVANNAH | GA | 314120088 | 8035778051 | USE CODE 345 EMPLOYEE BENEFIT SERVICES |
| 447 | HEALTH NET | PO BOX 14700 | LEXINGTON | KY | 405125225 | 9004387886 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-------------------------------|----------------|----|-----------|------------|---|
| 448 | ASSURANT HEALTH INSURANCE | PO BOX 42033 | HAZELWOOD | MD | 63042 | 8005537654 | CODE ASSIGNED BY SCHA |
| 449 | UNITED SERVICE ASSO. FOR HEALTHCARE | PO BOX 6080-288 | MISSION VAIEJO | CA | 926906080 | 8008721187 | CODE ASSIGNED BY SCHA |
| 450 | EMPLOYEE BENEFITS TRUST | PO BOX 8788 | WILMINGTON | DE | 19899 | 8007522677 | OPEN 6/06 |
| 451 | ASSURECARE RISK MANAGEMENT | 340 QUANRINGLE BLVD. | BOILING BROOK | IL | 60440 | 8007597422 | |
| 452 | CIGNA INTERNATIONAL EXPATRIATE BENEFITS | PO BOX 15050 | WILMINGTON | DE | 19850 | 8004412668 | |
| 453 | BLUE CROSS ANTHEM MEDICARE ADVANTAGE | 2100 CORPORATE CENTER | NEWBURY PARK | CA | 913201431 | 8006762583 | MEDICARE ADVANTAGE PLAN |
| 454 | INTERNATIONAL UNION OF OPERATING ENGINEERS | 166 WEST KELLY ST. | METUCHEN | NJ | 08840 | 9085486662 | |
| 455 | ALASKA TEAMSTER TRUST | 520 E 34TH AVE. STE. 107 | ANCHORAGE | AK | 995034116 | 8004784450 | CODE ASSIGNED BY SCHA |
| 456 | LAILAW EMPLOYEE BENEFIT PLAN, INC. | 4144 NORTH CENTRAL EXPRESSWAY | DALLAS | TX | 75204 | 2148269090 | CODE ASSIGNED BY SCHA |
| 457 | LAQUINTA INN | PO BOX 2636 | SAN ANTONIO | TX | 782790064 | | CODE ASSIGNED BY SCHA |
| 458 | OBA MIDWEST | 8160 SOUTH CASS AVE. | DARIEN | IL | 60561 | 6309602035 | WHEN CALLING THE ABOVE PHONE NUMBER, YOU ARE ASKED TO DIAL AN EXTENSION. DIAL EXTENSION 23. |
| 459 | GLASS MOTORS & PLASTIC (GMPA) | 5245 BIG PINE WAY, SE 33907 | FORT MYERS | FL | 33907 | 8139366242 | |
| 460 | MORRIS ASSOCIATES | PO BOX 50440 | INDIANAPOLIS | IN | 462500440 | 3175549000 | |
| 461 | ECKERD HEALTH SERVICES | 620 EPSILON DR. | PITTSBURGH | PA | 15230 | 8005815300 | USE CODE 712 TDI MANAGED CARE SERVICES |
| 462 | PICCADILLY INSURANCE EMPLOYEE BENEFITS DEPT. | PO BOX 2467 | BATON ROUGE | LA | 70821 | 5042968382 | |
| 463 | TIM BAR CORP | PO BOX 449 | HANOVER | PA | 17331 | 7176324727 | |
| 464 | INTERNATIONAL MEDICAL GROUP | 407 N. FULTON ST. | INDIANAPOLIS | IN | 46202 | 8006284664 | |
| 465 | INTER CARE BENEFIT SYSTEMS | PO BOX 3559 | ENGLEWOOD | CO | 801553559 | 3037705710 | |
| 466 | VALUE RX | PO BOX 421150 | PLYMOUTH | MN | 554420150 | 8009554879 | USE CODE 333 EXPRESS SCRIPTS |
| 467 | FIRSERV HEALTH | PO BOX 182173 | COLUMBUS | OH | 432182173 | 8008482664 | USE CODE 139 |
| 468 | PHOENIX HEALTHCARE | PO BOX 150809 | ARLINGTON | TX | 76015 | 8003976241 | |
| 469 | AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP) | PO BOX 740819 | ATLANTA | GA | 30374 | 8005235880 | |
| 470 | YODER BROTHERS | 1001 LEBANON RD. | PENDLETON | SC | 29670 | 8646468331 | |
| 471 | CAREMARK | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8003030187 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------------|----------------------|----|-----------|------------|--|
| 472 | NATIONAL HEALTH CARE HEALTH BENEFITS PLAN(NHC) | PO BOX 1398 | MURFREESBORO | TN | 371331398 | 6158902020 | |
| 473 | INTERNATIONAL MISSION BOARD (IMB) | PO BOX 6767 | RICHMOND | VA | 232300767 | 8042191585 | CODE ASSIGNED BY SCHA |
| 474 | DIVERSIFIED PHARMACUETICAL | PO BOX 169052 | DELUTH | MN | 55816 | 8002338065 | USE CODE 333 EXPRESS SCRIPTS |
| 475 | BENEFIT ASSISTANCE CORP. | PO BOX 950 | HURRICANE | WV | 25526 | 3045621913 | |
| 476 | CENTRAL STATES, SOUTHEAST & SOUTHWEST | PO BOX 5116 | DEPLAINES | IL | 60017 | 8003235000 | |
| 477 | MEGA LIFE AND HEALTH INSURANCE COMPANY | PO BOX 982009 | NORTH RICHLAND HILLS | TX | 761828009 | 8005272845 | |
| 478 | SMITH ADMINISTRATORS | PO BOX 163289 | FORT WORTH | TX | 76161 | 8008672582 | |
| 479 | PRIMEXTRA | PO BOX 1088 | TWINSBURG | OH | 44087 | 8004334893 | |
| 480 | COVENTRY HEALTH CARE OF THE CAROLINAS | PO BOX 7715 | LONDON | KY | 40742 | 8008891947 | COVENTRY HEALTH CARE IS PARENT CO. OF SOUTHERN HEALTH AND WELLPATH |
| 481 | BENOVIATION | 3481 CENTRAL PARKWAY, STE. 200 | CINCINNATI | OH | 45223 | 8006816912 | CODE ASSIGNED BY SCHA |
| 482 | COVENTRY HEALTHCARE OF GEORGIA | PO BOX 7128 | LONDON | KY | 40742 | 8667321017 | |
| 483 | COOPERATIVE BENEFITS ADMINISTRATORS | PO BOX 6249 | LINCOLN | NE | 68506 | 4024839250 | |
| 484 | INTEGRITY BENEFITS NETWORK | PO BOX 4537 | MARIETTA | GA | 30061 | 7704281604 | |
| 485 | PROVIDENT HEALTH PLAN | PO BOX 3125 | PORTLAND | OR | 972083125 | 8006283912 | CODE ASSIGNED BY SCHA |
| 486 | PREFERRED CARE | PO BOX 22920 | ROCHESTER | NY | 146922920 | 8009993920 | MEDICARE ADVANTAGE PLAN |
| 487 | PIEDMONT INS COMPANY | PO BOX 979 | MARION | SC | 29571 | 8434235541 | |
| 488 | AMERICAN BENEFITS MANAGEMENT | 8310 PORT JACKSON AVE. NORTHWEST | NORTH CANTON | OH | 44720 | 3309665500 | |
| 489 | SAVRX | PO BOX 8 | FREMONT | NE | 68026 | 8003506714 | |
| 490 | SHEET METAL LOCAL 20 | PO BOX 42489 | INDIANAPOLIS | IN | 43242 | 8002482141 | CODE ASSIGNED BY SCHA |
| 491 | VISION SERVICE PLAN | PO BOX 997100 | SACRAMENTO | CA | 958997100 | 8006227444 | |
| 492 | LT11-LIFETRAC NETWORK | 111100 WAYZATA BLVD. | MINNEAPOLIS | MN | 55305 | | CODE ASSIGNED BY SCHA |
| 493 | UNITED TEACHERS ASSOCIATION | PO BOX 30010 | AUSTIN | TX | 787553010 | 8668808824 | |
| 494 | AVESIS PHARMACY NETWORK | 3724 N 3RD ST. STE. 300 | PHOENIX | AZ | 85012 | 6022413400 | |
| 495 | NATIONAL PRESCRIPTION ADMINISTRATORS | PO BOX 1981 | EAST HANOVER | NJ | 079361981 | 8005226727 | BOUGHT OUT BY EXPRESS SCRIPTS CC333 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-------------------------------|----------------|----|-----------|------------|---|
| 496 | AMERICAN VETERINARIAN MEDICINE ASSN. | PO BOX 909720 | CHICAGO | IL | 606049720 | 8006216360 | |
| 497 | TEXAS INTERNATIONAL | PO BOX 11007 | WINSTON SALEM | NC | 27116 | 8663074711 | |
| 498 | CAROLINA BENEFIT ADMINISTRATORS | PO BOX 3257 | SPARTANBURG | SC | 29304 | 8645736937 | |
| 499 | EMPLOYEE BENEFIT CONSULTANTS | PO BOX 928 | FINDLAY | OH | 45839 | 8005587798 | |
| 500 | DELTA DENTAL | PO BOX 1809 | ALPHARETTA | GA | 30023 | 8005212651 | |
| 501 | UNION FIDELITY INSURANCE COMPANY | 4850 ST. RD. | TREVOSE | PA | 19049- | 8005236599 | |
| 502 | HIP HEALTH PLAN | PO BOX 2803 | NEW YORK | NY | 101162803 | 8004478255 | MEDICARE ADVANTAGE PLAN |
| 503 | AMERICAN SPECIAL RISK MANAGEMENT | 509 SOUTH LENOLA RD. BLDG TWO | MOORESTOWN | NJ | 08057 | 8003597475 | |
| 504 | M CARE | PO BOX 130799 | ANN ARBOR | MI | 481130779 | 2156578920 | CODE IN OPEN STATUS BY SCHA |
| 505 | ASSOCIATED ADMINISTRATORS | PO BOX 27806 | BALTIMORE | MD | 212857806 | 8006382972 | |
| 506 | EMPLOYEE BENEFIT PLAN ADMINISTRATORS | PO BOX 2000 | HAMPTON | NH | 03842 | 8002587298 | |
| 507 | CENTRAL STATES HEALTH & LIFE CO. OF OMAHA | PO BOX 34350 | OMAHA | NE | 68134 | 4023971111 | |
| 508 | GROUP HEALTH INC. /EMBLEM HEALTH COMPANY | PO BOX 3000 | NEW YORK | NY | 101163000 | 2125014444 | |
| 509 | EQUITABLE LIFE AND CASUALTY | PO BOX 2460 | SALT LAKE CITY | UT | 84110 | 8003525150 | |
| 510 | EQUITABLE PLAN SERVICES | PO BOX 720460 | OKLAHOMA | OK | 73172 | 8007492631 | |
| 511 | CIGNA BEHAVIORAL HEALTH | PO BOX 46270 | EDEN PRAIRIE | MN | 55344 | 8003364091 | |
| 512 | ST11-STRATEGIC HEALTH | 9501 NE 2ND AVE. | MIAMI SHORES | FL | 33138 | | CODE ASSIGNED BY SCHA |
| 513 | VALUE OPTIONS | PO BOX 1079 | TROY | NY | 121811079 | 8002880882 | |
| 514 | JLT SERVICES (TPA FOR NY LIFE) | PO BOX 1511 | LATHAM | NY | 12110 | 8007933773 | NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA |
| 515 | LIFE OF THE SOUTH INSURANCE COMPANY | PO BOX 45237 | JACKSONVILLE | FL | 32232 | 8006616385 | THIS CODE ASSIGNED BY SCHA NOT A MEDICAID REQUEST |
| 516 | DIRECT REIMBURSEMENT BENEFIT PLANS | 1111 ALDERMAN DR. STE. 420 | ALPHARETTA | GA | 30202 | 7706645594 | |
| 517 | UNIFORM MEDICAL PLAN | PO BOX 34850 | SEATTLE | WA | 98124 | 8007626004 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 518 | NAT'L ASBESTOS WORKERS MED FUND | 4600 POWDER MILL RD. | BELTSVILLE | MD | 20705 | 8003863632 | |
| 519 | HEALTHSORE ADMINISTRATORS | PO BOX 382617 | BIRMINGHAM | AL | 35238 | 8778939294 | |
| 520 | NEW JERSERY CARPENTERS | PO BOX 7818 | EDISON | NJ | 088180846 | 8006243096 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|----------------------------|----------------|----|-----------|------------|--|
| 521 | ALLIANCE PPO, INC. | PO BOX 934 | FREDERICK | MD | 21705 | 8002350123 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 522 | NATIONAL AUTOMATIC SPRINKLER INDUSTRY | 800 CORPORATE DR. | LANDOVER | MD | 20785 | 3015771700 | |
| 523 | APA PARTNERS, INC. | PO BOX 1506 | LATHAM | NY | 121108006 | 8008333650 | |
| 524 | HEALTHFIRST | PO BOX 130217 | TYLER | TX | 75713 | 8004778957 | CODE ASSIGNED BY SCHA TPA |
| 525 | CONSECO MEDICAL INSURANCE CO. | PO BOX 1205 | ROCKFORD | IL | 61105 | 8009470319 | USE CODE 282 WASHINGTON NATIONAL |
| 526 | AULTCARE | PO BOX 6910 | CANTON | OH | 44706 | 8003448858 | |
| 528 | KAISER PERMANENTE | PO BOX 190849 | ALTANTA | GA | 31119 | 8006111811 | MEDICARE ADVANTAGE PLAN |
| 529 | ANTHEM HEALTH | 3575 KROGER BLVD.,STE. 400 | DULUTH | GA | 30316 | 8008881966 | |
| 530 | UNIVERSAL BENEFITS CORPORATION | PO BOX 97 | SCRANTON | PA | 185040097 | 8007470622 | CODE ASSIGNED BY SCHA |
| 531 | MARY BLACK HEALTHNETWORK | 1690 SKYLYN DR., STE.,130 | SPARTANBURG | SC | 29307 | 8645733535 | |
| 532 | AMERICAN MEDICAL SECURITY | PO BOX 19032 | GREENBAY | WI | 543079032 | 8002325432 | |
| 533 | PHYSICIANS CARE NETWORK | PO BOX 101111 | COLUMBIA | SC | 292111111 | 8883239271 | |
| 534 | PROVANTAGE PRESCRIPTION BENEFIT MANAGEMENT SERVICE | PO BOX 1662 | WAUKEHA | WI | 53187 | 2627844600 | |
| 535 | CHP DIRECT/SUPERMED | PO BOX 94648 | CLEVELAND | OH | 441014648 | 8007731445 | |
| 536 | CLAIMSWARE MANAGEMED | PO BOX 6125 | GREENVILLE | SC | 29606 | 8642348200 | |
| 537 | KAISER PERMANENTE-OHIO REGION | PO BOX 5316-9774 | CLEVELAND | OH | 441010316 | 8006348816 | CODE ASSIGNED BY SCHA |
| 538 | PENN GENERAL SERVICES | PO BOX 72077 | ATLANTA | GA | 303581535 | 8004441535 | CODE ASSIGNED BY SCHA |
| 539 | MEDICAL MUTUAL INSURANCE OF OHIO | PO BOX 94648 | CLEVELAND | OH | 44101 | 8003621279 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 540 | LIBERTY NATIONAL LIFE INSURANCE COMPANY | PO BOX 2612 | BIRMINGHAM | AL | 35202 | 2053252722 | |
| 541 | CHILDRENS REHAB SERVICES | PO BOX 4217 | SPATANBURG | SC | 293054217 | 8645962227 | CODE ASSIGNED BY SCHA |
| 542 | THIRD PARTY ADMINISTRATORS/AMERICAN BENEFIT | 1733 PARK ST. | NAPERVILLE | IL | 60563 | 8006315917 | |
| 543 | LONE STAR LIFE INSURANCE | PO BOX 709009 | DALLAS | TX | 753709009 | 2144476400 | CODE ASSIGNED BY SCHA |
| 545 | MOLINA HEALTHCARE OF OHIO | PO BOX 22712 | LONGBEACH | CA | 90801 | 8006424148 | CODE NOT REQUESTED BY MEDICAID. SCHA ASSIGNED |
| 546 | RISK MANGEMENT SERVICES | PO BOX 6309 | SYRACUSE | NY | 13217 | 3154489228 | |
| 547 | HARRINGTON HEALTH | PO BOX 30544 | SALT LAKE CITY | UT | 841300544 | 8777370769 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------------|-------------------|----|-----------|------------|---|
| 548 | COMPBENEFITS INSURANCE CO. | PO BOX 804483 | CHICAGO | IL | 606804106 | 8005940977 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 549 | WAL-MART STORES GROUP HEALTH PLAN | 922 W WALNUT STE. A | ROGERS | AR | 72756 320 | 5016212929 | USE CODE 401 BLUE CROSS BLUE SHIELD OF SC |
| 550 | EMPLOYEE SECURITY, INC | 7125 THOMAS EDISON DR. STE. 105 | COLUMBIA | MD | 21046 | 8006381134 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 551 | COOPERATIVE MANAGED CARE SERVICES LLC | PO BOX 502530 | INDIANAPOLIS | IN | 46250 | 8668734516 | CODE IN OPEN STATUS BY SCHA |
| 552 | CORESOURCE INC | 6100 FAIRVIEW RD. | CHARLOTTE | NC | 28210 | 8003275462 | |
| 553 | HEALTHSCOPE BENEFITS, INC.. | PO BOX 8076 | LITTLE ROCK | AR | 72203 | 8883736102 | |
| 554 | DIAMOND G EMPLOYEE BENEFIT TRUST | PO BOX 1298 | GREENVILLE | TN | 37744 | 4236396145 | |
| 555 | PHILADELPHIA AMERICAN LIFE INSURANCE CO | PO BOX 4884 | HOUSTON | TX | 772104882 | 8005527879 | CODE ASSIGNED BY SCHA |
| 556 | UNIFIED GROUP SERVICES | PO BOX 10 | PENDLETON | IN | 46064 | 7657781535 | |
| 557 | AMERICORP INS. CO | PO BOX 3430 | CARMEL | IN | 46082 | 8666994186 | |
| 558 | NATIONAL TRAVELERS LIFE INS. CO. | PO BOX 9197 | DES MOINES | IA | 50306 | 8002325818 | INACTIVE 8/02 |
| 559 | CAROLINA HOSPITAL SYSTEMS BENEFIT PLAN | PO BOX 100569 | FLORENCE | SC | 295010659 | 8436613875 | |
| 560 | ALLEN MEDICAL CLAIMS ADMINISTRATORS | PO BOX 978 | FT. VALLEY | GA | 310300978 | 8008255406 | |
| 561 | PHOENIX MUTUAL LIFE INSURANCE COMPANY | ONE AMERICAN ROW | HARTFORD | CT | 06115 | 8004512513 | THIS CARRIER PURCHASED BY CC864 GE GROUP ADMINISTRATORS |
| 562 | HEALTH CLAIMS SERVICES, INC. | PO BOX 9615 | DEERFIELD BEACH | FL | 33442 | 8002223560 | |
| 563 | ADMINISTRATIVE SERVICE CONSULTANTS | 3301 E ROYALTON RD. BLDG D | BROADVIEW HEIGHTS | OH | 44147 | | |
| 564 | MULTINATIONAL UNDERWRITERS | PO BOXO 863 | INDIANAPOLIS | IN | 46206 | 8006052282 | CODE ASSIGNED BY SCHA |
| 565 | UNITED BENEFITS | PO BOX 2480 | DAYTONA BEACH | FL | 321152480 | 8004344890 | WAS POE & BROWN |
| 566 | UNIFIED GROUP SERVICES | PO BOX 10 | PENDLETON | IN | 46064 | 7657781535 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 567 | EASTERN BENEFIT SYSTEMS | 200 FREEWAY DR. E. | EAST ORANGE | NJ | 07018 | 8005240227 | |
| 568 | CBCA ADMINISTRATORS | PO BOX 1272 | MINNEAPOLIS | MN | 55440 | 8884465710 | WAS HEALTH RISK MANAGEMENT INC. |
| 569 | MARYLAND PHYSICIANS CARE | PO BOX 61778 | PHOENIX | AZ | 85082 | 8009538854 | CODE IN OPEN STATUS BY SCHA |
| 570 | SAMBA HEALTH BENEFIT PLAN | 11301 OLD GEORGETOWN RD. | ROCKVILLE | MD | 20852 | 8006386589 | |
| 571 | CORESOURCE, INC. | PO BOX 8215 | LITTLE ROCK | AR | 722218215 | 8886049397 | CODE IN OPEN STATUS BY |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---|-------------------|----|-----------|------------|---|
| | | | | | | | SCHA |
| 572 | HEALTH TRANS, LLC | 8300 E MAPLEWOOD AVE. | GREENWOOD VILLAGE | CO | 80111 | 8778398119 | |
| 573 | ST JOHN'S CLAIMS ADMINISTRATION | PO BOX 14409 | SPRINGFIELD | MO | 65814 | 8778757700 | |
| 574 | CITY OF AMARILLO GROUP HEALTH | PO BOX 15130 | AMARILLO | TX | 79105 | 8063784235 | CODE IN OPEN STATUS BY SCHA |
| 575 | WISCONSIN ELECTRICAL EMPLOYEES | PO BOX 2430 | BROOKFIELD | WI | 53008 | 6082769111 | CODE IN OPEN STATUS BY SCHA |
| 576 | SIOUX VALLEY HEALTH | PO BOX 91110 | SIOUX FALLS | SD | 57109 | 8007525863 | |
| 577 | UNITED FIDELITY LIFE INSURANCE COMPANY | PO BOX 13487 | KANSAN CITY | MO | 64199 | 8163912134 | OPEN 1/06 |
| 578 | PROFESSIONAL ADMINISTRATORS, INC. | 3751 MAGUIRE BLVD. STE. 100 | ORLANDO | FL | 32814 | 8007410521 | |
| 579 | ANTHEM PRESCRIPTION MANAGEMENT | PO BOX 145433 | CINCINNATI | OH | 45250 | 8006620210 | USE CARRIER A24 |
| 580 | WORLD INSURANCE COMPANY | PO BOX 3160 | OMAHA | NE | 681030160 | 4024968000 | |
| 581 | ALTA RX | PO BOX 30081 | SALT LAKE CITY | UT | 84130 | 8009985033 | |
| 582 | USAA GENERAL INDEMNITY CO. | PO BOX 15506 | SACRAMENTO | CA | 958521506 | 8005318222 | |
| 583 | ONE NATION BENEFIT ADMINISTRATORS | PO BOX 528 | COLUMBUS | OH | 43216 | 8008246796 | NAME CHANGE WAS ANTHEM BENEFIT ADMINISTRATORS |
| 584 | GOLDEN RULE INSURANCE COMPANY | 7440 WOODLAND DR. | INDIANAPOLIS | IN | 46278 | 6189438000 | |
| 585 | PLUMBERS & STEAMFITTERS WELFARE FUND | 1024 MCKINLEY ST. | PEEKSIILL | NY | 10566 | 9147377220 | |
| 586 | MCA ADMINISTRATORS (MANAGED CARE OF AMERICA) | MANOR OAK TWO, STE. 605 1910 COCHRAN RD. | PITTSBURGH | PA | 15220 | 4129220780 | WAS DIVERSIFIED GROUP ADMINISTRATORS |
| 587 | FUTURE SCRIPTS | PO BOX 419019 DEPT 382 | KANSAS CITY | MO | 64141 | 8886787012 | |
| 588 | AUTOMATED BENEFIT SERVICES INC. | PO BOX 321223 | DETROIT | MI | 482321223 | 8002751896 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 589 | COMBINED ADMINISTRATIVE SERVICES | PO BOX 4539 | DALTON | GA | 307194539 | 7062727391 | CODE IN OPEN STATUS BY SCHA |
| 590 | PHYSICIANS HEALTH SERVICES | PO BOX 981 | BRIDGEPORT | CT | 06601 | 8008484747 | |
| 591 | OLD AMERICAN INSURANCE COMPANY | PO BOX 418573 | KANSAS CITY | MO | 64141 | 8167534900 | |
| 592 | ROBEY BARBER INSURANCE SERVICES | PO BOX 10100 | TAMPA | FL | 33679 | 8007497409 | USE CODE A98 CORPORATE BENEFIT SERVICES DORMANT 8/02 |
| 593 | MUTUAL ASSURANCE ADMINISTRATORS, INC | PO BOX 42096 | OKLAHOMA CITY | OK | 73123 | 8006489652 | |
| 594 | WELLS FARGO FINANCIAL | 206 EIGHTH ST. | DES MOINES | IA | 50309 | 5152432131 | WAS NORTHWEST FINANCIAL |

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CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--------------------------|----------------|----|-----------|------------|--|
| 595 | AFLAC -AMERICAN FAMILY LIFE ASSO CO | 1932 WYNNNTON RD. | COLUMBUS | GA | 31999 | 8009923522 | |
| 596 | SECURE HORIZONS | PO BOX 659787 | SAN ANTONIO | TX | 782659787 | 8665798811 | MEDICARE ADVANTAGE PLAN |
| 597 | MONARCH DIRECT | PO BOX 9004 | SPRINGFIELD | MA | 01101 | 8006289000 | |
| 598 | WJB DORN VA MEDICAL CENTER | 6439 GARNERS FERRY RD. | COLUMBIA | SC | 292091639 | 8037764000 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 599 | NATIONAL ELEVATOR INDUSTRY HEALTH BENEFITS | PO BOX 477 | NEWTOWN SQUARE | PA | 190730477 | 8005234702 | |
| 603 | OTHER INDIGENT (HOSPITAL CHARITY) | | | SC | | | |
| 604 | CHAMPVA | PO BOX 469064 | DENVER | CO | 80246 | 3033317599 | |
| 606 | VOCA.REHAB GENERAL | | | | | | |
| 607 | WPS TRICARE FOR LIFE | PO BOX 7889 | MADISON | WI | 537077889 | 8667730404 | |
| 608 | VOCATIONAL REHAB DISABILITY | | | | | | |
| 609 | COMM FOR BLIND | | | | | | |
| 610 | DHEC CANCER | | | | | | |
| 611 | DHEC C. CHILDREN | | | | | | |
| 612 | DHEC LOW RISK MATERNITY | | | | | | |
| 613 | DHEC HIGH RISK MATERNITY | | | | | | |
| 614 | TRICARE SOUTH REGION | PO BOX 7031 | CAMDEN | SC | 290207031 | 8004033950 | INTERNET WWW.MYTRICARE.COM |
| 615 | DHEC STERILIZATION | | | | | | |
| 616 | MEDICAID-OUT-OF-STATE | | | | | | |
| 617 | MEDICARE RAILROAD (PGBA) PROFESSIONAL PART B | PO BOX 10066 | AUGUSTA | GA | 30999 | 8772887600 | |
| 618 | MEDICARE PART A | | | | | | |
| 619 | MEDICAID, SC | | | | | | |
| 620 | MEDICARE PART B ONLY | | | | | | |
| 621 | DEPT CORRECTIONS | | | | | | |
| 622 | WORKMEN'S COMP | | | | | | |
| 623 | CAROLINA MEDICARE PRIME HMO | 201 EXECUTIVE CENTER DR. | COLUMBIA | SC | 29210 | 8037507473 | MEDICARE ADVANTAAAGE PLAN |
| 624 | OTHER SPONSOR | | | | | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|------------------------------|------------------------------|-------------|----|-----------|------------|------------------------------|
| 625 | DHEC MIGRANT HEALTH | | | | | | |
| 626 | DHEC SICKLE CELL | | | | | | |
| 627 | DHEC HEART | - | - | - | ---- | | |
| 628 | DHEC HEMOPHILIA | - | - | - | ---- | | |
| 629 | DHEC FAMILY PLANNING | - | - | - | ---- | | |
| 630 | DHEC TB | - | - | - | ---- | | |
| 631 | SHRINERS | - | - | - | ---- | | |
| 632 | CRIME VICTIMS | - | - | - | ---- | | |
| 633 | VETERANS ADMINISTRATION | - | - | - | - | | |
| 635 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | 4023427600 | MEDICARE INTERMEDIARY PART A |
| 636 | MUTUAL OF OMAHA | MUTUAL OF OMAHA PLAZA | OMAHA | NE | 68175 | | MEDICARE INTERMEDIARY PART B |
| 637 | SELECT HEALTH/FIRST CHOICE | PO BOX 7120 | LONDON | KY | 40742 | 8882762020 | MEDICAID HMO |
| 638 | UNISON HEALTH PLAN HMO | 250 BERRYHILL RD. | COLUMBIA | SC | 29210 | 8037985852 | MEDICAID HMO |
| 639 | HEALTHFIRST HMO | 255 ENTERPRISE BLVE. STE. 20 | GREENVILLE | SC | 29615 | 8644551100 | MEDICAID HMO |
| 642 | TRICARE FOR LIFE | PO BOX 7890 | MADISON | WI | 537077890 | 8667730404 | |
| 643 | BCBS OF TENNESSEE | 730 CHESTNUT ST. | CHATTANOOGA | TN | 37402 | 8772966189 | MEDICARE INTERMEDIARY |
| 644 | BCBS OF GEORGIA | PO BOX 9907 | COLUMBUS | GA | 31908 | 8004412273 | MEDICARE INTERMEDIARY |
| 645 | STERLING MEDICARE CHOICE HMO | PO BOX 70 | LINTHIEUM | MD | 21900 | 6152445600 | MEDICARE ADVANTAGE PLAN |
| 646 | CIGNA-MEDICARE | PO BOX 671 | NASHVILLE | TN | 37202 | 6152445600 | MEDICARE INTERMEDIARY |
| 648 | HUMANA GOLD CHOICE (PFFS) | PO BOX 7060 | CAMDEN | SC | 29020 | 8775115000 | MEDICARE ADVANTAGE PLAN |
| 650 | ABBEVILLE COUNTY | - | - | - | - | | |
| 651 | AIKEN COUNTY | - | - | - | - | | |
| 652 | ALLENDALE COUNTY | - | - | - | - | | |
| 653 | ANDERSON COUNTY | - | - | - | - | | |
| 654 | BAMBERG COUNTY | - | - | - | - | | |
| 655 | BARNWELL COUNTY | - | - | - | - | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---------------------|--------------|------|----|-----|-----------|-----------------|
| 656 | BEAUFORT COUNTY | - | - | - | - | | |
| 657 | BERKELEY COUNTY | - | - | - | - | | |
| 658 | CALHOUN COUNTY | - | - | - | - | | |
| 659 | CHARLESTON COUNTY | - | - | - | - | | |
| 660 | CHEROKEE COUNTY | - | - | - | - | | |
| 661 | CHESTER COUNTY | - | - | - | - | | |
| 662 | CHESTERFIELD COUNTY | - | - | - | - | | |
| 663 | CLARENDON COUNTY | - | - | - | - | | |
| 664 | COLLETON COUNTY | - | - | - | - | | |
| 665 | DARLINGTON COUNTY | - | - | - | - | | |
| 666 | DILLON COUNTY | - | - | - | - | | |
| 667 | DORCHESTER COUNTY | - | - | - | - | | |
| 668 | EDGEFIELD COUNTY | - | - | - | - | | |
| 669 | FAIRFIELD COUNTY | - | - | - | - | | |
| 670 | FLORENCE COUNTY | - | - | - | - | | |
| 671 | GEORGETOWN COUNTY | - | - | - | - | | |
| 672 | GREENVILLE COUNTY | - | - | - | - | | |
| 673 | GREENWOOD COUNTY | - | - | - | - | | |
| 674 | HAMPTON COUNTY | - | - | - | - | | |
| 675 | HORRY COUNTY | - | - | - | - | | |
| 676 | JASPER COUNTY | - | - | - | - | | |
| 677 | KERSHAW COUNTY | - | - | - | - | | |
| 678 | LANCASTER COUNTY | - | - | - | - | | |
| 679 | LAURENS COUNTY | - | - | - | - | | |
| 680 | LEE COUNTY | - | - | - | - | | |
| 681 | LEXINGTON COUNTY | - | - | - | - | | |
| 682 | MARION COUNTY | - | - | - | - | | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|--------------------------------|-----------------|----|-----------|------------|---|
| 683 | MARLBORO COUNTY | - | - | - | - | | |
| 684 | MCCORMICK COUNTY | - | - | - | - | | |
| 685 | NEWBERRY COUNTY | - | - | - | - | | |
| 686 | OCONEE COUNTY | - | - | - | - | | |
| 687 | ORANGEBURG COUNTY | - | - | - | - | | |
| 688 | PICKENS COUNTY | - | - | - | - | | |
| 689 | RICHLAND COUNTY | - | - | - | - | | |
| 690 | SALUDA COUNTY | - | - | - | - | | |
| 691 | SPARTANBURG COUNTY | - | - | - | - | | |
| 692 | SUMTER COUNTY | - | - | - | - | | |
| 693 | UNION COUNTY | - | - | - | - | | |
| 694 | WILLIAMSBURG COUNTY | - | - | - | - | | |
| 695 | YORK COUNTY | - | - | - | - | | |
| 696 | OUT-OF-STATE GA | - | - | - | - | | |
| 697 | OUT-OF-STATE NC | - | - | - | - | | |
| 698 | OUT-OF-STATE OTHER | - | - | - | - | | |
| 700 | | - | - | - | - | - | |
| 701 | UNI-CARE CHOICE HEALTH BENEFITS | PO BOX 51130 | SPRINGFIELD | MA | 01151 | 8002888630 | |
| 702 | BOON CHAPMAN BENEFIT ADMINISTRATORS | PO BOX 9201 | AUSTIN | TX | 787669201 | 8002529653 | CODE ASSIGNED BY SCHA |
| 703 | TUCKER COMPANY & ADMINISTRATORS | 9140 ARROW POINT BLVD. #200 | CHARLOTTE | NC | 282738102 | 7045259666 | |
| 704 | UNITED FOOD & COMMERCIAL WORKERS (UFCW) | 1800 PHOENIX BLVD. STE. 310 | ATLANTA | GA | 30349 | 8002417701 | |
| 705 | APS HEALTHCARE, INC. | PO BOX 1307 | ROCKVILLE | MD | 20849 | 8002218699 | |
| 706 | PLUMBERS & PIPEFITTERS LOCAL NO. 421 | PO BOX 840 | MACON | GA | 312020840 | 8887412673 | |
| 707 | DILLON YARN MEDICAL BENEFITS | 1019 TITAN RD. | DILLON | SC | 29536 | 8437747353 | |
| 708 | PERFORMAX | PO BOX 61505 | KING OF PRUSSIA | PA | 19406 | 8885547629 | CODE NOT REQUESTED BY MEDCAID. ASSIGNED BY SCHA |
| 709 | MERCER ADMINISTRATION | PO BOX 4546 | IOWA CITY | IA | 52244 | 8008687526 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|--------------------------|---------------|----|-----------|------------|---|
| 710 | 21ST CENTURY HEALTH AND BENEFITS INC | PO BOX 5037 | CHERRY HILL | NJ | 08034 | 8003234890 | |
| 711 | LABORERS DISTRICT COUNCIL OF GA AND SC | PO BOX 607 | JONESBORO | GA | 302370607 | 4044771888 | |
| 712 | TDI MANAGED CARE SERVICES | 620 EPSILON DR. | PITTSBURG | PA | 15238 | 8005815300 | CARRIER BOUGHT OUT BY PHARMACARE CC 740 |
| 713 | HEALTH CARE CREDIT UNION ASSOC. HCCUA | PO BOX 260957 | PLANT | TX | 750260957 | 8663736366 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 714 | STOWE ASSOCIATES | 2872 WOODCOCK BLVD. #200 | ATLANTA | GA | 30341 | 8005337896 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 715 | UNITED HEALTH & LIFE INSURANCE COMPANY | PO BOX 169050 | DULUTH | MN | 558168200 | 8005262414 | USE CC113 UNITED HEALTHCARE |
| 716 | INDECS CORP | PO BOX 668 | LYNDHURST | NJ | 07071 | 8884463327 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 717 | USA HEALTH CARE (MVP HEALTH CARE) | PO BOX 22920 | ROCHESTER | NY | 146922920 | 8009993920 | CODE ASSIGNED BY SCHA |
| 718 | RX PRIME/CIGNA PHARMACY SERVICES | PO BOX 3598 | SCRANTON | PA | 185050598 | 8006225579 | |
| 719 | FLORIDA HEALTH ALLIANCE | PO BOX 10269 | JACKSONVILLE | FL | 322470269 | 9043548335 | |
| 720 | UNITED MINE WORKERS HEALTH & RETIREMENT FUND | ROUTE 2 BOX 218A | BIG STONE GAP | VA | 24219 | 8006549763 | |
| 721 | EHD ADMINISTRATORS | PO BOX 83080 | LANCASTER | PA | 176083080 | | CODE ASSIGNED BY SCHA |
| 722 | AMERICAN REPUBLIC INSURANCE COMPANY | PO BOX 21670 | EAGAN | MN | 55121 | 8002472190 | |
| 723 | CAROLINA CONTINENTAL INSURANCE | PO BOX 427 | COLUMBIA | SC | 29202 | 8032566265 | |
| 724 | MUTUAL MEDICAL PLANS | PO BOX 689 | PEORIA | IL | 61652 | 8004484689 | CODE ASSIGNED BY SCHA |
| 725 | DIALYSIS CLINIC, INC. | 203 FREEMONT AVE. | SPARTANBURG | SC | 29303 | 8645852046 | |
| 726 | INSURANCE SERVICE AND BENEFITS | 3218 HIGHWAY 67 STE. 218 | MESQUITE | TX | 75150 | 8008783157 | |
| 727 | GUARANTEE MUTUAL LIFE CO. | 8801 INDIAN HILLS DR. | OMAHA | NE | 68114 | 8004624660 | |
| 728 | GENERAL PRESCRIPTION PROGRAMS INC | 305 MEDICINE BLVD. | NEW YORK | NY | 10165 | 8003412234 | |
| 729 | GROUP INSURANCE SERVICES (GIS) | PO BOX 2291 | DURHAM | NC | 27702 | 9194904391 | CODE IN OPEN STATUS BY SCHA |
| 730 | GEORGIA HEALTHCARE PARTNERSHIP | PO BOX 16388 | SAVANNAH | GA | 314163088 | 8005666710 | |
| 731 | ADOVA HEALTH | PO BOX 725549 | ATLANTA | GA | 31139 | 8664704959 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 732 | HERTZ CLAIM MANAGEMENT | PO BOX 726 | PARK RIDGE | NJ | 07656 | 2013072177 | |
| 733 | MOUNTAIN CLAIMS MANAGEMENT | PO BOX 1008 | FRUITLAND | ID | 83619 | 2084527979 | CODE IN OPEN STATUS BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|-----------------------------------|------------------------------|---------------|----|-----------|------------|---|
| 734 | STRATEGIC OUTBURSTING INC. | PO BOX 241508 | CHARLOTTE | NC | 28224 | 8888367764 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA |
| 735 | EATON BENEFIT PAYMENT OFFICE | PO BOX 16691 | COLUMBUS | OH | 43214 | 8002216036 | |
| 736 | SPECTERA | 2811 LORD BALTIMORE DR. | BALTIMORE | MD | 212442644 | 8006383120 | |
| 737 | UNITED CONCORDIA | PO BOX 69421 | HARRISBURG | PA | 17106 | 8003320366 | |
| 738 | FHA-TPA DIVISION | PO BOX 327810 | FT LAUDERDALE | FL | 333329711 | 8037988698 | CODE IN OPEN STATUS BY SCHA |
| 739 | BOLLINGER INC | PO BOX 727 | SHORT HILLS | NJ | 07078 | 8662670092 | |
| 740 | PHARMACARE | PO BOX 52188 | PHOENIX | AZ | 850722196 | 8002376184 | AS OF 1/1/08 CO. MERGED WITH CAREMARK (471) ADD NEW POLICIES WITH 471 |
| 741 | SPENCER & ASSOCIATES INS. | 1 S. LIMESTONE ST. STE. 301 | SPRINGFIELD | OH | 45502 | 8667669016 | CODE ASSIGNED BY SCHA |
| 742 | MIDA DENTAL PLAN | 2000 TOWN CENTER, STE. 2200 | SOUTHFIELD | MI | 48075 | 8009376432 | |
| 743 | EMPLOYEE PLANS, INC. | PO BOX 2362 | FT WAYNE | IN | 468012362 | 2606257500 | |
| 744 | COLUMBIA PHARMACY SOLUTIONS | PO BOX 30 COLUMBIA PLAZA | GREENSBURG | PA | 15601 | 8007131983 | |
| 745 | GROUP BENEFIT SERVICES | 1312 BELLONE AVE. | LUTHERVILLE | MD | 21093 | 8006386085 | |
| 746 | MED-TAC CLAIMS | PO BOX 9110 | NEWTON | MA | 02160 | 8003479355 | |
| 747 | PACIFICARE | PO BOX 6099 | CYPRESS | CA | 90630 | 8663169776 | CODE ASSIGNED BY SCHA |
| 748 | HEALTH CARE SAVINGS, INC. | 4530 PARK RD. | CHARLOTTE | NC | 28209 | - | CODE ASSIGNED BY SCHA |
| 749 | GERBER LIFE INSURANCE COMPANY | PO BOX 2088 | GRAND RAPIDS | MI | 49501 | 8002533074 | |
| 750 | BENEFIT ADMINISTRATIVE SERVICES | PO BOX 4509 | ROCKFORD | IL | 61110 | 8159699663 | |
| 751 | POLARIS BENEFIT ADMINISTRATORS | PO BOX 2010 | WESTERVILLE | OH | 43086- | 8002340225 | |
| 752 | HYGEIA CORPORATION | 15500 NEW BARN RD. | MIAMI LAKES | FL | 33014 | 8005912650 | CODE ASSIGNED BY SCHA |
| 753 | HEALTHNET | PO BOXO 2226 | AUGUSTA | GA | 309032226 | 9009778221 | |
| 754 | 1199 SEIU NATIONAL BENEFIT FUND | PO BOX 933 | NEW YORK | NY | 10108 | 8888191199 | |
| 755 | TOTAL BENEFIT SERVICES INC | PO BOX 30180 | NEW ORLEANS | LA | 70190 | 800596 315 | |
| 756 | MANUS INSURANCE COMPANY | 6350 W ANDREW JACKSON HWY | TALBOTT | TN | 37877 | 8009933401 | |
| 757 | J C PENNEY LIFE INSURANCE COMPANY | PO BOX 869090 | PLANO | TX | 750860909 | 9728816000 | |
| 758 | HEALTHCHOICE | PO BOX 24870 | OKLAHOMA | OK | 731270870 | 8004892974 | CODE ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------------|------------------|----|-----------|------------|---|
| 759 | MEDIPLUS | PO BOX 9126 | DES MOINES | IA | 50309 | 8002472192 | AKA TROA |
| 760 | KEY BENEFIT ADMINISTRATORS | PO BOX 55230 | INDIANAPOLIS | IN | 46205 | 8003314757 | |
| 761 | EMPLOYEE BENEFIT STRATEGIES | 229 EAST MICHIGAN AVE. STE. 235 | KALAMAZOO | MI | 49007 | 8003257477 | |
| 762 | ROYAL NEIGHBORS OF AMERICA | PO BOX 10850 | CLEARWATER | FL | 337578850 | 8778158857 | CODE ASSIGNED BY SCHA |
| 763 | THE PROVIDENT | PO BOX 31499 | TAMPA | FL | 33631 | 8005257268 | |
| 764 | CARE LINK HEALTH PLAN | PO BOX 7373 | LONDON | KY | 407427373 | 8003482922 | |
| 765 | DR.RS CHOICE | PO BOX 25427 | COLUMBIA | SC | 29224 | 8777724642 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 766 | PALMER & CAY/CARSWELL, INC. | PO BOX 1286 | SAVANNAH | GA | 31402 | 9122346621 | |
| 767 | THIELE KAOLIN CO. | PO BOX 1868 | STATESBORO | GA | 30459 | 4785523951 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 768 | WISCONSIN PHYSICIANS SERVICES | 1717 WEST BROADWAY ST. | MADISON | WI | 53708 | 8889154158 | |
| 769 | FEDEX FREIGHTWAYS | PO BOX 840 | HARRISON | AR | 72602 | 8008744723 | |
| 770 | PEOPLES BENEFIT LIFE INSURANCE | PO BOX 484 | VALLEY FORGE | PA | 19493 | 8005237900 | |
| 771 | PACIFIC FIDELITY LIFE INSURANCE CO (P.F.L.) | PO BOX 982009 | N RICHLAND HILLS | TX | 761828009 | 8176566040 | USE CODE 477 MEGA LIFE |
| 772 | BENEFIT SYSTEMS INC | PO BOX 6001 | INDIANAPOLIS | IN | 462066001 | 8008243216 | |
| 773 | PHYSICIANS MUTUAL INSURANCE COMPANY | PO BOX 2018 | OMAHA | NE | 681032018 | 8002289100 | DO NOT USE THIS CODE FOR MEDICARE ADVANTAGE PLANS OFFERED BY THIS CARRIER |
| 774 | DISNEY WORLDWIDE SERVICES | PO BOX 10130 | LAKE BUENA VISTA | FL | 33830 | 8003922978 | |
| 775 | FIRST CHOICE BENEFITS MANAGEMENT | PO BOX 658 | BELOIT | WI | 535120658 | 8003035770 | |
| 776 | GULF SOUTH ADMINISTRATORS | PO BOX 8570 | METAIRIE | LA | 700118570 | 8003662475 | CODE IN OPEN STATUS BY SCHA |
| 777 | US HEALTH AND LIFE | PO BOX 37504 | OAK PARK | MI | 482370504 | 8002259674 | THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA |
| 778 | DUKE BENEFIT SERVICES, INC. | 3078 BRICKHOUSE CT. | VIRGINIA BEACH | VA | 23452 | 757-485-25 | CODE ASSIGNED BY SCHA |
| 779 | UNISYS | PO BOX 13500 | TALLAHASSEE | FL | 32317 | 8007677829 | DORMANT 8/06 |
| 780 | CORPORATE SYSTEMS ADMINISTRATION INC | PO BOX 4985 | JOHNSON CITY | TN | 376024985 | 8002752847 | |
| 781 | MEDICAL CLAIMS MANAGEMENT CORP | PO BOX 12995 | CHARLOTTE | NC | 282202995 | 8003340609 | |
| 782 | HOUSING BENEFIT PLAN | PO BOX 542077 | DALLAS | TX | 753542077 | 8009372036 | |

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CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-------------------|----------------|----|-----------|------------|---|
| 784 | PACIFIC HEALTH ADMINISTRATORS | PO BOX 620123 | ORLANDO | FL | 328620123 | 8007766070 | CODE ASSIGNED BY SCHA |
| 785 | THE HARVEST INSURANCE CO. | PO BOX 956003 | LAKE MARY | FL | 327950856 | 8002530856 | CODE ASSIGNED BY SCHA |
| 786 | E S BEVERIDGE & ASSO., CIN. | PO BOX 636 | MANSFIELD | OH | 44901 | 8004413961 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 787 | PACIFICARE SENIOR SUPPLEMENT PLAN | PO BOX 6072 | CYPRESS | CA | 906300072 | 8008513802 | |
| 788 | ERISA DESIGN SYSTEMS ADM.(EDSA) | PO BOX 1557 | BALTIMORE | MD | 21203 | 8008203372 | DORMANT 8/06 |
| 789 | NATIONAL CASUALTY COMPANY | PO BOX 1250 | ROCKFORD | IL | 611051250 | 8002751896 | CODE IN OPEN STATUS BY SCHA |
| 790 | MHNET BEHAVIORAL HEALTH | PO BOX 7802 | LONDON | KY | 40742 | 8007527242 | |
| 791 | UNITEDHEALTH INTEGRATED SERVICES | PO BOX 30783 | SALT LAKE CITY | UT | 841300786 | 8665968447 | |
| 792 | PIONEER LIFE INSURANCE COMPANY OF ILLINOIS | PO BOX 1250 | ROCKFORD | IL | 611051250 | 8159875000 | USE CODE 282 WASHINGTON NATIONAL |
| 793 | HUMANA GOLD PLUS | PO BOX 14601 | LEXINGTON | KY | 405124601 | 8004574708 | MEDICARE ADVANTAGE PLAN |
| 794 | UNITED FAMILY LIFE INSURANCE COMPANY | PO BOX 2204 | ATLANTA | GA | 30371 | 4046593300 | |
| 795 | REGIONAL MEDICAL ADMINISTRATORS INC. | PO BOX 4128 | GLEN RAVEN | NC | 272150901 | 3362267950 | |
| 796 | LINECO | 2000 SPRINGER DR. | LOMBARD | IL | 60148 | 8003237268 | CODE ASSIGNED BY SCHA |
| 797 | TODAY'S OPTIONS UNIVERSAL AMERICAN | PO BOX 742528 | HOUSTON | TX | 77274 | 8664225009 | MEDICARE ADVANTAGE PLAN |
| 798 | INCENTUS | 1710 FIRMAN | RICHARDSON | TX | 75081 | 8005591322 | USE CODE B44 AMERICA CHOICE HEALTH PLAN |
| 799 | GENWORTH FINANCIAL | PO BOX 8021 | SAN RAFAEL | CA | 949129974 | 8008764582 | WAS G E FINANCIAL SERVICES |
| 800 | NEBCO (TENNECO) | PO BOX 97 | SCRATNON | PA | 185040097 | 8007177562 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 801 | IMERICA LIFE AND HEALTH INS. CO | PO BOX 3287 | ENGLEWOOD | CO | 80155 | 8882738020 | |
| 802 | CONSTITUTION LIFE INSURANCE CO | PO BOX 130 | PENSACOLA | FL | 325910130 | 8007896364 | |
| 803 | FIRST CONTINENTAL LIFE INSURANCE | PO BOX 1911 | CARMEL | IN | 46032 | 8005381235 | |
| 804 | PIEDMONT COMMUNITY HEALTHCARE INC. | PO BOX 14408 | CINCINNATI | OH | 452500408 | 8004007247 | |
| 805 | PENN TREATY NETWORK AMERICA (PTNA) | PO BOX 130 | PENSACOLA | FL | 325910130 | 8006357418 | CODE ASSIGNED BY SCHA |
| 806 | NETWORK HEALTH PLAN | PO BOX 568 | MENASHA | WI | 54952 | 9207201300 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 807 | OPTIMA HEALTH PLAN | PO BOX 5028 | TROY | MI | 460071199 | 8002291199 | |
| 808 | NEW MARKET DIMENSION | PO BOX 1338 | COCKEYVILLE | MD | 21031 | 8005706745 | |

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CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---------------------------------|----------------|----|-----------|------------|---|
| 809 | OHIP CARPENTERS HEALTH & WELFARE FUND | 8281 YOUNGSTOWN WARREN RD. #240 | NILES | OH | 44446 | 8003629354 | CODE ASSIGNED BY SCHA |
| 810 | UNITED RESOURCE NETWORK | PO BOX 30758 | SALT LAKE CITY | UT | 84130 | 877-801-35 | CODE ASSIGNED BY SCHA |
| 811 | SPARTANBURG REGIONAL HEALTHCARE SYSTEM | PO BOX 1000 | LANCASTER | SC | 29721 | 877-629-00 | CODE ASSIGNED BY SCHA |
| 812 | MAJOR LEAGUE BASEBALL BENEFIT PLAN | PO BOX 7003 | PARKERSBURG | WV | 261027003 | 8006692255 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 813 | CENTURY PLANNER | 9201 WATSON RD, STE. 350 | ST. LOUIS | MO | 631261509 | 8007762453 | |
| 814 | HEALTHCOMP ADMINISTRATORS | PO BOX 45018 | FRESNO | CA | 93718 | 8004427247 | |
| 815 | BANKERS FIDELITY LIFE INSURANCE COMPANY | PO BOX 260040 | PLANTO | TX | 75026 | 8664587499 | THID CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 816 | ARCADIAN MEMBER CARE | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | MEDICARE ADVANTAGE PLAN |
| 817 | PRIORITY HEALTH | 1231 E BELTLINE NE | GRAND RAPIDS | MI | 495254501 | 8004465674 | |
| 818 | SEAFARERS HEALTH & BENEFIT PLAN (SHBP) | PO BOX 380 | PINEY POINT | MD | 20674 | 8002524674 | |
| 819 | TRICARE OVERSEAS PROGRAM | PO BOX 7985 | MADISON | WI | 537077985 | 8009826257 | CODE ASSIGNED BY SCHA 6/07/10 |
| 820 | MMSI MAYO MANAGEMENT SERVICES | 4001 41ST ST. WEST | ROCHESTER | NM | 41154 | 8006356671 | CODE ASSIGNED BY SCHA SEE CARRIER CODE 536 |
| 821 | ODS HEALTH PLAN ADVANTAGE | PO BOX 4030 | PORTLAND | OR | 972084030 | 8773370650 | CODE ASSIGNED BY SCHA |
| 822 | MEDICAL MUTUAL | PO BOX 6018 | CLEVELAND | OH | 44101 | 8002582873 | CODE ASSIGNED BY SCHA |
| 823 | HEALTH ALLIANCE PLAN | 2850 W GRAND BLVD. | DETROIT | MI | 495254501 | 8004224641 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 824 | ENVISION RX OPTIONS | 2181 EAST AURORA RD. STE. 201 | TWINSBURG | OH | 44087 | 8003614542 | |
| 825 | UNISON ADVANTAGE | PO BOX 1138 | MONROEVILLE | PA | 151465138 | 8002904009 | MEDICARE ADVANTAGE PLAN |
| 826 | WILLSE & ASSOCIATES, INC. | PO BOX 1196 | BALTIMORE | MD | 21203 | 4105470454 | |
| 827 | J. SMITH LANIER | PO BOX 72749 | NEWNAN | GA | 30271 | 8882954864 | |
| 828 | NATIONAL PHARMACEUTICAL SERVICES | PO BOX 407 | BOYSTOWN | NE | 68017 | 8005465677 | |
| 829 | ADMINISTRATIVE SOLUTIONS | PO BOX 2490 | ALPHARETTA | GA | 30023 | 6783390211 | |
| 830 | CONTRACTORS EMPLOYEE BENEFIT ADM. (CEBA) | PO BOX 559017 | AUSTIN | TX | 78755 | 8002477724 | |
| 831 | CORPORATE BENEFIT SOLUTIONS, INC. | PO BOX 8215 | LITTLE ROCK | AR | 72221 | 8886049397 | |
| 832 | CAMERON AND ASSOCIATES | 6100 LAKE FOREST DR. | ATLANTA | GA | 30328 | 8003879919 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|------------------------------|-----------------|----|-----------|------------|---|
| 833 | MERCY HEALTH PLANS | PO BOX 4568 | SPRINGFIELD | MO | 658084568 | 8006472240 | |
| 834 | DEFINITY HEALTH | PO BOX 9525 | AMHERST | NY | 14226 | 8663334648 | BROUGHT OUT BY UNITED HEALTHCARE CARRIER 113 |
| 835 | MANAGED PHARMACY BENEFITS | 1100 NORTH LINDBERGH | ST. LOUIS | MO | 63132 | 8006729540 | THIS CARRIER BOUGHT OUT BY EXPRESS SCRIPTS. |
| 836 | HUMANA | 1100 EMPLOYERS BLVD. | GREEN BAY | WI | 543440620 | 8005584444 | |
| 837 | HEALTH ADMINISTRATION SERVICES | PO BOX 6724208 | HOUSTON | TX | 77267 | 8008655440 | |
| 838 | SHESFIELD, OLSON & MCQUEEN | PO BOX 16608 | ST PAUL | MN | 55116 | 8883308408 | |
| 839 | CITIZENS SECURITY LIFE INS. | PO BOX 436149 | LOUISVILLE | KY | 402536149 | 5022442420 | |
| 840 | AMERICAN INCOME LIFE INSURANCE COMPANY | PO BOX 2608 | WACO | TX | 76797 | 8177723050 | |
| 841 | WATKINS ASSOCIATED INDUSTRIES | PO BOX 1738 | ATLANTA | GA | 30301 | 8003333841 | CODE ASSIGNED BY SCHA |
| 842 | GARDNER AND WHITE INC | PO BOX 40619 | INDIANAPOLIS | IN | 462400619 | 3172579131 | |
| 843 | CORE MANAGEMENT RESOURCES GROUP | PO BOX 840 | MACON | GA | 31202 | 8887412673 | |
| 844 | PRIME TIME HEALTH PLAN | PO BOX 6905 | CANTON | OH | 44706 | 8006177446 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 845 | GEISINGER HEALTH PLAN GOLD | PO BOX 8200 | DANVILLE | PA | 178218200 | 8004989731 | MEDICARE ADVANTAGE PLAN |
| 846 | SCRIPT CARE, INC. | 6380 FOLSOM DR. | BEAUMONT | TX | 77706 | 8008809988 | |
| 847 | MAHONEY BENEFIT ADMINISTRATORS | PO BOX 7260 | FORT LAUDERDALE | FL | 33338 | 8002807093 | |
| 848 | HERITAGE | PO BOX 1730 | AUBURNDALE | FL | 33823 | 8002822460 | |
| 849 | E.O.S. HEALTH | PO BOX 27088 | TEMPE | AZ | 85285 | 8884568417 | |
| 850 | ONENET PPO | PO BOX 934 | FREDERICK | MD | 217050934 | 8003423289 | CODE ASSIGNED BY SCHA |
| 852 | EMPLOYERS MUTUAL | 1000 RIVERSIDE AVE, STE. 400 | JACKSONVILLE | FL | 32257 | 8006972235 | |
| 853 | COMPSYCH CORP. | PO BOX 8379 | CHICAGO | IL | 60680 | 8775955282 | |
| 854 | BOYD CARE (BOYD BROTHERS TRANSPORTATION) | PO BOX 70 | CLAYTON | AL | 36016 | 3347751284 | |
| 855 | UNIVERSITY HEALTH PLANS | PO BOX 830926 DEPT 003 | BIRMINGHAM | AL | 35283 | 8778780914 | |
| 856 | TRANSAMERICA OCCIDENTAL LIFE | PO BOX 2101 TERMINAL ANNEX | LOS ANGELES | CA | 90051 | 2137422111 | |
| 857 | CORPORATE BENEFIT SERVICES INC | PO BOX 12954 | CHARLOTTE | NC | 28220 | 7043730447 | |
| 858 | DENTAQUEST | PO BOX 2136 | COLUMBIA | SC | 29202 | 8003076553 | NAIC 52040 MEDICAID DENTAL CLAIMS PROCESSOR |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------|-------------|----|-----------|------------|--|
| 859 | NEW ENGLAND GROUP TRUST | PO BOX 30466 | TAMPA | FL | 33630 | 8006541731 | |
| 860 | MANAGED HEALTH NETWORK | PO BOX 209010 | AUSTIN | TX | 78720 | 8008352094 | |
| 861 | SUPERIOR ESSEX | PO BOX 724907 | ATLANTA | GA | 31139 | 8772917920 | |
| 862 | PERFORMAX | 300 CORPORATE PARKWAY | AMHERST | NY | 11226 | 8777776076 | |
| 863 | INSURANCE ADMINISTRATION CORP. | PO BOX 39119 | PHOENIX | AZ | 85069 | 8008433106 | |
| 864 | GE GROUP ADMINISTRATORS | PO BOX 150809 | ARLINGTON | TX | 76015 | 8882558961 | |
| 865 | SECURIAN DENTAL PLANS | PO BOX 9385 | MINNEAPOLIS | MN | 554409385 | 8002349009 | NAIC 93742 |
| 866 | OLYMPIC HEALTH MANAGEMENT | PO BOX 5348 | BELLINGHAM | WA | 98227 | 3607349888 | |
| 867 | STATE OF NC COMP. HEALTH BENEFIT | PO BOX 30025 | DURHAM | NC | 27702 | 9194897431 | |
| 868 | KANSAS CITY LIFE | PO BOX 219325 | KANSAS CITY | MO | 64121 | 8008745254 | |
| 869 | EMPLOYEE BENEFIT MANAGEMENT SERVICES | PO BOX 21367 | BILLINGS | MT | 59104 | 8007773575 | |
| 870 | FOUNDATION HEALTH | PO BOX 453219 | SUNRISE | FL | 33345 | 8004415501 | |
| 871 | UNITED BEHAVIORAL HEALTH | PO BOX 169053 | DULUTH | MN | 55816 | 8008776003 | CODE ASSIGNED BY SCHA |
| 872 | UNITED HEALTHCARE PLAN OF RIVER VALLED | 3800 23RD AVE. #200 | MOLINE | IL | 61215 | 8002246602 | CODE ASSIGNED BY SCHA THESE COMPANY BOUGHT OUT JOHN DEERE INS. CO. THIS WAS THE HMO FOR JOHN DEERE 6/29/07 |
| 873 | MEDCO HEALTH | PO BOX 8190 | MADISON | WI | 537088190 | 8002217006 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY THE SCHA |
| 874 | HEALTH NET | PO BOX 14700 | LEXINGTON | KY | 40512 | 8887477823 | THIS CODE NOT REQUESTED BY SCHA. ASSIGNED BY SCHA |
| 875 | AMERICAN SENTINEL | PO BOX 61140 | HARRISBURG | PA | 171061140 | 8006927338 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 876 | HEALTHSOURCE OF NC INC | PO BOX 28087 | RALEIGH | NC | 27611 | 8008499000 | USE CODE 134 CIGNA HEALTHCARE |
| 877 | CARTER-JONES LUMBER CO | WELFARE PLAN | FLORENCE | SC | 295010659 | | CODE ASSIGBED BY SCHA |
| 878 | PENSION AND GROUP SERVICE/HRM CLAIM MANAGEMENT | PO BOX 4022 | KALAMAZOO | MI | 490034022 | 8002530966 | |
| 879 | WELLPATH SELECT | PO BOX 7102 | LONDON | KY | 40742 | 8662083610 | WELLPATH SELECT IS A PLAN UNDER THE PARENT CO. COVENTRY HEALTH CARE |
| 880 | OPTIMUM HEALTH PARTNERS | PO BOX 2243 | GREENVILLE | SC | 29602 | 8642134992 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---------------------------------|-----------------|----|-----------|------------|---|
| 881 | UNITED HEALTHCARE OF NC | PO BOX 26303 | GREENSBORO | NC | 274386303 | 8009991147 | CODE ASSIGNED BY SCHA |
| 882 | PRUDENTIAL HEALTHCARE SYSTEM OF NC | 2701 COLTSGATE RD. STE. 100 | CHARLOTTE | NC | 28211 | | CODE ASSIGNED BY SCHA |
| 883 | SELECT HEALTH OF SOUTH CAROLINA INC | 7410 NORTHSIDE DR. STE. 208 | CHARLESTON | SC | 29420 | 8435691759 | CODE IN OPEN STATUS BY SCHA |
| 884 | HEALTH FIRST HEALTH PLANS | PO BOX 565001 | ROCKLEDGE | FL | 329565001 | 8007167737 | CODE IN OPEN STATUS BY SCHA |
| 885 | JOHN ALDEN INSURANCE COMPANY | PO BOX 020270 | MIAMI | FL | 33102 | 8003284316 | |
| 886 | PLANNED ADMINISTRATORS INC | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037540041 | |
| 887 | CNIC HEALTH SOLUTIONS | PO BOX 3559 | ENGLEWOOD | CO | 80155 | 8004267453 | |
| 888 | SOUTHEASTERN BENEFIT PLANS INC. | 335 ARCHDALE DR. | CHARLOTTE | NC | 282174246 | 7045295400 | |
| 889 | GROUP INSURANCE ADMINISTRATION INC | 3350 PEACHTREE RD. NE STE. 1040 | ATLANTA | GA | 30326 | 8006210683 | |
| 890 | PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA | PO BOX 17368 | WINSTON SALEM | NC | 271167368 | 8009425695 | |
| 891 | OPTIMUM CHOICE OF THE CAROLINAS INC | 4 TAFT CT. | ROCKVILLE | MD | 20850 | 8003438205 | |
| 892 | INDEPENDENT HEALTH | PO BOX 9066 | BUFFALO | NY | 14231 | 8002471466 | |
| 893 | KEYSTON HEALTH PLAN EAST | PO BOX 8339 | PHILADELPHIA | PA | 19101 | 8002273116 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 894 | AMERIHEALTH MERCY HEALTH PLAN | PO BOX 7118 | LONDON | KY | 40742 | 8889917200 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 895 | CONTINENTAL LIFE INS. OF TENNESSEE | PO BOX 1188 | BRENTWOOD | TN | 37024 | 6153771300 | |
| 896 | OPTIMED HEALTH PLAN | 902 CLINT MOORE RD. STE. 100 | BOCA RATON | FL | 33487 | 8004828770 | |
| 897 | SOUTHERN BENEFIT ADM. | 5305 VIRGINIA BEACH BLVD. | NORFOLK | VA | 23502 | 7574618091 | |
| 898 | ASSOCIATION & SOCIETY INS. CORP | PO BOX 2510 | ROCKVILLE | MD | 20847 | 8006382610 | |
| 899 | AETNA HEALTH PLANS OF THE CAROLINAS INC | 3 CENTERVIEW DR. | GREENSBORO | NC | 27407 | 8004591466 | HMO PLAN ONLY |
| 900 | KOHLER COMPANY | 444 HIGHLAND DR. | KOHLER | WI | 530441515 | 9204574441 | |
| 901 | DENTAL CARE PLUS | 100 CROWNE POINT PLACE | CINCINNATI | OH | 45241 | 8003679466 | |
| 902 | M CARE | PO BOX 130799 | ANN ARBOR | MI | 481130779 | 8006588878 | CODE ASSIGNED BY SCHA. THIS IS THE HMO TO CC 504 WHICH IS THE POS |
| 903 | ACORDIA NATIONAL | PO BOX 11064 | CHARLESTON | WV | 253391064 | 8004354351 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 904 | BEST CHOICE HEALTH PLAN | PO BOX 21128 | FORT LAUDERDALE | FL | 33335 | 8008674446 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------------|---------------------------|----|-----------|------------|---|
| 905 | BETTER BENEFITS | PO BOX 93929 | SOUTHLAKE | TX | 76092 | 8664163605 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 906 | GROUP HEALTH ADMINISTRATOR INC | PO BOX 6244 | CHARLOTTE | NC | 282071018 | 8002225790 | |
| 907 | CELTIC LIFE INSURANCE CO. | PO BOX 46337 | MADISON | WI | 53744 | 8007662525 | |
| 909 | PREFERRED HEALTH ALLIANCE CORP. | PO BOX 382048 | BIRMINGHAM | AL | 35238 | 8007228477 | |
| 910 | AMERICAN ADMINISTRATIVE GROUP | PO BOX 5227 | LISLE | IL | 605325227 | 8003545112 | WAS GALLAGER & BASSETT SERVICES |
| 911 | COMMUNITY HEALTH PARTNERS | PO BOX 5787 | SPARTANBURG | SC | 29304 | 8889628437 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 912 | WELLS FARGO TPA-NC OFFICES | PO BOX 2857 | FAYETTEVILLE | NC | 28302 | 8003376288 | |
| 913 | FLORIDA HOSPITAL HEALTHCARE SYSTEM | PO BOX 536847 | ORLANDO | FL | 328536847 | 8007414810 | |
| 914 | NATIONAL TEACHERS ASSO LIFE INSURANCE CO. | PO BOX 2369 | ADDISON | TX | 75001 | 8886716771 | |
| 915 | MANAGED HEALTH RESOURCES | PO BOX 30742 | CHARLOTTE | NC | 28208 | 7043555200 | |
| 916 | MHEALTH | PO BOX 742567 | HOUSTON | TX | 77274 | 8886425040 | |
| 919 | AMERICAN HEALTH GROUP, INC. | PO BOX 1500 | MAUMEE | OH | 43537 | 8008728276 | |
| 920 | HEALTHSMART PREFERRED CARE | PO BOX 53010 | LUBBOCK | TX | 794533010 | 8064732500 | |
| 922 | BLUE CHOICE HEALTHPLAN | PO BOX 6170 | COLUMBIA | SC | 292606170 | 8037868466 | WAS COMPANION HEALTHCARE NAME CHANGE EFFECTIVE 7/1/05 |
| 923 | WJ JONES ADMINISTRATIVE SERVICES INC | 1979 MARCUS AVE. | LAKE SUCCESS | NY | 11042 | 8008317783 | DORMANT 8/06 |
| 927 | UNITED HEALTHCARE HERITAGE PLUS | UHC OF RIVER VALLEY PO BOX 5230 | KINGSTON | NY | 102425230 | 8002246602 | |
| 928 | COOK INSURANCE | PO BOX 1029 | BLOOMINGTON | IN | 47402 | 8005932080 | |
| 929 | NATIONAL HEALTH INSURANCE COMPANY | PO BOX 619999 | DALLAS/FORT WORTH AIRPORT | TX | 752619999 | 8002371900 | |
| 930 | SENTRY LIFE INSURANCE COMPANY | PO BOX 8025 | STEVENS POINT | WI | 54481 | 8004267234 | |
| 931 | GOOD SAMARITAN PROGRAM | 5151 WEST HWY 40 | BEACHGROVE | IN | 46140 | 3178942000 | |
| 932 | MANHATTAN INSURANCE GROUP | PO BOX 925309 | HOUSTON | TX | 772925309 | 8006699030 | CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| 933 | PREFERRED HEALTHCARE SYSTEMS | 620 HOWARD AVE. | ALTOONA | PA | 166014899 | | CODE ASSIGNED BY SCHA |
| 934 | ASSOCIATION & SOCIETY INS. CORP. | PO BOX 2510 | ROCKVILLE | MD | 20847 | 8006382610 | |
| 936 | KEY BENEFITS-TRANSCHOICE PLUS | PO BOX 1279 | FORT MILL | SC | 297161279 | 8005916764 | CODE ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|---------------------------------------|------------------|----|-----------|------------|---|
| 937 | MVP HEALTH CARE | PO BOX 1434 | SCHENECTADY | NY | 12301 | 8002295851 | NAME CHANGE ONLY 4/09. WAS PERFERRED CARE |
| 939 | PREMIER HEALTH SYSTEMS | PO BOX 1640 | COLUMBIA | SC | 292021640 | 8032968999 | CODE ASSIGNED BY SCHA |
| 940 | PRIVATE HEALTH CARE SYSTEMS (PHCS) | PO BOX 2914 | DES PLAINES | IL | 600172914 | 8005317662 | CODE ASSIGNED BY SCHA 6/18/07 |
| 941 | FIDELITY SECURITY LIFE INSURANCE CO | 419 E MAIN ST. | MIDDLETOWN | NY | 10940 | 8008267531 | THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 942 | PRINCIPAL FINANCIAL GROUP | PO BOX 39710 | COLORADO SPRINGS | CO | 80949 | 8002474695 | |
| 943 | LIBERTY MUTUAL LIFE INSURANCE | 5 HUTCHINSON DR. | DANVERS | MA | 01923 | 8889994767 | CODE IN OPEN STATUS BY SCHA |
| 945 | CAROLINA ATLANTIC MEDICAL SERVICES ORGANIZATION | PO BOX 22528 | CHARLESTON | SC | 29413 | 8008100906 | DORMANT 8/06 |
| 946 | FIRST HEALTH | PO BOX 1377 | THOMASVILLE | GA | 31799 | 8668478235 | |
| 948 | PHILADELPHIA AMERICAN LIFE INS. CO. | PO BOX 2465 | HOUSTON | TX | 77252 | 8005527879 | |
| 951 | AMERICAN GROUP ADMINISTRATORS | 101 CONVENTION CENTER DR. STE. 200 | LAS VEGAS | NE | 89109 | 8008424742 | |
| 952 | STARK TRUSS CO., INC. | PO BOX 2080C | STOW | OH | 44224 | 8004564002 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 953 | USA HEALTHCARE ORGANIZATION | 7301 N. 16TH ST. STE. 201 | PHOENIX | AZ | 85020 | 8008723860 | CODE ASSIGNED BY SCHA |
| 954 | MULTIPLAN | 115 5TH AVE. | NEW YORK | NY | 100031004 | 8005463887 | |
| 955 | DESIGN SAVERS PLAN | 2814 SPRING RD. STE. 122 | ATLANTA | GA | 30339 | 8006165709 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| 958 | ITPE-NMU HEALTH AND WELFARE FUND | PO BOX 13817 | SAVANNAH | GA | 31416 | 9123527169 | |
| 960 | HEALTH EOS | PO BOX 6090 | DER PERE | WI | 541156090 | 8004355694 | CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| 961 | MHN (MANAGED HEALTH NETWORK) | PO BOX 27018 | LAS VEGAS | NV | 89126 | 8004584642 | CODE ASSIGNED BY SCHA |
| 962 | VICARE PLUS | PO BOX 1710 | SUFFOLK | VA | 23439 | 8779344403 | |
| 963 | OXFORD HEALTH PLANS | PO BOX 2083 | NASHUA | NH | 030612083 | 8882014111 | |
| 964 | PHARMACEUTICAL CARE NETWORK | 9343 TECH CENTER DR. | SACRAMENTO | CA | 95826 | 8007770074 | |
| 965 | PROFESSIONAL BENEFIT ADMINISTRATORS, INC. (PBA) | PO BOX 4687 | OAKBROOK | IL | 605223755 | 6306553755 | |
| 966 | CAPITOL ADMINISTRATORS OF THE SOUTHEAST | PO BOX 346 | ALPHARETTA | GA | 30009 | 8886506566 | |
| 967 | UNDERWRITERS SAFETY AND CLAIMS | PO BOX 23507 | LOUISVILLE | KY | 40223 | 8006781536 | |
| 968 | AMERICAN BENEFIT ADMINISTRATIVE SERVICES | PO BOX 0928 | BROOKFIELD | WI | 53008 | 6304161111 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|------------------------|---------------|----|-----------|------------|---|
| 969 | WHP HEALTH INITIATIVE | PO BOXO 545 | DEERFIELD | IL | 60015 | 8002072568 | |
| 970 | CONSOLIDATED WORKERS ASSOCIATION (CWA) | PO BOX 2647 | CHINO HILLS | CA | 91709 | 8009195514 | CODE ASSIGNED BY SCHA |
| 971 | ATLANTA ADMINISTRATIONS | 135 BEAVER ST. | WALTHAM | MA | 02452 | 8005481256 | |
| 972 | ASR CORP (ADMINISTRATION SYSTEM RESEARCH) | PO BOX 6392 | GRAND RAPIDS | MI | 49512 | 8009682449 | |
| 973 | CAMBRIDGE INTERGRATED SERVICES GROUP INC. | PO BOX 1687 | GRAND RAPIDS | MI | 49501 | 8007669780 | USE CARRIER 171 AON |
| 974 | COMMERCE BENEFIT GROUP | PO BOX 900 | ELYRIA | OH | 44036 | 8002239941 | |
| 975 | INFORMED RX | PO BOX 5206 | LISLE | IL | 60532 | 8006453332 | WAS NATIONAL MEDICAL HEALTH CARD |
| 976 | PARAGON BENEFITS, INC. | PO BOX 12288 | COLUMBUS | GA | 31917 | 7062776710 | |
| 977 | ZENITH ADMINISTRATION | PO BOX 91014 | SEATTLE | WA | 98111 | 8004265980 | DORMANT 8/06 |
| 978 | LEGGETT & PLATT | PO BOX 7687 | HIGH POINT | NC | 27264 | 8773112150 | |
| 979 | MEDICAL REIMBURSEMENT OF AMERICA | 113 SEABOARD LANE | FRANKLIN | TN | 37067 | 6159633826 | THIS CODE IS USED BY SCHA NOT AN ACTIVE MEDICAID CODE |
| 980 | BENEFIT SUPPORT, INC. | PO BOX 2977 | GAINSVILLE | GA | 30503 | 8007774752 | |
| 981 | ARGUS HEALTH SYSTEMS | PO BOX 419019 | KANSAS CITY | MO | 64141 | 8005227487 | |
| 982 | OFFICE OF GROUP BENEFITS STATE OF LOUISIANA | PO BOX 44036 | BATON ROUGE | LA | 708044036 | 8002728451 | |
| 983 | INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS | 3901 E. WINSLOW AVE. | PHOENIX | AZ | 85040 | 6022340497 | |
| 984 | HOMELAND HEALTHCARE | PO BOX 3726 | SEATTLE | WA | 98124 | 8004934240 | |
| 985 | BENESIGHT | PO BOX 340 | PUEBLO | CO | 81002 | 8003621116 | |
| 986 | COMMON WEALTH BENEFIT ADMINISTRATORS | 115 HANOVER ST. | ASHLAND | VA | 23005 | 8005261677 | |
| 987 | BANKERS FIDELITY LIFE INS CO | PO BOX 190240 | ATLANTA | GA | 311190240 | 4042665500 | |
| 988 | MID WEST NATIONAL LIFE INS. CO. | PO BOX 981606 | EL PASO | TX | 799981610 | 8007331110 | |
| 989 | UNIVERA HEALTHCARE | PO BOX 23000 | ROCHESTER | NY | 14692 | 8772429464 | |
| 990 | SOUTHERN GROUP ADMINISTRATORS, INC. | 200 SOUTH MARSHALL ST. | WINSTON SALEM | NC | 27101 | 8003348159 | |
| 991 | WEST PORT BENEFITS | PO BOX 66743 | ST. LOUIS | MO | 63166 | 8883065299 | |
| 992 | CHESTERFIELD RESOURCES, INC. | PO BOX 1884 | AKRON | OH | 44309 | 8003210935 | |
| 993 | MPI INTERNATIONAL, INC. | PO BOX 81913 | ROCHESTER | MI | 483081913 | 2488539010 | |

APPENDIX 2 CARRIER CODES

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------------|----------------|----|-----------|------------|---|
| 994 | UNITED PROVIDER SERVICES | PO BOX 820277 | FORT WORTH | TX | 76182 | 8005198374 | CARRIER BOUGHT OUT BY CC 740 PHARMACARE |
| 995 | MEDIMPACT | 10680 TREENA ST. | SAN DIEGO | CA | 92131 | 8007882949 | |
| 996 | J.F. MOLLOY & ASSO. | PO BOX 68947 | INDIANAPOLIS | IN | 46268 | 8003313287 | SEE CARRIER 942 PRINCIPAL FINANCIAL GROUP |
| 997 | GENWORTH FINANCIAL | PO BOX 10821 | CLEARWATER | FL | 33757 | 8778259337 | CODE IN OPEN STATUS BY SCHA |
| 998 | CANADA LIFE ASSURANCE CO. | 6201 POWERS FERRY RD. STE. 100 | ATLANTA | GA | 30348 | 8003332542 | |
| 999 | CIGNA HEALTHCARE OF SC/HEALTHSOURCE SC | PO BOX 190024 | CHARLESTON | SC | 294199024 | 8007203150 | BOUGHT BY CIGNA HEALTHCARE CC 134 |
| 100DN | AETNA US HEALTHCARE | PO BOX 14094 | LEXINGTON | KY | 40512 | 8004517715 | |
| 100RX | AETNA PHARMACY | PO BOX 14024 | LEXINGTON | KY | 40512 | 8002386279 | |
| 110RX | PROVIDENT/CAREMARK | PO BOX 686005 | SAN ANTONIO | TX | 78268 | 8008415550 | USE CODE 280 CAREMARK |
| 113DN | UNITED HEALTHCARE | PO BOX 30567 | SALT LAKE CITY | UT | 84130 | 8005215505 | |
| 134DN | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 188037 | CHATTANOOGA | TN | 37422 | 8002446224 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 134RX | CIGNA CONN GENERAL LIFE INSURANCE | PO BOX 42005 | PHOENIX | AZ | 850802005 | 8002510670 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE |
| 139DN | UMR | PO BOX 30541 | SALT LAKE CITY | UT | 84130 | 8008269781 | WAS WAUSAU INS. CO. |
| 139RX | WAUSAU INSURANCE COMPANY | PO BOX 8013 | WAUSAU, | WI | 544028013 | 8008269781 | |
| 153DN | KANAWHA LIFE INSURANCE COMPANY | PO BOX 6000 | LANCASTER | SC | 29721 | 8032862440 | |
| 160DN | UNICARE HEALTH AND LIFE INSURANCE | PO BOX 4059 | SCHAUMBURG | IL | 601684059 | 8772179677 | |
| 201DN | HCH ADMINISTRATORS | PO BOX 1986 | PEORIA | IL | 61656 | 8003221516 | |
| 237DN | GUARDIAN LIFE INSURANCE CO. OF AMERICA | PO BOX 2459 | SPOKANE | WA | 99210 | 8005417846 | |
| 245RX | FIRST HEALTH | PO BOX 23070 | TUCSON | AZ | 85734 | 8005544954 | |
| 300DN | BENEFIT ADMINISTRATORS INC | PO BOX 6279 | ERIE | PA | 16512 | 8007772524 | |
| 308DN | GREAT WEST LIFE | PO BOX 11111 | FORT SCOTT | KS | 66701 | 8776314227 | |
| 312DN | NATIONAL BENEFIT ADMINISTRATORS | PO BOX 690903 | CHARLOTTE | NC | 282277016 | 8004826736 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---------------------------------------|---------------------------------|--------------|----|-----------|------------|---|
| 315DN | THOMAS COOPER AND COMPANY | PO BOX 22557 | CHARLESTON | SC | 29413 | 8437222115 | |
| 345DN | EMPLOYEE BENEFIT SERVICES INC | PO BOX 1929 | FORT MILL | SC | 29716 | 8002421510 | |
| 386DN | ASSURANT HEALTH | PO BOX 2940 | CLINTON | IA | 52733 | 8004427742 | WAS FORTIS INSURANCE COMPANY |
| 401DN | BLUE CROSS AND BLUE SHIELD OF SC | 4101 PERCIVAL RD. | COLUMBIA | SC | 29219 | 8037883860 | THIS CODE USED ONLY FOR DENTAL CLAIMS WHERE BCBS IS THE INSURANCE CARRIER |
| 415DN | WEYCO, INC. | PO BOX 30132 | LANSING | MI | 48909 | 5173497010 | |
| 476DN | CENTRAL STATES, SOUTHEAST & SOUTHWEST | PO BOX 5116 | DEPLAINES | IL | 60017 | 8003235000 | |
| 536DN | CLAIMSWARE MANAGEMED | PO BOX 6125 | GREENVILLE | SC | 29606 | 8642348200 | |
| 552DN | CORESOURCE INC | 6100 FAIRVIEW RD. | CHARLOTTE | NC | 28210 | 8003275462 | |
| 553DN | HEALTHSCOPE BENEFITS, INC. | PO BOX 8076 | LITTLE ROCK | AR | 72203 | 8008277026 | |
| 709DN | MARSH ADVANTAGE AMERICA | 501 NORTH BROADWAY, STE. 500 | ST. LOUIS | MO | 63102 | 8008687526 | FORMERLY BENEFIT PLAN SERVICES |
| 751DN | POLARIS BENEFIT ADMINISTRATORS | PO BOX 1008 | DELAWARE | OH | 43015- | 8002340225 | |
| 751RX | POLARIS BENEFIT ADMINISTRATORS | PO BOX 1008 | DELAWARE | OH | 43015- | 8002340225 | |
| 766DN | PALMER & CAY/CARSWELL, INC. | PO BOX 1286 | SAVANNAH | GA | 31402 | 9122346621 | |
| 781DN | MEDICAL CLAIMS MANAGEMENT CORP | PO BOX 12995 | CHARLOTTE | NC | 282202995 | 8003340609 | |
| 842DN | GARDNER AND WHITE INC | PO BOX 40619 | INDIANAPOLIS | IN | 462400619 | 3172579131 | |
| 857DN | CORPORATE BENEFIT SERVICES INC | PO BOX 12954 | CHARLOTTE | NC | 28220 | 7043730447 | |
| 885DN | JOHN ALDEN INSURANCE COMPANY | PO BOX 020270 | MIAMI | FL | 33102 | 8003284316 | |
| 886DN | PLANNED ADMINISTRATORS INC | PO BOX 6927 | COLUMBIA | SC | 29260 | 8037540041 | |
| 889DN | GROUP INSURANCE ADMINISTRATION INC | 3350 PEACHTREE RD. NE STE. 1040 | ATLANTA | GA | 30326 | 8006210683 | |
| 909DN | PREFERRED HEALTH ALLIANCE CORP. | 300 CORPORATE PKWY. STE. 3 | BIRMINGHAM | AL | 35242 | 2059691155 | |
| 958DN | ITPE-NMU HEALTH AND WELFARE FUND | PO BOX 13817 | SAVANNAH | GA | 31416 | 9123527169 | |
| A01 | THRIVENT FINANCIAL FOR LUTHERANS | 4341 N. BALLARD RD. | APPLETON | WI | 54919 | 8008474836 | |
| A02 | ALTERNATIVE BENEFITS PLANS, INC. | 2920 BRANDYWINE RD. STE. 106 | ATLANTA | GA | 30341 | 8002417319 | |
| A03 | STARMARK | PO BOX 2942 | CLINTON | IA | 52733 | 8005221246 | THIS CARRIER HANDLES GROUPS WITH LESS THAN 50 EMPLOYEES. SEE CC212 FFOR |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|----------------------------|-------------------|----|-----------|------------|--|
| | | | | | | | GROUPS OVER 50 EMPLOYEES. |
| A04 | CONSULTEC PRESCRIPTION BENEFITS MANAGEMENT | 9040 ROSWELL RD. STE. 700 | ATLANTA | GA | 303501853 | 8003654944 | |
| A05 | AMERICAN PUBLIC LIFE INSURANCE CO. | PO BOX 925 | JACKSON | MS | 39205 | 8002568606 | |
| A06 | COLONIAL PENN FRANKLIN LIFE INSURANCE COMPANY | 1818 MARKET ST. | PHILADELPHIA | PA | 191811250 | 8005234000 | THIS CARRIER PART OF CONSECO INSURANCE GROUP |
| A07 | CONTINENTAL LIFE INSURANCE CO. OF SOUTH CAROLINA | PO BOX 6138 | COLUMBIA | SC | 29260 | 8037824947 | |
| A08 | INDEPENDENCE AMERICAN INS. CO.(IHC HEALTH SOLUTION | PO BOX 21456 | EAGON | MN | 55121 | 8664290608 | |
| A09 | RX AMERICA | 221 N CHARLES LINDBERG DR. | SALT LAKE CITY | UT | 84116 | 8007708014 | |
| A10 | AMERISCRIP | 4301 DARROW RD. STE. 4200 | STOW | OH | 44224 | 8006816912 | |
| A11 | PREFERRED ADMINISTRATORS | PO BOX 18263 | TAMPA | FL | 336798263 | 8772767198 | |
| A12 | MOUNTAIN CLAIMS MANAGEMENT | PO BOX 1008 | FRUITLAND | ID | 83616 | 8669527979 | |
| A13 | HOLDEN & COMPANY | PO BOX 10411 | SAVANNAH | GA | 31412 | 8004043344 | |
| A14 | EB RX | 2045 MIDWAY DR. | TWINSBURG | OH | 44087 | 8008007153 | |
| A15 | MANAGED PRESCRIPTIONS SERVICES (MPS) | ONE CITY CENTRE STE. 1100 | ST. LOUIS | MO | 631016922 | 8007596959 | |
| A16 | FCE BENEFIT ADMINISTRATOR | 4615 WALZEM RD. STE. 300 | SAN ANTONIO | TX | 782181610 | 8008999355 | |
| A17 | NOVA HEALTHCARE ADMINISTRATORS | 2680 GRAND ISLAND BLVD. | GRAND ISLAND | NY | 140720308 | 8003333195 | |
| A18 | MSH MOBILITY BENEFITS | PO BOX 77 | BEEBE PLAIN | VT | 05823 | 8888421530 | CODE ASSIGNED BY SCHA |
| A19 | ISLAND GROUP ADMINISTRATION, INC` | 3 TOILSOME LANE | EAST HAMPTON | NY | 11937 | 8009262306 | CODE ASSIGNED BY SCHA |
| A20 | PROFESSIONAL CLAIMS MANAGEMENT | PO BOX 35276 | CANTON | OH | 443155276 | 8003258424 | |
| A20DN | PROFESSIONAL CLAIMS MANAGEMENT | PO BOX 35276 | CANTON | OH | 443155276 | 8003258424 | |
| A21 | PC HEALTH PLAN ADMINISTRATION | PO BOX 1377 | THOMASVILLE | GA | 31799 | 8884261937 | CODE ASSIGNED BY SCHA |
| A22 | PIEDMONT ADMINISTRATORS | PO BOX 78030 | GREENSBORO | NC | 274270830 | 8008527040 | |
| A23 | SERV U PRESCRIPTION | PO BOX 23237 | MILWAUKEE | WI | 532230237 | 8007593203 | |
| A24 | WELLPOINT NEXT RX | PO BOX 145433 | CINCINNATI | OH | 45250 | 8009627378 | USE CARRIER 333 EXPRESS SCRIPTS |
| A25 | BENESCRIP | 8300 E. MAPLEWOOD AVE. | GREENWOOD VILLAGE | CO | 80111 | 8003453189 | |
| A26 | MARKEL SMART STM | PO BOX 610190 | DALLAS | TX | 752610190 | 8002792290 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|----------------------------|------------------|----|-----------|------------|---|
| A27 | HEALTHCARE SUPPORT | 25 COLUMBIA HEIGHTS | BROOKLYN HEIGHTS | NY | 112012482 | 8005544022 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A28 | SHENANDOAH LIFE INSURANCE CO | PO BOX 12847 | ROANOKE | VA | 24029 | 8008485433 | |
| A29 | MERITAN HEALTH | PO BOX 80884 | INDIANAPOLIS | IN | 46280 | 8006064841 | |
| A30 | RMSCO, INC. | PO BOX 678 | LIVERPOOL | NY | 130880678 | 8772047086 | |
| A30DN | RMSCO, INC. | PO BOX 678 | LIVERPOOL | NY | 130880678 | 8772047086 | |
| A31 | UNITY HEALTH INSURANCE | PO BOX 610 | SAUK CITY | WI | 535831374 | 8003623308 | |
| A32 | MAGELLEN BEHAVIORAL HEALTH | PO BOX 1659 | MARYLAND HEIGHTS | MO | 63043 | 8003592422 | |
| A33 | ALLIANT HEALTH PLANS, INC. | PO BOX 21109 | ROANOKE | VA | 24108 | 8002834927 | |
| A34 | WOODS & GROOM | 2549 17TH ST. | COLUMBUS | IN | 47202 | 8003683429 | DORMANT 8/06 |
| A35 | FABRI-KAL CORPORATION | PO DRAWER C | PIEDMONT | SC | 29773 | 8642991720 | CODE IN OPEN STATUS BY SCHA |
| A36 | FIELDCREST CANNON (CANNON MILLS) | PO BOX 5000 | EDEN | NC | 272895000 | 8002223693 | |
| A37 | UNITED BEHAVIORAL/DENTAL SYSTEMS | PO BOX 30755 | SALT LAKE CITY | UT | 84130 | 8005575745 | |
| A38 | UNITED HEALTHCARE OF NC | PO BOX 2604 | GREENSBORO | NC | 274386304 | 8009991147 | |
| A39 | COMPLETE BENEFITS SOLUTIONS | PO BOX 3649 | GREENVILLE | SC | 29603 | 8662702316 | |
| A40 | STRATEGIC RESOURCE COMPANY | PO BOX 14079 | LEXINGTON | KY | 40512 | 8887729682 | |
| A41 | CLAIMS MANAGEMENT SERVICES | PO BOX 10888 | GREENBAY | WI | 54307 | 8004727130 | |
| A42 | PRIMERICA LIFE INSURANCE COMPANY | 3120 BRECKINRIDGE BLVD. | DULUTH | GA | 30199 | 4043811000 | |
| A43 | PREMIER BENEFIT MANAGEMENT , INC. | 7070-A KAIGHN AVE. | PENSAUKEN | NJ | 08109 | 800-966-01 | CODE ASSIGNED BY SCHA |
| A44 | GLOBAL MEDICAL MANAGEMENT, INC | 7901 SW 36TH ST. STE. 100 | DAVIE | FL | 33328 | 9543706404 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A45 | INTEQ GROUP | 5445 LASIERRA DR. STE. 400 | DALLAS | TX | 75231 | 8009593953 | |
| A46 | STANDARD INSURANCE COMPANY | PO BOX 209 | PORTLAND | OR | 972070209 | 5033217000 | |
| A47 | STATESMAN NATIONAL LIFE INSURANCE COMPANY | 3815 MONTROSE BLVD. | HOUSTON | TX | 77006 | 7135266000 | |
| A48 | QUALMED OF OREGON | PO BOX 286 | CLACKMAS | OR | 970150286 | 8005685628 | DORMANT 8/06 |
| A49 | ARIZONA FOUNDATION FOR MEDICAL CARE | PO BOX 2909 | PHONEIX | AZ | 850622909 | 6022318855 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A50 | FEDERAL EMPLOYEES COMPENSATION ACT | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|------------------------------------|-----------------|----|-----------|------------|---|
| A51 | COAL MINE WORKERS COMP PROGRAM | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A52 | NATIONWIDE SPECIALITY HEALTH CLAIMS | PO BOX 420 | SPRINGFIELD | MA | 01101 | 8005174791 | |
| A53 | LONGSHORE & HARBOR WORKERS COMP PROGRAM | PO BOX 8300 | LONDON | KY | 407428300 | 8663358319 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A54 | CENTURY HEALTHCARE | PO BOX 2256 | GRAPEVINE | TX | 76099 | 8884441995 | NEIC 30018 |
| A55 | AETNA LIFE AND CASUALTY | PO BOX 36890 | LOUISVILLE | KY | 40232 | 8004233289 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A56 | VULCAN MATERIALS COMPANY | PO BOX 530187 | BIRMINGHAM | AL | 352530187 | 8642772371 | DORMANT 8/06 |
| A57 | AMERICAN GROUP ADMINISTRATORS, INC. | 101 CONVENTION CENTER DR. STE. 200 | LAS VEGAS | NV | 89109 | 8008424742 | CODE ASSIGNED BY SCHA |
| A58 | COMPREHENSIVE BENEFITS | PO BOX 8955 | MELVILLE | NY | 11747 | 8008283605 | |
| A60 | | | | | | | |
| A62 | AMERICAN MEDICAL AND LIFE INSURANCE (AMLI) | PO BOX 1353 | CHICAGO | IL | 60690 | 8882641512 | |
| A63 | CITIZENS INSURANCE | PO BOX 1627 | ANDERSON | SC | 29622 | 8643340090 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A64 | NTCA (NAT'L TELECOMMUNICATIONS COOPERATIVE ASSO.) | ONE WEST PACK SQUARE STE. 600 | ASHEVILLE | NC | 288013459 | 8282819000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A65 | DATARX | 5920 ODELLE ST. | CUMMINGS | GA | 30040 | 8778231273 | |
| A66 | SOUTHERN BENEFIT ADMINISTRATORS, INC. | PO BOX 1449 | GOODLETTSVILLE | TN | 37070 | 8008310420 | |
| A67 | HEALTHSCOPE BENEFITS | PO BOX 99005 | LUBBOCK | TX | 794906831 | 8009676831 | |
| A68 | HOLLINGSWORTH SACO LOWELL CORP. | PO DRAWER 2327 | GREENVILLE | SC | 29602 | 8648593211 | DORMANT 8/06 |
| A69 | KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA | PO BOX 7004 | DOWNEY | CA | 902427004 | 8003310420 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A70 | NATIONAL EMPLOYEE BENEFIT ADMINISTRATORS | 1920 N. FLORIDA MANGO RD. | WEST PALM BEACH | FL | 33409 | 8008225899 | |
| A71 | CAROLINA BEHAVIORAL HEALTH ALLIANCE | PO BOX 571137 | WINSTON SALEM | NC | 271571137 | 8004757900 | |
| A72 | BABB, INC. | 850 RIDGE AVE. | PITTSBURGH | PA | 15212 | 8002456102 | |
| A73 | CLAIMS TECHNOLOGY, INC. | 100 CT. AVE. STE. 306 | DES MOINES | IA | 50309 | 8002458813 | |
| A74 | FIRST CAROLINA CARE, INC. | PO BOX 381686 | BIRMINGHAM | AL | 35238 | 8008113298 | |
| A75 | HEALTH COST SOLUTIONS | PO BOX 1439 | HENDERSONVILLE | TN | 37077 | 8882295020 | WAS LIFECARE CENTERS OF AMERICA |
| A76 | TOWER LIFE INS. CO. | 310 S. MARY ST. | SAN ANTONIO | TX | 78205 | 8006606077 | |

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CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|-----------------------------------|-----------------|----|-----------|------------|--|
| A77 | SISCO | PO BOX 389 | DUDUQUE | IA | 52004 | 8004574725 | |
| A78 | HIGHWAY TO HEALTH (HTH) | PO BOX 968 | HORSHAM | PA | 19044 | 8883502002 | THIS CODE ASSIGNED BY SCHA. NOT REQUESTED BY MEDICAID |
| A79 | HEALTH SPECIAL RISK | 4001 N. JOSEY LANE | CARROLLTON | TX | 75007 | 9724926474 | |
| A80 | TOTAL SCRIPT | 10901 WEST 120TH AVE. STE. 110 | BROOMFIELD | CO | 80021 | 8007522211 | |
| A81 | BENESYS | PO BOX 90082 | LUBBOCK | TX | 79402 | 3372341789 | |
| A82 | UNITED HEALTHCARE INDEMNITY | PO BOX 740801 | ATLANTA | 30 | 303740801 | 8008488406 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A83 | GROUP RESOURCES INC | PO BOX 100043 | DULUTH | GA | 300969343 | 7706238383 | |
| A84 | HCC LIFE INSURANCE COMPANY | PO BOX 863 | INDIANAPOLIS | IN | 46206 | 8664007102 | |
| A85 | QUALCHOICE | PO BOX 25610 | LITTLE ROCK | AR | 722219914 | 8002357111 | |
| A86 | BENEFIT MANAGEMENT CO | PO BOX 269000 | WESTON | FL | 333269000 | 8002629175 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A87 | SOUTHEAST COMMUNITY CARE (ARCADIAN HEALTH) | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | |
| A88 | WINDSOR STERLING | PO BOX 269003 | PLANO | TX | 750269003 | 8888588551 | |
| A89 | SPECIAL INSURANCE SERVICES (SIS) | PO BOX 250349 | PLANO | TX | 750250349 | 8007676811 | CODE ASSIGNED BY SCHA |
| A90 | EMPLOYEE BENEFIT CLAIMS INC | 9501 WEST DEVON | ROSEMONT | IL | 60018 | 3126963660 | |
| A91 | STATES GENERAL LIFE INS. CO | 115 WEST 7TH ST. STE. 1200 | FORT WORTH | TX | 761027012 | 8007828375 | |
| A92 | PROVIDENT AMERICAN LIFE & HEALTH INS. | PO BOX 29158 | SHAWNEE MISSION | KS | 66201915 | 8007535133 | |
| A93 | AMERICAN COLLEGE OF SURGEONS | PO BOX 2522 | FORT WORTH | TX | 761132522 | 8004331672 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A94 | FORETHOUGHT LIFE INSURANCE COMPANY | PO BOX 981721 | EL PASO | TX | 79998 | 8774925870 | |
| A95 | REYNOLDS & REYNOLDS | PO BOX 1272 | DAYTON | OH | 45401 | 8007363539 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| A96 | HAMRICKS INC | 742 PEACHOID RD. | GAFFNEY | SC | 29340 | 8644877505 | |
| A97 | EMPLOYER PLAN SERVICES, INC. | 2180 NORTH LOOP WEST, STE. 400 | HOUSTON | TX | 77018 | 8004476588 | |
| A98 | CORPORATE BENEFIT SERVICES OF AMERICA INC | PO BOX 738 | HOPKINS | MN | 55343 | 8007654224 | |
| A99 | CHEROKEE INSURANCE | PO BOX 853925 | RICHARDSON | TX | 750853925 | 8002010450 | |
| B01 | HEALTH PARTNERS | PO BOX 1289 | MINNEAPOLIS | MN | 554401289 | 8889222313 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------------------|---------------|----|-----------|------------|---|
| B02 | LIFE INSURANCE CO. OF ALABAMA | PO BOX 349 | GADSDEN | AL | 35902 | 8002262371 | |
| B03 | CHESAPEAKE LIFE INS. CO. | PO BOX 809025 | DALLAS | TX | 753809025 | 8887563534 | |
| B04 | CARITEN HEALTHCARE | PO BOX 22987 | KNOXVILLE | TN | 37933 | 8002840042 | CODE IN OPEN STATUS BY SCHA |
| B05 | FOCUS HEALTHCARE MANAGEMENT, INC. | 720 COOL SPRINGS BLVD. | FRANKLIN | TN | 37067 | 6157784000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B06 | SOUTHCARE HEALTHCARE PREFERRED | 1100 CIRCLE 75 PARKWAY, STE. 1400 | ATLANTA | GA | 30339 | 8004702004 | |
| B07 | MAGNACARE | PO BOX 1001 | GARDEN CITY | NY | 11530 | 8666246259 | |
| B08 | AMFIRST INSURANCE CO | PO BOX 16708 | JACKSON | MS | 93236 | 8888882519 | |
| B09 | DEARBORN NATIONAL | PO BOX 23060 | BELLEVILLE | IL | 62223 | 8003484512 | |
| B10 | PILGRIM HEALTH & LIFE INSURANCE | PO BOX 897 | ATLANTA | GA | 30303 | 4046592100 | CODE IN OPEN STATUS BY SCHA |
| B11 | CBCA ADMINISTRATORS, INC. | PO BOX 1272 | MINNEAPOLIS | MN | 554400535 | 8884465710 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B12 | JOHN HANCOCK LIFE AND HEALTH INSURANCE | JOHN HANCOCK B5-03 200 BERKELEY STEET | BOSTON | MA | 02116 | 8003777311 | |
| B13 | WEB TPA | PO BOX 99906 | GRAPEVINE | TX | 760999706 | 8007582851 | |
| B14 | A.C.S. CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON SALEM | NC | 271022000 | 3367592013 | |
| B14DN | A.C.S. CONSULTING SERVICES, INC. | PO BOX 2000 | WINSTON SALEM | NC | 271022000 | 3367592013 | |
| B15 | HILLCREST BENEFIT ADMINISTRATORS | PO BOX 1516 | MT. DORA | FL | 32756 | 8007439264 | |
| B16 | PARTNER RX MANAGEMENT | PO BOX 12119 | SCOTTSDALE | AZ | 85260 | 8006594112 | |
| B17 | ULTRA BENEFITS | PO BOX 763 | WESTBORO | MA | 01581 | 8668587223 | |
| B18 | LUMENOS | PO BOX 69309 | HARRISBURG | PA | 17106 | 8774957223 | |
| B19 | RENAISSANCE DENTAL | PO BOX 17250 | INDIANAPOLIS | IN | 46217 | 8883589484 | |
| B20 | FMH BENEFIT SERVICES, INC. | PO BOX 25946 | OVERLAND PARK | KS | 66225 | 8009909058 | |
| B21 | PIONEER HEALTH | PO BOX 6600 | HOLYOKE | MA | 01041 | 8004234586 | |
| B22 | SOUTHERN HEALTH SERVICES | PO BOX 7704 | LONDON | KY | 40742 | 8006274872 | |
| B23 | LINCOLN FINANCIAL GROUP | PO BOX 614008 | ORLANDO | FL | 32861 | 8004232765 | |
| B24 | EMBLEM HEALTH CARE CO. | PO BOX 3000 | NEW YORK | NY | 10116 | 2125014444 | |
| B25 | HEALTH AND WELFARE FUND LOCAL 218 | PO BOX 115027 | ATLANTA | GA | 30310 | 4047555665 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------------------|----------------|----|-----------|------------|---|
| B26 | IMSCO HEALTH PLAN | PO BOX 697 | BUCKEYSTOWN | MD | 217170697 | 8009442833 | IMSCO - INTERNATIONAL MANAGEMENT SERVICE CO. |
| B27 | HEALTH FIRST (PPO) | PO BOX 17709 | GREENVILLE | SC | 29606 | 8642893000 | |
| B28 | THE STANDARD | PO BOX 82622 | LINCOLN | NE | 68501 | 8005479515 | |
| B29 | PANAMERICAN BENEFIT SOLUTIONS | PO BOX 619008 | DALLAS | TX | 75261 | 8006949888 | WAS US NOW INSURANCE GROUP |
| B30 | SOUTHERN BENEFITS, SOUTHEASTERN PIPE TRADERS | PO BOX 1449 | GOODLETTSVILLE | TN | 370701449 | 8008314914 | |
| B31 | GREAT AMERICAN LIFE INS. CO (GALIC) | PO BOX 559002 | AUSTIN | TX | 787553010 | 8008802745 | |
| B32 | MAXCARE | PO BOX 18024 | OKLAHOMA CITY | OK | 73154 | 8002597765 | |
| B33 | PHARMAVAIL DRUG COMPANY | 3380 TRICKHUM RD. BLDG 400, UNIT 100 | WOODSTOCK | GA | 30188 | 8009333734 | |
| B34 | ATLANTA LIFE INSURANCE COMPANY | 100 AUBURN AVE., NE | ATLANTA | GA | 30303 | 4046592100 | |
| B35 | PROCARE RX PBM | 3090 PREMIERE PARKWAY, STE. 100 | DULUTH | GA | 30097 | 8006993542 | |
| B36 | COMMONWEALTH INDEMITY PLAN | PO BOX 9016 | ANDOVER | MA | 01810 | 8004429033 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B37 | BENEFIT ADMINISTRATORS | PO BOX 21308 | COLUMBIA | SC | 29221 | 8778400936 | |
| B37DN | BENEFIT ADMINISTRATORS | PO BOX 1957 | BEATTYVILLE | KY | 41311 | 8003258424 | |
| B38 | MEDBEN | PO BOX 1009 | NEWARK | OH | 43058 | 8006868425 | |
| B39 | MEDICAL SAVINGS INSURANCE CO. | 5835 WEST 74TH ST. | INDIANAPOLIS | IN | 462781758 | 3173298222 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B40 | TOTAL CLAIMS SOLUTION (TCS) | PO BOX 10888 | GREEN BAY | WI | 543070888 | 8003760110 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B41 | VYTRA HEALTHCARE | PO BOX 9091 | MELVILLE | NY | 11747 | 8668089399 | |
| B42 | UMR | PO BOX 266 | ONALASKA | WI | 546568764 | 8002368672 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B43 | AFFINITY HEALTH PLAN | PO BOX 981726 | EL PASO | TX | 799981726 | 8662475678 | |
| B44 | AMERICAN CHOICE HEALTH PLAN, LLC | PO BOX 922043 | HOUSTON | TX | 77292 | 8006334226 | |
| B44DN | AMERICAN CHOICE HEALTH PLAN, LLC | PO BOX 922009 | HOUSTON | TX | 77292 | 8005989799 | |
| B45 | ATLANTICARE | PO BOX 613 | HAMMONTON | NJ | 08037 | 8883282287 | |
| B46 | TOTAL CLAIMS SOLUTION (TCS) | PO BOX 10888 | GREEN BAY | WI | 54307 | 8003760110 | |
| B47 | PHARMACY DATA MANAGEMENT, INC | 1170 E WESTERN RESERVE RD. | POLAND | OH | 44514 | 8007740890 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|---------------------------|------------------|----|-----------|------------|--|
| B48 | SELECT HEALTH | PO BOX 30192 | SALT LAKE CITY | UT | 84123 | 8005385038 | |
| B49 | FALLON COMMUNITY HEALTH PLAN | PO BOX 15121 | WORCHESTER | MA | 01615 | 8008685200 | |
| B50 | MEMBER HEALTH | PO BOX 391180 | CLEVELAND | OH | 44139 | 8888685854 | |
| B51 | INNOVIANT | PO BOX 8082 | WAUSAU | WI | 54402 | 8775592955 | |
| B52 | SOUTHERN PLANNED ADMINISTRATORS | PO BOX 218180 | HOUSTON | TX | 77218 | 2818291033 | |
| B53 | NATIONAL FOUNDATION LIFE INSURANCE COMPANY | 110 WEST 7TH ST. STE. 300 | FORT WORTH | TX | 76102 | 8002219039 | |
| B54 | NGS AMERICAN INC | PO BOX 7676 | ST. CLAIR SHORES | MI | 48080 | 8107797676 | |
| B55 | US SCRIPTS | 2425 WEST SHAW AVE. | FRESNO | CA | 93711 | 8004608988 | |
| B56 | MEDSAVE USA | 3035 LAKELAND HILLS BLVD. | LAKELAND | FL | 33805 | 8002263155 | |
| B57 | SOUTHERN FARM BUREAU LIFE INS. CO. | PO BOX 78 | JACKSON | MS | 39205 | 8004579611 | |
| B58 | AUSA MASTERCARE | PO BOX 10408 | DES MOINES | IA | 503060408 | 8008825707 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B59 | MARYLAND INDIVIDUAL PRACTICE ASSO. | PO BOX 930 | FREDRICK | MD | 21705 | 8009622174 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B60 | STATE MUTUAL LIFE ASSURANCE COMPANY OF AMERICA | 1100 31ST ST. | DOWNERS GROVE | IL | 60515 | 8003233359 | CODE IN OPEN STATUS BY SCHA |
| B61 | STOWE-PHARR MILLS | 100 MAIN ST. | MCADENVILLE | NC | 28101 | 7048243551 | CODE IN OPEN STATUS BY SCHA |
| B62 | COX HEALTH SYSTEMS INS. CO | PO BOX 5750 | SPRINGFIELD | MO | 658015750 | 8005613265 | |
| B63 | GE PENSIONER HEALTH BENEFITS | PO BOX 740801 | ATLANTA | GA | 303740801 | 8008488406 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B64 | UNITED MEDICAL RESOURCES INC. | PO BOX 145804 | CINCINNATI | OH | 45214 | 5136193000 | |
| B65 | CHRISTIAN CARE MEDI SHARE | PO BOX 674 | STERLING | IL | 61081 | 8156258595 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| B66 | KIRKE-VAN ORSDEL, INC. | PO BOX 9126 | DES MOINES | IA | 503069126 | 8002472192 | USE CODE 759 MEDIPLUS PER SCHA |
| B67 | BENISTAR TRUST AKA MARSH AFFINITY GROUP SERVICES | PO BOX 10432 | DES MOINES | IA | 50306 | 8668109452 | |
| B68 | HUMANA GOLD CHOICE | PO BOX 202047 | FLORENCE | SC | 295022047 | 8775115000 | THIS CODE INCORRECTLY ASSIGNED BY HOSP. ASSO. USE CODE 648 FOR THE MEDICARE ADVANTAGE PLAN 648 |
| B69 | AMERICAN INSURANCE ADMINISTRATORS | PO BOX 2348 | COLUMBUS | OH | 432162348 | 8009221245 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-----------------------------------|--------------|----|-----------|------------|--|
| B70 | ELECTRICAL WELFARE TRUST FUND | 4601 PRESIDENTS DR, #300 | LANHAM | MD | 20706 | 3017311050 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B71 | CHCS SERVICES, INC. | PO BOX 12467 | PENSACOLA | FL | 325912457 | 8888031780 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B72 | INTEGRITY NATIONAL LIFE INS. | PO BOX 32350 | LOUISVILLE | KY | 40232 | 5024261843 | CODE ASSIGNED BY SCHA |
| B73 | SOUTHERN CALIFORNIA PIPE TRADES TRUST FUND | 501 SHATTO PLACE, 5TH FLOOR | LOS ANGELES | CA | 90020 | 2133856161 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B74 | STAR HRG | PO BOX 54150 | PHOENIX | AZ | 850784150 | 8002881474 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B75 | HEALTH DESIGN PLUS | PO BOX 2584 | HUDSON | OH | 442362584 | 8008930777 | |
| B76 | INTERNATIONAL ASSO. BENEFITS | 1747 PENNSYLVANIA AVE. NORTH WEST | WASHINGTON | DC | 20006 | 8002751171 | |
| B77 | UNITED HEALTHCARE PLAN ADMINISTRATORS | PO BOX 121212 | MARIETTA | GA | 300670092 | 8005627079 | USE CODE 985 BENESIGHT |
| B78 | ARKANSAS BEST CORP. CHOICE BENEFITS | PO BOX 10048 | FT SMITH | AR | 72917 | 4797856178 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B79 | SHASTA ADMINISTRATIVE SERVICES | PO BOX 5735 | CINCINNATI | OH | 45201 | 5136291800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B80 | IMB-SBC MEDICAL PLAN | PO BOX 1746 | INDIANAPOLIS | IN | 462061746 | | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B81 | HM BENEFITS ADMINISTRATORS, INC. | PO BOX 535078 | PITTSBURGH | PA | 152535078 | 8002792624 | |
| B82 | LIFEGUARD BENEFITS | PO BOX 93929 | SOUTHLAKE | TX | 76092 | 8664163617 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B83 | STATE OF LOUISIANA EMPLOYEES | PO BOX 44036 | BATON ROUGE | LA | 70804 | 8002728451 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA. |
| B84 | HEALTH CARE CORPORATION | 203 JANDERS RD. | CARY | IL | 60013 | | CODE IN OPEN STATUS BY SCHA |
| B85 | TUFTS HEALTHCARE | PO BOX 9185 | WATERTOWN | MA | 02471 | 8004238080 | |
| B86 | PREFERRED ONE ADMINISTRATIVE SERVICES | PO BOX 59212 | MINNEAPOLIS | MN | 55459 | 8009971750 | |
| B87 | HEALTH ALLIANCE | PO BOX 6003 | URBANA | IL | 616036003 | 8003227451 | |
| B88 | GETTYSBURG HEALTH ADMINISTRATORS | PO BOX 1169 | FREDERICK | MD | 21702 | 8004974474 | |
| B89 | WESTERN & SOUTHERN FINANCIAL GROUP | PO BOX 5735 | CINCINNATI | OH | 45201 | 5136291800 | |
| B90 | WESTERN FIDELITY INSURANCE | PO BOX 901010 | FORT WORTH | TX | 76101 | 8174517200 | |
| B91 | CHRISTIAN BROTHERS EMPLOYEE BENEFIT TRUST | 1205 WINDHAM PARKWAY | ROMEOVILLE | IL | 60446 | 8008070400 | |
| B92 | CARE SOURCE | ONE SOUTH MAIN | DAYTON | OH | 45402 | 8004880134 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-------------------------------------|-----------------|----|-----------|------------|---|
| B93 | WESTERN STATES ADMINISTRATION | PO BOX 8082 | FRESNO | CA | 937478082 | 2092514891 | CODE ASSIGNED BY SCHA |
| B94 | THE CAPELLA GROUP | PO BOX 200368 | ARLINGTON | TX | 76006 | 8884113888 | |
| B95 | HDR EMPLOYEE BENEFITS ADMINISTRATORS | PO BOX 5150 | GREENVILLE | SC | 29606 | 8004765150 | CODE IN OPEN STATUS BY SCHA |
| B96 | PENN TREATY & AMERICAN NETWORK | PO BOX 130 | PENSACOLA | FL | 32591 | 8006357418 | |
| B97 | NIPPON LIFE INSURANCE CO. | PO BOX 25951 | SHAWNEE MISSION | KS | 662251835 | 8003741835 | |
| B98 | AMERICAN PIONEER LIFE INSURANCE COMPANY | PO BOX 130 | PENSACOLA | FL | 32591 | 8005381053 | |
| B99 | GROUP & PENSION ADMINISTRATORS, INC. | PO BOX 749075 | DALLAS | TX | 75374 | 8662063224 | |
| C01 | TERMINIX SERVICE | PO BOX 2627 | COLUMBIA | SC | 29202 | 8037721783 | CODE ASSIGNED BY SCHA |
| C02 | FOUNDATION BENEFITS ADMINISTRATORS | 6300 BRIDGEPOINT PKWAY, BLDG 3 #400 | AUSTIN | TX | 78730 | 8883687910 | |
| C03 | TOTAL PLAN SERVICES, INC. | PO BOX 251369 | PLANO | TX | 75025 | 8009695238 | |
| C04 | MOTOR CITY WELFARE FUND | 2075 W BIG BEAVER STE. 700 | TROY | MI | 48084 | 2488227044 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C05 | STRATEGIC OUTSOURCING, INC. (SOI) | PO BOX 241508 | CHARLOTTE | NC | 28224 | 8888367764 | |
| C06 | MISSIONARY MEDICAL | PO BOX 45730 | SALT LAKE CITY | UT | 84145 | 8007771647 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C07 | AMERIBEN SOLUTIONS | PO BOX 7186 | BOISE | ID | 83707 | 8007867930 | |
| C08 | MEDICAL DEVELOPMENT INTERNATION | 19450 DEERFIELD AVE. STE. 400 | LANSTOWNE | VA | 20176 | 8008416188 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C09 | HEALTH PLAN ADMINISTRATORS | PO BOX 2638 | ROCKFORD | IL | 61132 | 8156335800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C10 | ZAVATA | PO BOX 1208 | AMERICUS | GA | 31709 | 8008417735 | WAS PARADIGM CARE PLAN |
| C11 | BENEFIT MANAGEMENT SERVICES INC | PO BOX 1178 | MATTHEWS | NC | 28106 | 7048455608 | |
| C11DN | BENEFIT MANAGEMENT SERVICES INC | PO BOX 1317 | MATTHEWS | NC | 28106 | 7048455608 | |
| C12 | BENICOMP, INC.. | 8310 CLINTON PARK DR. | FT WAYNE | IN | 46825 | 8008377400 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C13 | CENTRAL RESERVE LIFE OF NORTH AMERICA INSURANCE CO | 17800 ROYALTON RD. | STRONGSVILLE | OH | 441365197 | 8003213997 | |
| C14 | COASTAL LUMBER CO | PO BOX 1576 | WALTERBORO | SC | 29488 | 8435382876 | CODE IN OPEN STATUS BY SCHA |
| C15 | ADVANCE PCS | PO BOX 52188 | PHOENIX | AZ | 850722196 | 4803914600 | SEE CARRIER 471 |
| C16 | CONSOLIDATED BENEFITS, INC | PO BOX 23686 | COLUMBIA | SC | 29224 | 8037365088 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------------------|------------------|----|-----------|------------|---|
| C17 | NATIONAL BENEFITS | 110 GIBRALTAR RD. | HORSHAM | PA | 19044 | 2154430404 | |
| C18 | EVOLUTIONS HEALTHCARE SYSTEMS | PO BOX 5001 | NEW PORT RICHEY, | FL | 34656 | 8008814474 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C19 | TAYLOR BENEFIT RESOURCES, INC. | PO BOX 6580 | THOMASVILLE | GA | 31758 | 8883525246 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C20 | SCREEN ACTORS GUILD-PRODUCERS HEALTH PLAN | PO BOX 7830 | BURBANK | CA | 915107830 | 8007774013 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C22 | BOSTON MUTUAL LIFE INSURANCE COMPANY | 120 ROYALL ST. | CANTON | MA | 02021 | 6178287000 | |
| C23 | | | | | | | |
| C24 | ENCOMPASS HEALTH MANAGMENT SYSTEM | 6000 WEST TOWN PARKWAY STE. 350 | DES MOINES | IA | 50266 | 8005113389 | |
| C25 | MEDICAL CLAIMS SERVICES | 1 WALL ST. STE. 2A | RAVENSWOOD | WV | 26164 | 8882250522 | |
| C26 | INTERACTIVE MEDICAL SYSTEMS, INC. | PO BOX 19108 | RALEIGH | NC | 27619 | 9198468400 | |
| C27 | SELECT BENEFIT ADMINISTRATORS | PO BOX 440 | ASHLAND | WI | 54806 | 8004973699 | |
| C27DN | SELECT BENEFIT ADMINISTRATORS | PO BOX 440 | ASHLAND | WI | 54806 | 8004973699 | |
| C28 | BENEFIT PLAN MANAGEMENT | PO BOX 536 | ROCKLYN | MA | 02370 | 8776427500 | |
| C29 | TRUE CHOICE USA | PO BOX 251369 | PLANO | TX | 75025 | 8002519665 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C30 | KEENAN AND COMPANY | PO BOX 11431 | TORRANCE | CA | 90510 | 8006533626 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C31 | CONSUMER HEALTH SOLUTIONS | PO BOX 3492 | SPARTANBURG | SC | 29304 | 8645739541 | THE CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C32 | WELL FARGO INSURANCE | PO BOX 2801 | CHARLESTON | WV | 253302801 | 8004354351 | |
| C32DN | WELLS FARGO | PO BOX 11064 | CHARLESTON | WV | 253321064 | 8004354351 | |
| C33 | THE DESTINY HEALTH PLAN | PO BOX 4628 | OAKBROOK | IL | 60522 | 8668269345 | |
| C34 | HTH WORLDWIDE INSURANCE SERVICES | PO BOX 39 | MINNEAPOLIS | MN | 554400039 | 8665108780 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C35 | MUTUAL PROTECTIVE MEDICO LIFE INSURANCE COMPANIES | 1515 S 75TH ST. | OMAHA | NE | 68124 | 8002286080 | SEE CODE C99 |
| C36 | NORTH AMERICAN INSURANCE COMPANY | PO BOX 44160 | MADISON | WI | 53744 | 6086621232 | |
| C37 | OLD SURETY LIFE INSURANCE CO | PO BOX 54407 | OKLAHOMA CITY | OK | 731541407 | 8002725466 | |
| C38 | STANDARD LIFE & ACCIDENT INSURANCE COMPANY | PO BOX 1800 | GALVESTON | TX | 775531800 | 8883501488 | |
| C39 | CONTINENTAL GENERAL INSURANCE COMPANY | PO BOX 247007 | OMAHA | NE | 681247007 | 4023973200 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|-----------------------------------|----------------|----|-----------|------------|---|
| C40 | AVERA HEALTH PLANS | PO BOX 381506 | BIRMINGHAM | AL | 35238 | 8883222115 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C41 | INSUREX BENEFITS ADMINISTRATORS, INC. | PO BOX 41779 | MEMPHIS | TN | 381741799 | 9017256435 | |
| C41DN | INSUREX BENEFITS ADMINISTRATORS, INC. | PO BOX 41779 | MEMPHIS | TN | 381741799 | 9017256435 | |
| C42 | STANDARD CORPORATION | 1400 MAIN ST. STE. 1300 | COLUMBIA | SC | 29201 | 8037716785 | |
| C43 | EMPLOYEE BENEFIT ADMINISTRATORS | PO BOX 5150 | GREENVILLE | SC | 29606 | 8642356474 | |
| C44 | S C MEDICAL ASSOCIATION-MEMBERS INSURANCE TRUST | PO BOX 11188 | COLUMBIA | SC | 29211 | 8037986207 | |
| C45 | TALL TREE ADMINISTRATORS | PO BOX 71747 | SALT LAKE CITY | UT | 841710747 | 8774534201 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C46 | MEDCO HEALTH SOLUTIONS | PO BOX 14711 | LEXINGTON | KY | 40512 | 8002727243 | AS OF 8/1/02 MERCK-MEDCO AND THEIR SUBSIDIARY PAID PRESCRIPTIONS IS NOW MEDCO HEALTH. |
| C47 | KANAWHA BENEFIT SERVICES | PO BOX 50098 | KNOXVILLE | TN | 379500098 | 8008221274 | |
| C47DN | KANAWHA BENEFIT SERVICES | PO BOX 50098 | KNOXVILLE | TN | 379500098 | 8008221274 | |
| C48 | SOUTHERN ADMINISTRATIVE SERVICES | PO BOX 8069 | COLUMBUS | GA | 31908 | 8004268803 | |
| C49 | PENN WESTERN BENEFITS, INC | PO BOX 7834 | GREENSBORO | NC | 27417 | 3366659400 | |
| C49DN | PENN WESTERN BENEFITS, INC | PO BOX 7834 | GREENSBORO | NC | 27417 | 3366659400 | |
| C50 | TENNESSEE BENEFIT ADMINISTRATORS | PO BOX 3257 | SPARTANBURG | SC | 29304 | 901-685-89 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C51 | YALE HEALTH PLAN | PO BOX 208217 | NEW HAVEN | CT | 065208217 | 2034320250 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C52 | TPA OF GEORGIA | 2900 CHAMBLEE-TUCKER RD. #3 | ATLANTA | GA | 303414128 | 7704517550 | |
| C53 | | | | | | | |
| C54 | INTER-AMERICAS INS. CORP. (OOIDA) | PO BOX 9510 | WICHITA | KS | 672770510 | | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C55 | PLAN ADMINISTRATORS (MATURE AMERICAN) | 734 15TH ST. NW STE. 500 | WASHINGTON | DC | 20005 | 2023936600 | |
| C56 | COMPIDENT | 1930 BISHOP LANE SUIT 132 | LOUISVILLE | KY | 40218 | 8006331262 | |
| C57 | WORLD TRAVEL PROTECTION | 4600 WITMER INDUSTRIAL ESTATES #2 | NIAGARA FALLS | NY | 14305 | 8004564553 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C59 | HUMANA CHOICE (PPO) | PO BOX 14605 | LEXINGTON | KY | 405784602 | 8004574708 | MEDICARE ADVANTAGE PLAN |
| C60 | INSTILL HEALTH SYSTEMS (FFS) | PO BOX 7061 | CAMDEN | SC | 290207845 | 8774467845 | MEDICARE ADVANTAGE PLAN |

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CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------------------------|------------------|----|-----------|------------|---|
| C61 | INSTILL HEALTH SYSTEMS (PPO) | PO BOX 7061 | CAMDEN | SC | 290207845 | 8774467845 | MEDICARE ADVANTAGE PLAN |
| C62 | BCBS OF SC MEDICARE BLUE PRIVATE (PFFS) | PO BOX 100133 | COLUMBIA | SC | 29202 | 8006053256 | MEDICARE ADVANTAGE PLAN |
| C63 | BCBS OF SC MEDICARE BLUE&MEDICARE BLUE PLUS (PPO) | PO BOX 100133 | COLUMBIA | SC | 29202 | 8006053256 | MEDICARE ADVANTAGE PLAN |
| C64 | BLUE CHOICE HEALTH PLAN (PPO) | PO BOX 6170 | COLUMBIA | SC | 29260 | 8772753256 | MEDICARE ADVANTAGE (PPO) |
| C65 | | | | | | | |
| C66 | CATERPILLAR, INC. | PO BOX 62920 | COLORADO SPRINGS | CO | 809622920 | 3094942363 | |
| C67 | | | | | ----- | | |
| C68 | DENTAL BENEFIT PROVIDERS | PO BOX 389 | ROCKVILLE | MD | 20848 | 8004459090 | |
| C69 | | | | | | | |
| C71 | JOHNS HOPKINS HEALTHCARE | 6704 CURTIS CT. | GLEN BURNIE | MD | 21060 | 8002612393 | |
| C72 | ADVANCED INSURANCE ADMINISTRATION | 125 MERRILL DR. STE. 2000 | LITTLE ROCK | AR | 72211 | 8882424800 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C73 | UNION PACIFIC RAILROAD EMPLOYEES HEALTH | 795 NORTH 400 WEST | SALT LAKE | UT | 84103 | 8005470421 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C74 | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 981610 | EL PASO | TX | 799981610 | 7043643865 | |
| C74DN | NATIONAL CLAIMS ADMINISTRATIVE SERVICES | PO BOX 220887 | CHARLOTTE | NC | 28222 | 7043643865 | |
| C75 | FLORIDA 1ST SERVICE ADMINISTRATORS, INC. | PO BOX 3607 | WINTER HAVEN | FL | 338853067 | 8002263155 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C76 | SELF FUNDING ADMINISTRATORS | PO BOX 6596 | ANNAPOLIS | MD | 21401 | 8004248622 | |
| C77 | CARPENTERS HOSPITALIZATION PLAN | 3611 CHESTER AVE. | CLEVELAND | OH | 44114 | 8004213959 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C78 | KAISER PERMANENTE | PO BOX 190849 | ATLANTA | GA | 31119 | 4042612590 | |
| C79 | BENEFIT ADMINISTRATIVE SYSTEM, LTD | PO BOX 17475 JOVANNA DR. STE. 1B | HOMEWOOD | IL | 60430 | 7087997400 | |
| C80 | ELDER HEALTH (MHN/HMC) | PO BOX 4433 | BALTIMORE | MD | 21223 | 8887768851 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C81 | UNITED PAYORS & UNITED PROVIDERS | 2273 RESEARCH BLVD. | ROCKVILLE | MD | 20850 | 8002474144 | |
| C82 | AMERICAN STANDARD LIFE & ACCIDENT INS. CO. | PO DRAWER 3248, 224 NORTH INDEPENDENT | ENID | OK | 73701 | 4052334000 | CODE IN OPEN STATUS BY SCHA |
| C83 | FREEDOM LIFE INSURANCE CO. OF AMERICA | PO BOX 24294 | LOUISVILLE | KY | 40224 | 8005281057 | |
| C84 | CENTRAL UNITED & CHRISTIAN MUTUAL LIFE INS. CO. | 2727 ALLEN PARKWAY | HOUSTON | TX | 770192115 | 7135290045 | |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------------------|---------------|----|-----------|------------|---|
| C85 | LOYAL AMERICAN LIFE INSURANCE COMPANY | PO BOX 559004 | AUSTIN | TX | 78755 | 8006336752 | |
| C86 | NATIONAL STATES INSURANCE COMPANY | PO BOX 27321, 1830 CRAIG PARK CT. | ST. LOUIS | MO | 63141 | 3148780101 | |
| C87 | SIHO INSURANCE SERVICES | PO BOX 1787 | COLUMBUS | IN | 47202 | 8008732022 | |
| C88 | ADVENTIST RISK MANAGEMENT | PO BOX 1928 | GRAPEVINE | TX | 76099 | 8006380589 | |
| C89 | NEW SOURCES BENEFITS | PO BOX 6305 | SPARTANBURG | SC | 29304 | 8004761555 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| C92 | AMERICAN HEALTH CARE | 2217 PLAZA DR. STE. 100 | ROCKLIN | CA | 95765 | 8008728276 | |
| C92DN | AMERICAN HEALTH CARE | 3001 DOUGLAS ST. | ROSEVILLE | CA | 95661 | 8008728276 | |
| C93 | STUDENT ASSURANCE INSURANCE SERVICES | PO BOX 196 | STILL WATER | MN | 55085 | 8003282739 | |
| C94 | ERIN GROUP ADMINISTRATORS | PO BOX 7777 | LANCASTER | PA | 17604 | 8004333746 | ANOTHER PHONE NUMBER 717-581-1300 |
| C94DN | ERIN GROUP ADMINISTRATORS | PO BOX 7777 | LANCASTER | PA | 17604 | 8004333746 | ANOTHER PHONE NUMBER 717-581-1300 |
| C95 | MIDWEST SECURITY | 2700 MIDWEST DR. | ONALASKA | WI | 54650 | 8002368672 | |
| C96 | MEDTRACK SERVICES | 6310 LAMAR AVE. . STE. 230 | OVERLAND PARK | KS | 66202 | 8007714648 | |
| C97 | GEM GROUP | 1200 THREE GATEWAY CENTER | PITTSBURGH | PA | 15222 | 8002428923 | |
| C98 | MEDICAL BENEFIT ADM. OF MARYLAND, INC. | PO BOX 950 | FORREST HILL | MA | 60631 | 8885323467 | |
| C99 | MUTUAL PROTECTIVE MEDICO LIFE INS. CO. | 1515 S. 75TH ST. | OMAHA | NE | 68124 | 8002286080 | CARRIER WAS PREVIOUSLY C35. |
| CAS | CASUALTY CASE | - | - | - | - | | |
| CO5 | | | | | | | |
| CO9 | EMPLOYEE BENEFITS TRUST | PO BOX 1431 | WICHITA FALLS | TX | 76307 | 8177617611 | CODE ASSIGNED WITH LETTER O INSTEAD OF NUMERIC ZERO. |
| D01 | INTERLINK HEALTH SERVICES | 4950 NE BELNAP CT. #205 | HILLSBORO | OR | 97124 | 5036402000 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D02 | INSURANCE ADMINISTRATOR OF AMERICA | PO BOX 5082 | MT. LAUREL | NJ | 08054 | 8009896739 | |
| D03 | PACIFIC SOURCE | PO BOX 7068 | EUGENE | OR | 97401 | 8006246052 | |
| D04 | LBA HEALTH PLANS, INC./PRIMARY SELECT | PO BOX 17098 | OWINGS MILL | MD | 211177098 | 8008158240 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D05 | UPMC HEALTH BENEFITS, INC. | PO BOX 2999 | PITTSBURGH | PA | 15230 | 8773813764 | MEDICARE ADVANTAGE PLAN |
| D06 | SOUTHERN CALIFORNIA BAKERY & CONFECTIONARY | PO BOX 22041 | COMMERCE | CA | 90022 | 3237227171 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|--|-------------------------------|--------------|----|-----------|------------|---|
| D08 | BIG LOTS ASSOCIATE BENEFIT PLAN | PO BOX 9071 | DUBLIN | OH | 430170971 | 8772542363 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D09 | JM FAMILY ENTERPRISES | 8019 BAYBERRY RD. | JACKSONVILLE | FL | 32256 | 8008920059 | THIS CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D10 | SEVEN CORNERS INC | PO BOX 3430 | CARMEL | IN | 46082 | 8666994186 | |
| D11 | ADVANCED BENEFIT SOLUTIONS | PO BOX 71490 | PHOENIX | AZ | 85050 | 8884191094 | CODE NOT REQUESTED BY MEDICAID ASSIGNED BY SCHA MEDICARE SUPPLEMENTAL PLAN |
| D12 | SECUREHORIZONS DIRECT PFFS | PO BOX 12466 | PENSACOLA | FL | 325912466 | 8882024340 | MEDICARE ADVANTAGE PLAN |
| D13 | ARCADIAN | PO BOX 4946 | COVINA | CA | 91723 | 8007756490 | CODE ORIGINALLY ASSIGNED AS MA IN ERROR USE CODE 816 FOR MA PLAN |
| D14 | MEDICARE PLUS BLUE (BCBS OF MICHIGAN) | 27000 ELEVEN MILE RD. | SOUTHFIELD | MI | 48034 | 8002495103 | MEDICARE ADVANTAGE PLAN |
| D15 | SECURITYCHOICE ENHANCED PLUS | PO BOX 795180 | SAN ANTONIO | TX | 78279 | 8884458916 | MEDICARE ADVANTAGE PLAN |
| D16 | AETNA MEDICARE OPEN PLAN | PO BOX 14079 | LEXINGTON | KY | 405124079 | 8006240756 | MEDICARE ADVANTAGE PLAN |
| D17 | WELLCARE | PO BOX 795184 | SAN ANTONIO | TX | 78279 | 8662352770 | MEDICARE ADVANTAGE PLAN |
| D18 | COMMUNITY CARE SENIOR HEALTH PLAN | PO BOX 3249 | TULSA | OK | 741013249 | 8006428065 | MEDICARE ADVANTAGE PLAN |
| D19 | HEALTHFIRST 65 PLUS | PO BOX 5196 | NEW YORK | NY | 10274 | 8882601010 | MEDICARE ADVANTAGE PLAN |
| D20 | EXCELLUS MEDICARE BLUE CHOICE OPTIMUM | PO BOX 41915 | ROCHESTER | NY | 14604 | 8778839577 | MEDICARE ADVANTAGE PLAN |
| D21 | CARITEN SENIOR HEALTH | PO BOX 22885 | KNOXVILLE | TN | 37933 | 8656707790 | MEDICARE ADVANTAGE PLAN |
| D22 | SMART VALUE (BC OF GA) (PFFS) | PO BOX 3897 | SCRANTON | PA | 18505 | 8668659329 | MEDICARE ADVANTAGE PLAN |
| D23 | AMERICA'S HEALTH CHOICE MEDICAL PLANS,(HMO) | 762 SOUTH US HWY. ONE PMB 224 | VERO BEACH | FL | 32962 | 8003089823 | MEDICARE ADVANTAGE PLAN |
| D24 | MOUNT CARMEL HEALTH PLAN (MCHP) MEDIGOLD (HMO) | PO BOX 6111 | WESTERVILLE | OH | 43086 | 8002403870 | |
| D25 | ELDER PLAN, INC. (HMO) | PO BOX 199100 | BROOKLYN | NY | 11219 | 7189218818 | MEDICARE ADVANTAGE |
| D26 | OXFORD MEDICARE ADVANTAGE (HMO) | PO BOX 7082 | BRIDGEPORT | CT | 06601 | 8002341228 | MEDICARE ADVANTAGE PLAN |
| D27 | SECURE HORIZONS PACIFICARE | PO BOX 25032 | SANTA ANA | CA | 927995032 | 7148253828 | MEDICARE ADVANTAGE PLAN |
| D28 | PYRAMID LIFE INSURANCE CO (PFFS) | PO BOX 958465 | LAKE MARY | FL | 327958465 | 4076281776 | MEDICARE ADVANTAGE PLAN |
| D29 | UNICARE LIFE & HEALTH INS. CO (PFFS) | 233 S WACKER DR. STE. 3900 | CHICAGO | IL | 68606 | 3123247000 | MEDICARE ADVANTAGE PLAN |
| D30 | UNITED HEALTHCARE INS. CO (PPO) | PO BOX 150450 | HARTFORD | CT | 061150450 | 8607025000 | MEDICARE ADVANTAGE PLAN |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|------|---|--------------------------|----------------|----|-----------|------------|--|
| D31 | LEON MEDICAL CENTER HEALTH PLAN | PO BOX 65-9006 | MIAMI | FL | 33265 | 3055595366 | MEDICARE ADVANTAGE PLAN |
| D32 | MEDICARE COMPLETE (UNITED HEALTH CARE) | PO BOX 659735 | SAN ANTONIO | TX | 782659735 | 8778423210 | MEDICARE ADVANTAGE PLAN |
| D33 | ADVANTRA FREEDOM | PO BOX 7154 | LONDON | KY | 407427154 | 8007135095 | MEDICARE ADVANTAGE PLAN |
| D34 | UNIVERSAL HEALTH CARE | PO BOX 3211 | ST PETERSBURG | FL | 33731 | 8666904842 | MEDICARE ADVANTAGE PLAN |
| D36 | HOP/PSERS HEALTH ADMINISTRATION UNIT | PO BOX 2921 | CLINTON | IA | 52733 | 8007737725 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D37 | WEST VIRGINIA LOCAL 152 HEALTH & WELFARE | 5 HOT METAL ST. STE. 200 | PITTSBURGH | PA | 15203 | 8668258152 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D38 | AMERICAN INSURANCE ADMINISTRATORS | PO BOX 2348 | COLUMBUS | OH | 43216 | 8009221245 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D39 | NEW YORK WELFARE FUND | 101-49 WOOKHAVEN BLVD. | OZONE PARK | NY | 11416 | 7188455800 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D40 | MINNESOTA POWER HEALTH PLANS | 30 W SUPERIOR ST. | DULUTH | MN | 55802 | 8888128800 | CODE NOT REQUESTED BY MEDICAID. ASSIGNED BY SCHA |
| D41 | BLUEGRASS FAMILY HEALTH | PO BOX 22738 | LEXINGTON | KY | 40522 | 8007872680 | |
| D42 | CARE IMPROVEMENT PLUS | PO BOX 4347 | SCRANTON | PA | 18505 | 8666862506 | MEDICARE ADVANTAGE PLAN |
| D43 | SOUTHEAST COMMUNITY CARE BY ARCADIAN HEALTH | PO BOX 4946 | COVINA | CA | 91723 | 8005738597 | MEDICARE ADVANTAGE PLAN |
| D44 | INDEPENDENT HEALTH | PO BOX 9066 | BUFFALO | NY | 14231 | 8666178585 | MEDICARE ADVANTAGE PLAN |
| D45 | HIGHMARK SECURITY BLUE | 120 5TH AVE. | PITTSBURGH | PA | 15222309 | 8005473627 | MEDICARE ADVANTAGE PLAN |
| D46 | GROUPHEALTH OPTIONS, INC | PO BOX 34585 | SEATTLE | WA | 98124 | 8887674670 | MEDICARE ADVANTAGE PLAN |
| D47 | TOUCHSTONE HEALTH PSO | PO BOX 33519 | INDIANAPOLIS | IN | 462030519 | 8887770204 | MEDICARE ADVANTAGE PLAN |
| D48 | AMERICAN CONTINENTAL INSURANCE CO | PO BOX 2368 | BRENTWOOD | TN | 37024 | 6153371300 | MEDICARE ADVANTAGE PLAN |
| D51 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | MEDICAID HMO |
| D52 | WELLCARE OF GEORGIA | PO BOX 31224 | TAMPA | FL | 33531 | 8662311821 | MEDICARE ADVANTAGE PLAN |
| D53 | SIERRA OPTIMA PLUS CLAIMS | PO BOX 15645 | LAS VEGAS | NV | 891145645 | 8882742207 | MEDICARE ADVANTAGE PLAN |
| D54 | GATEWAY HEALTH PLAN MEDICARE ASSURED | PO BOX 11560 | ALBANY | NY | 122110655 | 8006855209 | MEDICARE ADVANTAGE PLAN |
| D55 | TOTAL CAROLINA CARE, INC | 1441 MAIN ST. | COLUMBIA | SC | 29210 | 8664336031 | MEDICAID HMO |
| D56 | CITRUS HEALTH CARE, INC. | PO BOX 20547 | TAMPA | FL | 33622 | 8667691157 | MEDICARE ADVANTAGE PLAN |
| D57 | CIGNA MEDICARE ACCESS | PO BOX 22174 | TEMPE | AZ | 852852174 | 8005779410 | MEDICARE ADVANTAGE PLAN |
| D58 | BRAVO HEALTH MEDICARE ADVANTAGE | PO BOX 4433 | BALTIMORE | MD | 21223 | 8005561570 | MEDICARE ADVANTAGE PLAN |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|---------------------------------|----------------|----|-----------|------------|--|
| D60 | AMERIGROUP COMMUNITY CARE OF SC | PO BOX 31789 | VIRGINIA BEACH | VA | 234661789 | 8006004441 | CODE ASSIGNED BY SCHA |
| D61 | AMERICA'S 1ST CHOICE | PO BOX 210769 | COLUMBIA | SC | 29210 | 8663213947 | MEDICARE ADVANTAGE PLAN |
| D62 | SECURE HORIZONS DIRECT (UNITED HEALTHCARE) | PO BOX 31353 | SALT LAKE CITY | UT | 84131 | 8665798774 | MEDICARE ADVANTAGE PLAN |
| D63 | UNIVERA SENIOR CHOICE SECURE | PO BOX 23000 | ROCHESTER | NY | 15692 | 8006171114 | MEDICARE ADVANTAGE PLAN |
| D64 | EMPIRE HEALTHCHOICE ASSURANCE, INC. | PO BOX 100300 CLAIMS PROCESSING | COLUMBIA | SC | 29204 | 8037888562 | MEDICARE ADVANTAGE PLAN |
| D65 | ANTHEM SENIOR ADVANTAGE | PO BOX 37690 | LOUISVILLE | KY | 402337180 | 8882909160 | MEDICARE ADVANTAGE PLAN |
| D66 | CHCCARES OF SOUTH CAROLINA | 140 STONE RIDGE DR. | COLUMBIA | SC | 29210 | 8668022474 | MEDICAID HMO |
| D67 | BLUE CROSS OF FLORIDA HEALTH OPTIONS | PO BOX 1798 | JACKSONVILLE | FL | 32231 | 8773522583 | MEDICARE ADVANTAGE PLAN |
| D69 | TOTAL CARE/HEALTHSPRING | PO BOX 20000 | NASHVILLE | TN | 372024070 | 8007437141 | MEDICARE ADVANTAGE PLAN |
| D71 | KEYSTONE 65 | PO BOX 7799 | PHILADELPHIA | PA | 191017799 | 8002273116 | MEDICARE ADVANTAGE PLAN |
| D74 | DART MANAGEMENT CORP | PO BOX 318 | MASON | MI | 488540318 | 8002480457 | |
| D75 | WINDSOR MEDICARE EXTRA | PO BOX 269025 | PLANTO | TX | 750269025 | 8662705223 | MEDICARE ADVANTAGE PLAN |
| D94 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | MEDICAID HMO |
| D99 | MEDICARE ADVANTAGE | | | | | | MEDICARE ADVANTAGE PLAN GENERIC CODE |
| E12 | CAROLINA CRESCENT | 1201 MAIN ST. STE. 970 | COLUMBIA | SC | 29201 | 8032516630 | HEALTHY KIDS CONNECTION |
| E37 | SELECT HEALTH | PO BOX 7120 | LONDON | KY | 40742 | 8882762020 | HEALTHY KIDS CONNECTION |
| E38 | UNISON HEALTH PLAN | 250 BERRYHILL RD. | COLUMBIA | SC | 29210 | 8037985852 | HEALTHY KIDS CONNECTION |
| E51 | AMERIGROUP COMMUNITY CARE | PO BOX 61010 | VIRGINIA BEACH | VA | 234661010 | 8006004441 | |
| E55 | TOTAL CAROLINA CARE INC. | 1441 MAIN ST. | COLUMBIA | SC | 29210 | 8664336041 | |
| E66 | CHCCARE OF SOUTH CAROLINA | 140 STONE RIDGE DR. | COLUMBIA | SC | 29210 | 8668022474 | |
| X01 | BLUE CROSS & BLUE SHIELD OF MARYLAND, INC. | PO BOX 14115 | LEXINGTON | KY | 405124115 | 8005244555 | |
| X0A | BLUE CROSS OF GEORGIA/COLUMBUS INC | PO BOX 9907 | COLUMBUS | GA | 319089907 | 8004412273 | POLICIES SHOULD BE ADDED WITH XOB. BCBS OF OF GA. |
| X0ARX | BLUE CROSS OF GEORGIA/COLUMBUS INC | PO BOX 9907 | COLUMBUS | GA | 319089907 | 8004412273 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| X0B | BLUE CROSS & BLUE SHIELD OF GEORGIA/ATLANTA INC | PO BOX 9907 | COLUMBUS | GA | 319086007 | 4048428000 | FOR GEORGIA STATE EMPLOYEES USE CARRIER 419 |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|--------------------------------|---------------|----|-----------|------------|--|
| | | | | | | | GEORGIA STATE HEALTH BENEFIT PLAN |
| X0BDN | BCBS OF GEORGIA DENTAL | PO BOX 9201 | OXNARD | CA | 930319201 | 4048428000 | |
| X0C | BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA | PO BOX 35 | DURHAM | NC | 27702 | 8002144844 | |
| X0CDN | BLUE CROSS & BLUE SHIELD OF NORTH CAROLINA | PO BOX 2100 | WINSTON SALEM | NC | 271022100 | 9194897431 | |
| X0D | BLUE CROSS AND BLUE SHIELD OF FLORIDA | PO BOX 1798 | JACKSONVILLE | FL | 322310014 | 8007272227 | |
| X0E | EMPIRE BLUE CROSS AND BLUE SHIELD | PO BOX 1407 CHURCH ST. STATION | NEW YORK | NY | 10008 | 8003429816 | |
| X0F | BLUE CROSS & BLUE SHIELD OF VIRGINIA | PO BOX 27401 | RICHMOND | VA | 23279 | 8009916061 | |
| X0G | | | | | | | |
| X0H | BLUE CROSS & BLUE SHIELD UNITED OF WISCONSIN | PO BOX 2025 | MILWAUKEE | WI | 53201 | 4142246100 | |
| X0I | BLUE CROSS & BLUE SHIELD OF MARYLAND, INC. | PO BOX 9836 | BALTIMORE | MD | 21204 | 8005244555 | USE CARRIER X01 |
| X0J | PENNSYLVANIA BLUE SHIELD | PO BOX 890089 | CAMP HILL | PA | 17089 | 8006373493 | |
| X0K | REGENCE BLUE CROSS BLUE SHIELD OF OREGON | PO BOX 1271 | PORTLAND | OR | 97207 | 5032255221 | |
| X0KRS | REGENCE BCBS OF OREGON | PO BOX 12625 MAILSTOP S4P | SALEM OREGON | OR | 97309 | 8884371508 | RX PLAN ONLY MM CODE X0K |
| X0KRX | REGENCE BCBS OF OREGON | PO BOX 12625 MAILSTOP S4P | SALEM | OR | 97309 | 8884371508 | RX PLAN ONLY X0K IS MM PLAN |
| X0L | BLUE CROSS & BLUE SHIELD OF DELAWARE INC | PO BOX 1991 | WILMINGTON | DE | 19899 | 3024210260 | |
| X0M | BLUE CROSS OF MASSACHUSETTS INC | PO BOX 986020 | BOSTON | MA | 022986020 | 8002535210 | |
| X0N | BLUE CROSS AND BLUE SHIELD OF TEXAS | PO BOX 660044 | DALLAS | TX | 752660044 | 8004510287 | |
| X0NDN | BLUE CROSS AND BLUE SHIELD OF TEXAS | PO BOX 660247 | DALLAS | TX | 75266 | 8004947218 | |
| X0O | BLUE CROSS AND BLUE SHIELD OF ALABAMA | PO BOX 2294 | BIRMINGHAM | AL | 35298 | 8005176425 | DO NOT USE FOR MEDICARE. THIS CODE IS ONLY USED FOR HEALTH RELATED COVERAGE. |
| X0P | BLUE CROSS & BLUE SHIELD OF TENNESSEE | 1 CAMERON HILL CIRCLE | CHATTANOOGA | TN | 374020002 | 8004689736 | |
| X0PDN | BLUE CROSS & BLUE SHIELD OF TENNESSEE | 1 CAMERON HILL CIRCLE | CHATTANOOGA | TN | 37402 | 8005659140 | |
| X0Q | BLUE CROSS & BLUE SHIELD OF MICHIGAN | 600 LAFAYETTE EAST | DETROIT | MI | 482262998 | 8004820898 | |
| X0QDN | BLUE CROSS & BLUE SHIELD OF MICHIGAN | PO BOX 49 | DETROIT | MI | 48231 | 8888268152 | |
| X0R | MEDICAL MUTUAL OF OHIO | 2060 EAST 9TH ST. | CLEVELAND | OH | 441151355 | 2166877000 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|-----------------------------|--------------|----|-----------|------------|--------------------------------|
| X0S | BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC. | PO BOX 1938 | NEWARK | NJ | 07102 | 8003552583 | AKA HORIZON BCBS OF NEW JERSEY |
| X0SDN | BLUE CROSS & BLUE SHIELD OF NEW JERSEY, INC. | PO BOX 420 | NEWARK | NJ | 07102 | 8003552583 | AKA HORIZON BCBS OF NEW JERSEY |
| X0T | BLUE CROSS OF ILLINOIS | PO BOX 805107 | CHICAGO | IL | 60680 | 8006348644 | |
| X0TDN | BLUE CROSS OF ILLINOIS | PO BOX 23059 | BELLEVILLE | IL | 62223 | 8668260914 | |
| X0U | BLUE CROSS & BLUE SHIELD OF KENTUCKY INC | 9901 LINN STATION RD. | LOUISVILLE | KY | 40223 | 5024232011 | |
| X0V | BLUE SHIELD OF NORTHEASTERN NEW YORK | PO BOX 15013 | ALBANY | NY | 12212 | 5184534600 | |
| X0W | BLUE CROSS OF CALIFORNIA | PO BOX 60007 | LOS ANGELES | CA | 90060 | 8888878969 | |
| X0X | CENTRAL BENEFITS MUTUAL INSURANCE COMPANY | PO BOX 16526 | COLUMBUS | OH | 43216 | 6144645870 | |
| X0Y | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 105187 | ATLANTA | GA | 30348 | 8006224822 | |
| X0YRX | ANTHEM BLUE CROSS AND BLUE SHIELD | PO BOX 37010 | LOUISVILLE | KY | 40233 | 8006224822 | |
| X0Z | BLUE CROSS & BLUE SHIELD OF MISSISSIPPI INC | PO BOX 1043 | JACKSON | MS | 39208 | 6019323800 | |
| X1A | BLUE CROSS BLUE SHIELD OF NEW MEXICO | PO BOX 27630 | ALBUQUERQUE | NM | 87125 | 8007113795 | |
| X1D | BLUE CROSS /BLUE SHIELD OF NATIONAL CAPITAL AREA | 550 12TH ST. SW | WASHINGTON | DC | 20024 | 2024798000 | |
| X1E | BLUE CROSS OF PUERTO RICO | PO BOX 366068 | SAN JUAN | PR | 009366068 | 8097599898 | |
| X1F | BLUE CROSS & BLUE SHIELD OF RHODE ISLAND | 444 WESTMINSTER MALL | PROVIDENCE | RI | 02901 | 4018317300 | |
| X1G | INDEPENDENCE BLUE CROSS | 1901 MARKET ST. | PHILADELPHIA | PA | 19103 | 8002752583 | |
| X1H | BLUE CROSS & BLUE SHIELD OF CONNECTICUT INC | PO BOX 504 | NEW HAVEN | CT | 06473 | 2032394961 | |
| X1I | ARKANSAS BLUE CROSS AND BLUE SHIELD, INC | PO BOX 2181 | LITTLE ROCK | AR | 72203 | 5013782010 | |
| X1J | BLUE CROSS & BLUE SHIELD OF WESTERN NEW YORK, INC. | PO BOX 80 | BUFFALO | NY | 142400080 | 8008880757 | |
| X1K | BLUE CROSS & BLUE SHIELD OF MEMPHIS | 85 NORTH DANNY THOMAS BLVD. | MEMPHIS | TN | 38103 | 9015293111 | |
| X1L | BLUE CROSS & BLUE SHIELD OF LOUISIANA | PO BOX 98029 | BATON ROUGE | LA | 708989029 | 5042915370 | |
| X1M | BLUE CROSS & BLUE SHIELD OF KANSAS | 1133 SOUTHWEST TOPEKA BLVD. | TOPEKA | KS | 66629 | 7852914180 | |
| X1N | MEDICAL SERVICE CORPORATION OF EASTERN WASHINGTON | PO BOX 3048 | SPOKANE | WA | 99220 | 5095364900 | |
| X1O | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 5023 | SIOUX FALLS | SD | 57104 | 5152454500 | USE CARRIER CODE X2A |

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| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|---|--|----------------|----|-----------|------------|-----------------------------|
| X1P | BLUE CROSS & BLUE SHIELD OF MINNESOTA | PO BOX 64338 | ST PAUL | MN | 55164 | 8003822000 | |
| X1Q | BLUE CROSS & BLUE SHIELD OF MAINE | 2 GANNETT DR. | SOUTH PORTLAND | ME | 041066911 | 2077751550 | |
| X1R | HIGHMARK BLUE CROSS BLUE SHIELD | PO BOX 535053 | PITTSBURGH | PA | 152535053 | 4125447000 | |
| X1S | COMMUNITY MUTUAL INSURANCE COMPANY | 1351 WILLIAM HOWARD TAFT RD. | CINCINNATI | OH | 45206 | 5132821016 | CODE IN OPEN STATUS BY SCHA |
| X1T | | | | | | | |
| X1U | BLUE CROSS & BLUE SHIELD OF NEBRASKA | PO BOX 3248, MAIN P.O. STATION | OMAHA | NE | 681800001 | 4023901820 | |
| X1V | BLUE CROSS & BLUE SHIELD OF COLORADO | 700 BROADWAY | DENVER | CO | 80273 | 3038312131 | |
| X1W | BLUE CROSS & BLUE SHIELD OF UTAH | PO BOX 30270 | SALT LAKE CITY | UT | 841300270 | 8013332100 | |
| X1X | BLUE CROSS OF OHIO | PO BOX 956 | TOLEDO | OH | 43696 | 8003621279 | |
| X1Y | BLUE SHIELD OF CALIFORNIA | PO BOX 272540 | CHICO | CA | 959272590 | 8882351765 | |
| X1YDN | BLUE SHEILD OF CALIFORNIA | PO BOX 272590 | CHICO | CA | 959272590 | 8887024171 | |
| X1Z | | | | | | | |
| X20 | | | | | | | |
| X21 | | | | | | | |
| X25 | | | | | | | |
| X2A | WELLMARK BLUE CROSS BLUE SHIELD OF IOWA | PO BOX 5023 | SIoux FALLS | SD | 57104 | 8005268995 | |
| X2B | BLUE CROSS & BLUE SHIELD OF KANSAS CITY | PO BOX 419169 | KANSAS CITY | MO | 641416169 | 8008926048 | |
| X2C | | | | | | | |
| X2D | | | | | | | |
| X2E | | | | | | | |
| X2F | BLUE CROSS AND BLUE SHIELD OF THE ROCHESTER AREA | PO BOX 22999 | ROCHESTER | NY | 14692 | 7163253630 | |
| X2G | BLUE CROSS & BLUE SHIELD CENTRAL NEW YORK, INC. | PO BOX 4809 | SYRACUSE | NY | 132214809 | 3154483801 | |
| X2H | BLUE CROSS & BLUE SHIELD OF UTICA-WATERTOWN, INC. | 12 RHOADS DR., UTICA BUSINESS DISTRICT | UTICA | NY | 13501 | 3157984238 | |
| X2I | | | | | | | |
| X2J | BLUE CROSS & BLUE SHIELD OF NORTH DAKOTA | 4510 13TH AVE. SW | FARGO | ND | 581210001 | 8003682312 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

| CARR | TPL NAME | ADDRESS LINE | CITY | ST | ZIP | PHONE NUM | CARRIER COMMENT |
|-------|--|---------------------------|--------------|----|-----------|------------|--|
| X2K | CAPITAL BLUE CROSS | PO BOX 779503 | HARRISBURG | PA | 171779503 | 8009622242 | |
| X2L | BLUE CROSS OF NORTHEASTERN PENNSYLVANIA | 70 NORTH MAIN ST. | WILKES-BARRE | PA | 18711 | 8008298599 | |
| X2M | BLUE CROSS OF WASHINGTON AND ALASKA | PO BOX 91059 | SEATTLE | WA | 981119159 | 8007221471 | |
| X2N | | | | | | | |
| X2O | BLUE CROSS & BLUE SHIELD OF WEST VIRGINIA INC | PO BOX 1353 | CHARLESTON | WV | 25325 | 3043477709 | |
| X2P | MOUNTAIN STATE BLUE CROSS & BLUE SHIELD, INC. | PO BOX 1948 | PARKERSBERG | WV | 26102 | 3044247700 | |
| X2Q | | | | | | | |
| X2R | | | | | | | |
| X2S | BLUE CROSS & BLUE SHIELD OF VERMONT | PO BOX 186 | MONTPELIER | VT | 05602 | 8022472583 | |
| X2T | BLUE CROSS & BLUE SHIELD OF OKLAHOMA | PO BOX 3283 | TULSA | OK | 74102 | 9185603535 | |
| X2U | BLUE CROSS & BLUE SHIELD OF MISSOURI | 1831 CHESTNUT ST. | ST. LOUIS | MO | 63103 | 3149234444 | AKA ALLIANCE BLUE CROSS BLUE SHIELD |
| X2V | BLUE CROSS OF IDAHO HEALTH SERVICE, INC. | PO BOX 7408 | BOISE | ID | 83707 | 2083447411 | |
| X2W | BLUE CROSS & BLUE SHIELD OF ARIZONA, INC. | PO BOX 13466 | PHOENIX | AZ | 850023466 | 6028644100 | |
| X2X | BLUE CROSS BLUE SHIELD OF HAWAII | PO BOX 44500 | HONOLULU | HI | 96801 | 8007764672 | |
| X2Y | BLUE CROSS BLUE SHIELD OF MONTANA | PO BOX 5004 | GREAT FALLS | MT | 59403 | 4067914000 | |
| X3A | UNITED TEACHERS ASSO. INS. CO. | PO BOX 30010 | AUSTIN | TX | 78755 | 8008808824 | |
| X3B | TPA EXCHANGE | PO BOX 4363 | ST AUGUSTINE | FL | 32085 | 8885022789 | |
| XOKRX | REGENCE BCBS OF OREGON RX PLAN | PO BOX 12625 MAILSTOP S4P | SALEM | OR | 97309 | 8884371508 | RX PLAN ONLY MM PLAN IS X0K |
| XOV | BLUE CROSS OF NORTHEASTERN NEW YORK INC | PO BOX 15013 | ALBANY | NY | 12212 | 5184385500 | |
| XYZ | PRESCRIPTIONS SOLUTIONS | PO BOX 6037 | CYPRESS | CA | 90630 | 8007887871 | |

APPENDIX 2 CARRIER CODES

CARRIER CODES: ARRANGED NUMERICALLY

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APPENDIX 3 COPAYMENT SCHEDULE

SCHEDULE OF COPAYMENTS

NOTE: Copayment schedule revised to reflect new copay amounts effective for dates of service on and after July 11, 2011 per Medicaid bulletin.

| Amount | Type of Services |
|-----------------------------------|---|
| \$1.15 per date of service | |
| | Chiropractor |
| | Podiatrist |
| \$3.30 per date of service | |
| | Ambulatory Surgical Center |
| | Federally Qualified Health Center (FQHC) |
| | Home Health |
| | Optometrist |
| | Physician Office Visits - (Physician/Nurse Practitioner) |
| | Rural Health Clinic (RHC) |
| \$3.40 per date of service | |
| | *Durable Medical Equipment and Supplies |
| | Dental |
| | Pharmacy (per prescription /refill) (Copay will apply to ages 19 and above only) |
| \$3.40 per claim | |
| | Outpatient Hospital (non-emergency) |
| \$25.00 per admission | |
| | Inpatient Hospital |

***NOTE:** Durable Medical Equipment that is under a rent to purchase payment plan will have the \$3.40 co-pay split evenly among the 10-month rental payment schedule.

APPENDIX 3 COPAYMENT SCHEDULE

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**PROVIDER MANUAL SUPPLEMENT
MANAGED CARE**

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MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Managed Care is a health care delivery model implemented by the South Carolina Department of Health and Human Services (SCDHHS) to establish a medical home for all Medicaid Managed Care eligible beneficiaries. The goals of a medical home include:

- Provide accessible, comprehensive, family-centered coordinated care
- Manage the beneficiary's health care, perform primary and preventive care services, and arrange for any additional needed care
- Provide beneficiaries access to a "live voice" 24 hours a day, 7 days a week, to ensure access to appropriate care
- Provide beneficiary education about preventive and primary health care, utilization of the medical home, and the appropriate use of the emergency room

Enrolling in a managed care plan does not limit benefits. Benefits offered under fee for service (FFS) Medicaid, as well as additional or enhanced benefits are provided by all health plans. These additional benefits vary from plan to plan according to the contracted terms and conditions between SCDHHS and the managed care entity. Beneficiaries and providers should contact the health plan with questions concerning additional benefits.

Examples of additional benefits include:

- 24-hour nurse advice line
- Care coordination
- Health management programs (asthma, diabetes, pregnancy, etc.)
- Unlimited office visits
- Adult dental services

The Bureau of Managed Care administers the program for Medicaid-eligible beneficiaries by contracting with Managed Care Organizations (MCOs) and Care Services Organizations (CSOs) to offer health care services (*CSOs support the Medical Homes Network (MHN) managed care health delivery model*). An MCO must receive a Certificate of Authority from the SC Department of Insurance and must be licensed as a domestic insurer by the State to render Medicaid managed care services. MCO model contracts are approved by the Centers for Medicare and Medicaid Services (CMS) and Medicaid.

This Managed Care supplement is intended to provide an overview of the Managed Care program. Providers should review the MCO and MHN Policy and Procedure Guides for detailed program-specific requirements. Both guides are located on the SCDHHS Web site (www.scdhhs.gov) within the Managed Care section.

The Exhibits section of this supplement provides contact information for MCOs and MHNs currently participating in the Medicaid Managed Care program as MCOs and MHNs are subject to change at any time. Providers are encouraged to visit the SCDHHS website

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

(www.scdhhs.gov) for the most current listing of health plans, the counties in which they are authorized to operate, and the number of managed care enrollees within a county.

SC MEDICAID MANAGED CARE CONTACT INFORMATION

For additional information, contact the Bureau of Managed Care at the following address:

South Carolina Department of Health and Human Services
Bureau of Managed Care
Post Office Box 8206
Columbia, SC 29202-8206
Phone: (803) 898-4614
Fax: (803) 255-8232

PROGRAM DESCRIPTIONS

Managed Care Organizations (MCOs)

A Managed Care Organization (MCO) is commonly referred to as an HMO (Health Maintenance Organization) in the private sector. MCOs are required to operate under a contract with SCDHHS to provide healthcare services to beneficiaries through a network of healthcare professionals, both primary and specialty care, as well as hospitals, pharmacies, etc. This network is developed by contracting with the various healthcare professionals.

Primary care providers (PCP) must be accessible within a 30-mile radius, while specialty care providers, to include hospitals, must be accessible within a 50-mile radius. While MCOs will contract with providers within a specific county, enrolled members may seek treatment, or be referred to in-network providers in neighboring counties.

MCOs are responsible for providing core services to Medicaid-eligible individuals as specified in their contract with SCDHHS. The health care providers within the MCO network are not required to accept FFS Medicaid as most claims are filed to and processed by the MCO. Only services rendered on a fee-for-service (FFS) basis require providers be enrolled in SC Medicaid, as those claims are paid by SCDHHS. (Core services are discussed further in the **Core Benefits** section of this supplement.)

Core Benefits

Managed Care Organizations are fully capitated plans that provide a core benefits package similar to the current FFS Medicaid plan. MCO plans are required to provide beneficiaries with “medically necessary” care at current limitations for all contracted services. Unless otherwise specified, service limitations are based on the State fiscal year (July 1 through June 30). While appropriate and necessary care must be provided, MCOs are not bound by the current variety of service settings. For example, a service may only be covered FFS when performed in an inpatient hospital setting, while the MCO may authorize the same service to be performed both in an inpatient and an outpatient hospital setting.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

MCOs may offer SCDHHS-approved additional benefits. These are benefits that go beyond the core package. Additions, deletions, or modifications to additional benefits made during the contract year must be approved by SCDHHS. These benefits may include medical services which are currently non-covered by FFS and/or which are above current Medicaid limitations.

Providers should refer to the **Core Benefits** section of the MCO Policy and Procedures Guide on the SCDHHS website (www.scdhhs.gov) for a detailed explanation of core benefits and service limitations.

Services Outside of the Core Benefits

The South Carolina Healthy Connections (Medicaid) program continues to provide and/or reimburse certain FFS benefits. Providers rendering services that are not included in the MCO's benefits package, but are covered under FFS Medicaid receive payment in accordance with the current Medicaid fee schedule. These services are filed to SC Medicaid for processing and payment. MCOs are responsible for the beneficiaries' continuity of care by ensuring appropriate referrals and linkages to the Medicaid FFS providers. For specifics concerning services outside of the core benefits, please see the MCO Policy and Procedures Guide on www.scdhhs.gov.

MCO Program Identification (ID) Card

Managed Care Organizations issue an identification card to beneficiaries within 14 calendar days of the selection of a primary care provider, or the date of receipt of the beneficiary's enrollment data from SCDHHS, whichever is later.

To ensure immediate access to services, the provider should verify eligibility and enrollment regardless of a beneficiary's ability to supply a SC Medicaid or MCO card. The MCO ID card must include at least the following information:

- The MCO name
- The 24-hour telephone number for the beneficiary to use in urgent or emergency situations and to obtain any additional information
- The name of the primary care physician
- The beneficiary's name and Medicaid ID number
- The MCO's plan expiration date (optional)
- The Member Services toll-free telephone number
- The MCO and SC Medicaid logos

Claims Filing

Providers should file claims with the MCO for beneficiaries participating in a managed care program, unless the service rendered is not covered by the MCO and is, instead, paid on a FFS basis by SC Medicaid. Providers should contact the MCO for managed care billing requirements. Non-contracted providers should contact the MCO for billing and prior authorization requirements prior to rendering services to MCO enrolled beneficiaries. An exception is services

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

rendered in an emergency room. Even if the physician is not in-network with the MCO, the MCO cannot refuse to reimburse for covered emergency services. Specifics concerning emergency coverage are contained in Section 4, **Emergency Medical Services**, of the MCO contract.

Prior Authorizations and Referrals

Providers, both in and out of network, should contact the beneficiary's MCO for assistance with prior authorization (PA) requirements before administering services. Each MCO may have different prior authorization requirements and services requiring PA may differ according to the terms of a provider's contract with an MCO.

Admission to a hospital through the emergency department **may** require authorization. Hospitals should always check with the beneficiary's MCO plan for their requirements. The physician component for inpatient services **always** requires prior authorization. Specialist referrals for follow-up care after a hospital discharge also require prior authorization.

Medical Homes Networks (MHNs)

Medical Homes Networks (MHNs) are Medicaid's Primary Care Case Management (PCCM) programs that link beneficiaries with a primary care provider (PCP). An MHN is a group of physicians who have agreed to serve as PCCM providers. They work in partnership with the beneficiary to provide and arrange for most of the beneficiary's health care needs, including authorizing services provided by other health care providers. They also partner with a Care Coordination Services Organization (CSO) to accept the responsibility for providing medical homes for beneficiaries and for managing beneficiaries' care. The CSO supports the physicians and enrolled beneficiaries by providing care coordination, disease management, and data management. All providers participating in an MHN must be enrolled SC Medicaid providers, as all services are paid on a fee-for-service (FFS) basis.

The outcomes of the medical home initiative are a healthier, better educated Medicaid beneficiary, and cost savings for South Carolina through a reduction of acute medical care and disease-related conditions. The MHN provides case managers, who assist in developing, implementing, and evaluating the predetermined care management strategies of the network.

MHNs are under contract with the CSO, who, in turn, contracts with SCDHHS. Providers must be in good financial standing with SCDHHS. MHN contracts with SCDHHS must receive CMS approval. A sample of an MHN contract can be reviewed on the SCDHHS website.

MHN Program Identification (ID) Card

Medicaid Homes Networks do not issue a separate identification card. Beneficiaries enrolled in an MHN will have only one identification card, the one issued by SC Medicaid. This card does not contain the name or phone number of the assigned PCP. Such information can only be obtained by checking eligibility.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

Core Benefits

Services provided under the MHN program are all paid on a FFS basis. As such, all claims are submitted to and processed by SCDHHS. Benefits offered in the MHN program mirror those offered in FFS with the following exceptions:

- All beneficiaries, regardless of age, receive unlimited ambulatory visits

For additional information concerning core services and limitations, please refer to the MHN Policy and Procedures manual, or program specific provider manuals for the applicable area (Physicians, Hospitals, etc.). Manuals are located on the agency website at www.scdhhs.gov

Prior Authorizations and Referrals

The PCP is contractually required to either provide medically necessary services or authorize another provider to treat the beneficiary via a referral. Even if a physician in the same practice, but at a different practice location with a different Medicaid “pay-to or group” provider ID, treats a beneficiary, the services rendered still need a referral from the PCP. If a beneficiary has failed to establish a medical record with the PCP, the CSO, in conjunction with the PCP, shall arrange for the prior authorization (PA) on any existing referral. For a list of services that do not require authorization, refer to the **Exempt Services** section later in this supplement.

In some cases, the PCP may choose to authorize a service retroactively. All authorizations and consultations, including services authorized retroactively, are at the discretion of the PCP. The process for referring a beneficiary to a specialist can be made by telephone or in writing. The referral should include the number of visits being authorized and the extent of the diagnostic evaluation.

A PCP may authorize multiple visits for a specific course of treatment or a particular diagnosis. This prevents a provider to whom the beneficiary was referred from having to obtain a referral number for each visit so long as the course of treatment or diagnosis has not changed. The provider simply files the claims referencing the same referral number. It is the PCP’s responsibility to authorize additional referrals for any further diagnosis, evaluation, or treatment not identified in the scope of the original referral. If a specialist needs to refer the beneficiary to a second specialist for the same diagnosis, the beneficiary’s PCP must be contacted for a referral number.

A referral number is not required for services provided in a hospital emergency department or for an admission to a hospital through the emergency department. However, the physician component for inpatient hospital services does require a referral number. The hospital should contact the PCP for a referral number within 48 hours of the beneficiary’s admission. Specialist referrals for follow-up care after discharge from a hospital also require a referral from the PCP. In addition to the MHN’s authorization, prior approval may be required by SCDHHS to verify medical necessity before rendering some services. Prior authorizations are for medical approval only. Obtaining a prior authorization does not guarantee payment or ensure the beneficiary’s eligibility on the date of service.

MANAGED CARE SUPPLEMENT

MANAGED CARE OVERVIEW

For a list of services requiring a referral number from the PCP, along with noted exceptions, please refer to the MHN Policy and Procedures Guide. Claims submitted for reimbursement must include the PCP's referral number.

Specific services sponsored by state agencies require a referral from that agency's case manager. The state agency's case manager should coordinate with the PCP and the MHN Care Coordinator to ensure the continuity of care. These services include, but are not limited to, the following:

- Audiologist Services
- High/Moderate Management Group Homes Services
- Occupational Therapist Services
- Physical Therapist Services
- Psychologist Services
- Speech Therapist Services
- Therapeutic Foster Care Services

Referrals for a Second Opinion

PCPs are required to refer a beneficiary for a second opinion at his or her request when surgery is recommended.

Referral Documentation

All referrals must be documented in the beneficiary's medical record. The CSO and the PCP shall review the monthly referral data to ensure that services rendered to the beneficiary were authorized and recorded accurately in the medical record. It is the PCP's responsibility to review the referral data for validity and accuracy, and to report inappropriate and/or unauthorized referrals to the CSO. The CSO is responsible for investigating these incidents and notifying SCDHHS if Medicaid fraud or abuse is suspected.

Exempt Services

Beneficiaries can obtain the following services from Medicaid providers without obtaining a prior authorization from their PCP:

- Ambulance Services
- Dental Services
- Dialysis/End Stage Renal Disease Services
- Emergency Room Services (billed by the hospital)
- Family Planning Services
- Home- and Community-Based Waiver Services
- Independent Laboratory and X-ray ¹ Services

MANAGED CARE SUPPLEMENT

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- Medical Transportation Services
- Nursing Home Services
- Obstetrician and Gynecologist Services
- Optician Services
- Optometrist Services
- Pharmacy Services
- State Agency Services²

¹ FQHCs/RHCs that provide laboratory and x-ray services under a separate provider number (not the FQHC/RHC number) must enter a prior authorization number on the claim form or the claim will be rejected.

² Agencies exempt from prior authorization are the Department of Mental Health, the Continuum of Care, the Department of Alcohol and Other Drug Abuse, the Department of Disabilities and Special Needs, the Department of Juvenile Justice, and the Department of Social Services.

The above list is not all-inclusive. For a complete list of exempt services, refer to the MHN Policy and Procedures Guide on the SCDHHS website (www.scdhhs.gov). Some services still require a prescription or a physician's order. Physicians should refer to the appropriate Medicaid Provider Manual for more detailed information and/or requirements, or contact the SCDHHS Provider Service Center (PSC) by calling 888-289-0709. Providers can also submit an online inquiry at <http://scdhhs.gov/contact-us> and a provider service representative will respond to you directly.

Primary Care Provider Requirements

The primary care provider is required to either provide services or authorize another provider to treat the beneficiary. The following Medicaid provider types may enroll as a primary care provider:

- Family Medicine
- General Practitioners
- Pediatricians
- Internal Medicine
- Obstetrics and Gynecology
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Nurse Practitioners (see the MHN Policy and Procedure Guide on the SCDHHS Web site (www.scdhhs.gov) for guidelines)

MANAGED CARE SUPPLEMENT**MANAGED CARE OVERVIEW****24-Hour Coverage Requirements**

The MHN requires PCPs to provide access to medical advice and care for enrolled beneficiaries 24 hours per day, 7 days per week. A qualified medical practitioner must provide medical advice, consultation, and/or authorization or referral for services when appropriate within one hour of the beneficiary's presentation or notification. PCPs must have at least one telephone line that is answered by office staff during regular office hours.

Women, Infants, and Children (WIC) Program Referrals

Federal law mandates coordination between Medicaid Managed Care programs and the WIC program. PCPs are required to refer potentially eligible beneficiaries to the local WIC program agency. The beneficiary must sign a WIC Referral Form and a Medical Records Release Form. Both forms are submitted to the local WIC agency for follow up.

For more information, providers should contact the local WIC agency at their county health department.

MANAGED CARE SUPPLEMENT

MANAGED CARE ELIGIBILITY

Individuals must apply for SC Medicaid as outlined in Section 1 of this manual. If the applicant meets the established eligibility requirements, he or she may be eligible for participation in the Managed Care program. Not all Medicaid beneficiaries are eligible to participate in the Managed Care program.

The following Medicaid beneficiaries are **not eligible** to participate in a **Managed Care Organization**:

- Dually eligible beneficiaries (Medicare and Medicaid)
- Beneficiaries age 65 or older
- Residents of a nursing home
- Participants in limited benefits programs such as Family Planning, Specified Low Income Beneficiaries, Emergency Service Only, etc.
- Home- and Community-Based Waiver participants
- PACE participants
- Medically Complex Children's Waiver Program participants
- Hospice participants
- Beneficiaries covered by an MCO/HMO through third-party coverage
- Beneficiaries enrolled in another Medicaid managed care plan

The following Medicaid beneficiaries are **not eligible** to participate in a **Medical Homes Network**:

- PACE participants
- Individuals institutionalized in a public facility
- Beneficiaries in a nursing home payment category (Residents of a nursing home)
- Participants in limited benefits programs such as Family Planning, Specified Low Income Beneficiaries, Emergency Services Only, etc.
- Beneficiaries enrolled in another Medicaid managed care program
- Beneficiaries covered by an MCO/HMO through third-party coverage

Providers should verify beneficiaries' eligibility through the Web Tool or a point-of-service (POS) terminal prior to delivering services.

MANAGED CARE SUPPLEMENT

MANAGED CARE ELIGIBILITY

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MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

OVERVIEW

All managed care enrollment and disenrollment activities are handled through one single point of contact, South Carolina Healthy Connections Choices (SCHCC). SCHCC is responsible for processing the enrollment and disenrollment of Medicaid-eligible beneficiaries into a managed care plan. Beneficiaries may enroll online, by telephone, by mail, or by fax. Managed Care eligible Medicaid beneficiaries are encouraged to actively enroll with a managed care plan. Medicaid beneficiaries may currently select among the following Medicaid service delivery options:

- Managed Care Organization
- Medical Homes Network

SCHCC may be reached by calling (877) 552-4642, or via the SCHCC website: www.SCchoices.com. SCHCC should be contacted for assistance with enrollment, as well as transferring to, or disenrolling from, a health plan regardless of how long a beneficiary has been enrolled in their current health plan.

Not all Medicaid beneficiaries are eligible to participate in managed care. Beneficiaries who are eligible for participation are made aware of their eligibility via an outreach or enrollment mailing from SCHCC.

An **enrollment packet** is mailed to beneficiaries who are required to make a managed care plan choice. Failure to do so will result in managed care plan assignment by SCHCC.

An **outreach packet** is mailed to beneficiaries who are eligible, but not required, to participate in a managed care plan. Managed care participation is on a voluntary basis for this population. (See **Enrollment Counselor Services** later in this supplement.)

Outreach and assignment is based on the beneficiary's payment category or Recipient Special Program (RSP) indicator, and is effective according to the published cut-off schedule.

If a Medicaid beneficiary enrolled in a managed care plan loses Medicaid eligibility, but regains it within 60-days, he or she will be automatically reassigned to the same plan and will forego a new 90-day choice period.

Beneficiaries cannot enroll directly with the MCO or the MHN. Beneficiaries must contact SCHCC to enroll in a managed care plan, or to change or discontinue their plan. A member can only change or disenroll without cause within the first 90 days of enrollment. If the beneficiary is approved to enroll in a managed care plan, or changes his or her plan, and is entered into the system before the established cut-off date, the beneficiary appears on the plan's member listing for the next month. If the beneficiary is approved, and entered into the system after the established cut-off date, the beneficiary will appear on the plan's member listing for the following month.

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

ENROLLMENT PROCESS

Medicaid beneficiaries receive a managed care enrollment packet or an outreach packet by mail within two days of first becoming eligible for Medicaid, or 30 to 60 days prior to their annual Medicaid review. Beneficiaries enrolled in a managed care plan will also receive a reminder letter from their health plan prior to their annual review date.

Beneficiaries are always encouraged to open, read, and respond to the enrollment packets to avoid plan assignment. While managed care enrollment is encouraged during annual review, FFS Medicaid beneficiaries may contact SCHCC to enroll at anytime. They do not need to wait to receive enrollment information. Beneficiaries enrolled in a managed care plan at the time of their annual review will remain in their health plan unless they contact SCHCC during their open enrollment (90-day choice period) to request a change.

When enrollment packets are mailed, beneficiaries have at least 30 days from the mail date to choose a health plan. If a beneficiary fails to act on the initial enrollment packet, outbound calls are placed in an effort to encourage plan selection. If, after the multiple outreach efforts, a beneficiary still fails to respond, he or she will be assigned to a managed care plan.

The assignment process places beneficiaries into health plans available in the county where the beneficiary resides based on the following criteria:

- The health plan, if any, in which the beneficiary was previously enrolled
- The health plan, if any, in which family members are enrolled
- The health plan selected by a random assignment process if no health plan was identified

There are three easy ways for beneficiaries to enroll:

- Call SCHCC at (877) 552-4642
- Mail or fax the completed enrollment form contained in the enrollment packet
- Online at www.SCchoices.com

A beneficiary is enrolled in a Managed Care plan for a period of 12 months. The beneficiary shall remain enrolled in the plan unless one of the following occurs:

- The beneficiary becomes ineligible for Medicaid and/or Managed Care enrollment
- The beneficiary forwards a written request to transfer plans for cause
- The beneficiary initiates the transfer process during the annual re-enrollment period
- The beneficiary requests transfer within the first 90 days of enrollment

Enrollment of Newborns

Babies born to Medicaid-eligible mothers are automatically deemed Medicaid eligible. As such, they are subject to being enrolled into a managed care plan. If, at the time of delivery, the mother is enrolled with an MCO, the baby will be automatically enrolled into the same MCO. If, however, the mother is enrolled with an MHN, or is FFS, the baby will revert to FFS Medicaid

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

for the first year of life. If the mother was enrolled in an MHN at the time of delivery, the CSO overseeing the MHN will outreach to encourage enrollment into the MHN. Newborns in FFS are still eligible to enroll in managed care and may be enrolled at anytime by contacting SCHCC.

Babies automatically enrolled into the mother's MCO have a 90-day choice period following birth during which a change to their health plan may be made. Following the 90-day choice period, the newborn enters into his or her lock-in period and may not change health plans for the first year of life without "just cause." The newborn's effective date of enrollment into a managed care plan is the first day of the month of birth.

Providers should refer to the appropriate Medicaid provider manual for additional limitations when providing services to newborns.

Primary Care Provider Selection and Assignment

Upon enrolling into a managed care plan, all beneficiaries are "assigned" to a primary care provider (PCP). If the beneficiary calls SCHCC and chooses a health plan, he or she is asked to select a PCP at that time. If, however, SCHCC assigns the beneficiary to a health plan, the PCP "selection" is handled differently.

For beneficiaries assigned to an MCO, the MCO is responsible for assigning the PCP. For beneficiaries assigned to an MHN, SCHCC is responsible for assigning the PCP. After assignment, beneficiaries may elect to change their PCP. **There is no lock-in period with respect to changing PCPs.** Enrolled beneficiaries may change their PCP at any time and as often as necessary.

MCO members must call their designated Member Services area to change their PCP. MHN members may call either their Member Services area or speak with their current PCP to enact a change.

The name of the designated PCP will appear on all MCO cards. Should an MCO member change his PCP, he will be issued a new health plan card from the MCO reflecting the new PCP.

MANAGED CARE SUPPLEMENT

MANAGED CARE ENROLLMENT

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MANAGED CARE SUPPLEMENT

MANAGED CARE DISENROLLMENT PROCESS

OVERVIEW

Beneficiaries not required to participate in managed care may request to disenroll and return to fee-for-service Medicaid. Beneficiaries required to participate in managed care may only request to transfer to another health plan as fee-for-service Medicaid is no longer an option for this population.

Disenrollment/transfer requests are processed through the enrollment counselor, SCHCC. The beneficiary, the MCO, the MHN, or SCDHHS may initiate the process. During the 90 days following the date of initial enrollment with the managed care plan, beneficiaries may change plans without cause. Only one change may be requested during this period. Once a change has been requested, or the 90 days following the date of initial enrollment has expired, beneficiaries move into their “lock-in” period. Requests to change health plans made during the lock-in period are processed only for “just cause.” Please refer to the MCO or MHN Policy and Procedures Guide for additional information concerning just cause.

Transfer requests made during the lock-in period require the completion of a Health Plan Change form, which may only be obtained by contacting SCHCC. The form requires the beneficiary to provide information confirming his or her attempt to resolve any issues necessitating disenrollment. That information includes documenting the date and time of the call to the health plan to discuss his or her issues, as well as the person with whom the beneficiary spoke. Failure to provide all required information results in denial of the disenrollment request as all such requests must be reviewed by the SCDHHS Managed Care staff.

Upon review by Managed Care staff, the managed care plan is notified of the request to disenroll so that a plan representative may follow up with the beneficiary in an effort to address the concerns raised. Managed care plans are required to notify SCDHHS within 10 days of the follow-up results for all complaints or disenrollment requests forwarded to the plan. If just cause is not validated, disenrollment is denied and the beneficiary remains in the managed care plan. A beneficiary’s request to transfer is honored if a decision has not been reached within 60 days of the initial request. The final decision to accept the beneficiary’s request is made by SCDHHS.

If the beneficiary believes he or she was disenrolled/transferred in error, it is the beneficiary’s responsibility to contact SCHCC or the managed care plan for resolution. The beneficiary may be required to complete and submit a new enrollment form to SCHCC.

INVOLUNTARY BENEFICIARY DISENROLLMENT

A beneficiary may be involuntarily disenrolled from a managed care plan at any time deemed necessary by SCDHHS or the plan, with SCDHHS approval.

The plan’s request for beneficiary disenrollment must be made in writing to SCHCC using the applicable form, and the request must state in detail the reason for the disenrollment. The request must also include documentation verifying any change in the beneficiary’s status. SCDHHS determines if the plan has shown good cause to disenroll the beneficiary and informs SCHCC of

MANAGED CARE SUPPLEMENT**MANAGED CARE DISENROLLMENT PROCESS**

their decision. SCHCC notifies both the plan and the beneficiary of the decision in writing. The plan and the beneficiary have the right to appeal any adverse decision. Managed care plans are required to inform providers of those beneficiaries disenrolling from their programs. Providers should always check the Medicaid eligibility status of beneficiaries before rendering service.

The plan may not terminate a beneficiary's enrollment because of any adverse change in the beneficiary's health. An exception would be when the beneficiary's continued enrollment in the plan would seriously impair the plan's ability to furnish services to either this particular beneficiary or other beneficiaries.

For additional information, please review the involuntary disenrollment guidelines used by SCDHHS and the Managed Care plans in the **Disenrollment Process** section in the MCO or MHN Policy and Procedures Guide.

MANAGED CARE SUPPLEMENT

EXHIBITS

MANAGED CARE PLANS BY COUNTY

A map of the Managed Care plans by county is available on the SCDHHS website at www.scdhhs.gov. Not all MCOs are authorized to operate in every county within the state. Providers should refer to the map for SCDHHS-approved MCOs operating within their service area.

The **Exhibits** section provides the contact information and a card sample for each MCO currently operating in South Carolina.

CURRENT MEDICAID MEDICAL HOMES NETWORK (MHNS)

The following MHNs are participants in the South Carolina Healthy Connections (Medicaid) Managed Care program. MHN beneficiaries should present their South Carolina Healthy Connections Medicaid Insurance card in order to receive health care services. No additional card is necessary.

Carolina Medical Homes

250 Berryhill Road, Suite 202
Columbia, SC 29210
(803) 509-5377 or (800) 733-1108
www.carolinamedicalhomes.com

Palmetto Physician Connections

531 South Main Street, Suite 307
Greenville, SC 29601
(888) 781-4371
www.palmettophysicianconnections.com

South Carolina Solutions

132 Westpark Blvd
Columbia, South Carolina 29210
(803) 612-4120 or (866) 793-0006
(803) 612-4152 or (888) 893-0018
www.sc-solutions.org

MANAGED CARE SUPPLEMENT

CURRENT MEDICAID MANAGED CARE ORGANIZATIONS

South Carolina Healthy Connections (Medicaid) Managed Care Organizations are required to issue a plan identification card to enrolled beneficiaries. Beneficiaries should present both the MCO-issued identification card and the Healthy Connections Medicaid card. MCO cards contain important information on the beneficiary (name, plan number), the MCO (toll-free contact numbers), and the PCP.

SAMPLE MEDICAID MCO CARDS


The following card samples are used by MCOs that are currently authorized to operate in South Carolina. Not all MCOs are authorized to operate in every county of the state. Please consult the SCDHHS website at www.scdhhs.gov for the current list of authorized plans and counties.

Absolute Total Care

Centene Corporation

(866) 433-6041

www.absolutetotalcare.com

| | | |
|--|--------------------------|---|
|  | | Rx: US Script 1-800-460-8988 BIN:008019 |
| Name: Bob Q. Sample | Effective Date: X/X/XXXX | |
| ID#: XXXXXXXXXX | DOB: X/X/XXXX | |
| PCP Name : Dr. John Doe | PCP Phone #:XXX-XXX-XXXX | |
| <p>If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Absolute Total Care for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Absolute Total Care NurseWise toll-free at 1-866-433-6041, option 7, or TDD/TTY 1-866-912-3609. NurseWise is open 24 hours a day.</p> | | |

(front)

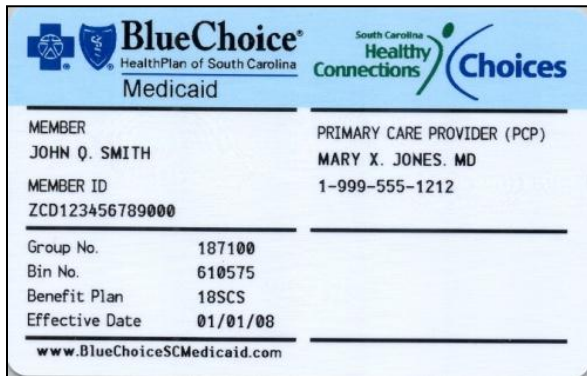
| | |
|---|---|
| IMPORTANT MEMBER TELEPHONE NUMBERS | |
| 24/7 Member Line: 1-866-433-6041 TDD/TTY: 1-866-912-3609 24/7 NurseWise®: 1-866-433-6041 , option 7 Prescription Drugs: 1-866-433-6041 Vision/Dental Questions: 1-866-433-6041 TDD/TTY: 1-866-912-3609 Prescription Drugs: Pharmacy- see front of card; Members call 1-866-433-6041 | |
| Eligibility: 1-866-912-3604 (IVR) Interactive Voice Response 1-866-433-6041 (Provider Services) | |
| Medical & Behavioral Health Claims | Absolute Total Care Attn: CLAIMS PO Box 3050 Farmington, MO 63640-3821 |
| Healthy Connections Choices at 1-877-552-4642 | |

(back)

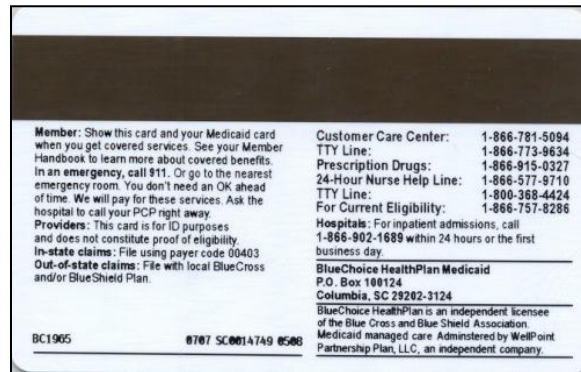
MANAGED CARE SUPPLEMENT

BlueChoice

BlueChoice HealthPlan of South Carolina Medicaid
 (866) 781-5094
www.bluechoicesc.com



(front)



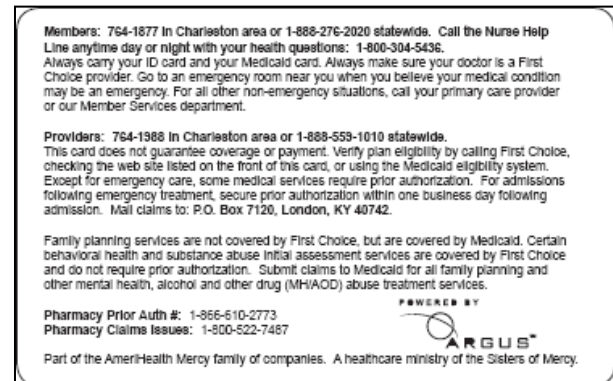
(back)

First Choice by Select Health

Select Health of South Carolina, Inc.
 (888) 276-2020
www.selecthealthofsc.com



(front)



(back)

MANAGED CARE SUPPLEMENT

UnitedHealthcare Community Plan

UnitedHealthcare Community Plan

(800) 414-9025

www.uhccommunityplan.com



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PROVIDER MANUAL SUPPLEMENT
THIRD-PARTY LIABILITY

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THIRD-PARTY LIABILITY SUPPLEMENT

INTRODUCTION

“Third-party liability” (TPL) refers to the responsibility of parties other than Medicaid to pay for health insurance costs. Medicaid is always the payer of last resort, which means that Medicaid will not pay a claim for which someone else may be responsible until the party liable before Medicaid has been billed. For the most part, this means providers are responsible for billing third parties before billing Medicaid.

Third parties can include:

- Private health insurance
- Medicare
- Employment-related health insurance
- Medical support from non-custodial parents
- Long-term care insurance
- Other federal programs
- Court judgments or settlements from a liability insurer
- State workers’ compensation
- First party probate-estate recoveries

Private health insurers and Medicare are the most common types of third party that providers are required to bill. For information on casualty cases and estate recovery, see Section 1 of your provider manual.

HEALTH INSURANCE RECORDS

Medicaid Insurance Verification Services (MIVS), Medicaid’s TPL contractor, researches third-party insurance information. Sources of information include providers, eligibility offices, long-term care workers, private insurers, other government agencies, and beneficiaries themselves.

It can take up to 25 days for a new policy record to be added to a beneficiary’s eligibility file and five days for corrections and updates of an existing record. New policy information and updates are added to the Medicaid Management Information System (MMIS) every working day.

ACCESS TO CARE

As a provider, your role in the TPL process begins as soon as you agree to treat a Medicaid-eligible patient. You should ask every patient and/or the patient’s responsible party about other insurance coverage.

According to 42 CFR 447.20(b), **you cannot refuse to treat a Medicaid patient simply because he or she has other health insurance.** You and the patient should work together to decide whether you will consider the individual a Medicaid patient or a private-pay patient. If you accept the individual as a Medicaid patient, you are obligated to follow Medicaid’s third-party liability guidelines and other policies. Remember, you agree to treat a patient as a Medicaid

THIRD-PARTY LIABILITY SUPPLEMENT

patient for an entire spell of illness; you cannot change a beneficiary's status in the midst of a course of treatment.

When you first accept a Medicaid beneficiary, and at every service encounter thereafter, you will check to see whether the patient is eligible for Medicaid. At the same time, you will check for any other insurers you may need to bill. You should also perform a Medicaid eligibility check again when entering a claim, as eligibility and TPL information are constantly being updated.

South Carolina Healthy Connections (Medicaid) does not require you to obtain copies of other insurance cards from the beneficiary. You can obtain from South Carolina Healthy Connections (Medicaid) all the information you need to file with another insurer or to code TPL information on a Medicaid claim, including policy numbers, policy types, and contact information for the insurer, as long as Medicaid has that information on file.

Health Insurance Premium Payment Project

The Health Insurance Premium Payment (HIPP) project allows SCDHHS to pay private health insurance premiums for Medicaid beneficiaries who may be at risk of losing the private insurance coverage. SCDHHS will pay such premiums if the payment is deemed cost effective; see Section 1 of your provider manual for more information on qualifying situations. Maintaining good communication with your patients will help you identify candidates for referral to the HIPP program.

Eligibility Verification

- **Medicaid Card:** Possession of a Medicaid card means only that a beneficiary was eligible for Medicaid when the card was issued. You must use other eligibility resources for up-to-date eligibility and TPL information.
- **Point-of-Sale Devices and Eligibility Verification Vendors:** Check with your vendor to see how TPL information is reported.
- **Web Tool:** The Eligibility Verification function of the South Carolina Healthy Connections (Medicaid) Web-based Claims Submission Tool provides information about third-party coverage. See the Web Tool User Guide for instructions on checking eligibility.

REPORTING TPL INFORMATION TO MEDICAID

Providers are an important source of information from beneficiaries about third-party insurers. You can report this information to Medicaid in two ways: enter the information on claims submitted to Medicaid, or submit Health Insurance Information Referral Forms to Medicaid. When primary health insurance information appears on a claim form, the insurance information is passed to MIVS electronically for verification. This referral process is conducted weekly and contributes to timely additions and updates to the policy file.

THIRD-PARTY LIABILITY SUPPLEMENT

Health Insurance Information Referral Forms

The SCDHHS Health Insurance Information Referral Form is used to document third-party insurance coverage, policy changes, beneficiary coverage changes, carrier changes, and policy lapse information. You should fill out this form when you discover third-party coverage information that Medicaid does not know about, or when you have insurance documentation that indicates the TPL health insurance record needs an update.

A copy of the form is included in the Forms section of your provider manual, and samples appear at the end of this supplement. Send or fax the completed forms to:

South Carolina Healthy Connections
PO Box 101110
Columbia, SC 29211-9804
Fax: (803) 252-0870

COORDINATION OF BENEFITS

Health insurers adhere to “coordination of benefits” provisions to avoid duplicating payments. The health plan or payer obligated to pay a claim first is called the “primary” payer, the next is termed “secondary,” and the third is called “tertiary.” Together, the payers coordinate payments for services up to 100% of the covered charges at a rate consistent with the benefits.

Medicaid does not participate in coordination of benefits in the same way as other insurers. Medicaid is never primary, and it will only make payments up to the Medicaid allowable. However, you should understand how other companies coordinate payments.

COST AVOIDANCE VS. PAY & CHASE

South Carolina Healthy Connections (Medicaid) is required by the federal government to reject claims for which another party might be liable; this policy is known as “cost avoidance.” Providers must report primary payments and denials to Medicaid to avoid rejected claims. The majority of services covered by Medicaid are subject to cost avoidance.

For certain services, Medicaid does not cost-avoid claims and will pursue recovery under a policy known as “Pay & Chase.” Medicaid remains the payer of last resort in all cases; however, under Pay & Chase it temporarily behaves like a primary payer.

Services that fall under Pay & Chase are:

- Preventive pediatric services
- Dental EPSDT services
- Maternal health services
- Title IV – Child Support Enforcement insurance records
- Certain Department of Health and Environmental Control (DHEC) services under Title V

While providers of such services are encouraged to file with any liable third party before Medicaid, if they choose not to do so, SCDHHS will pay the claims and bill liable third parties directly through the Benefit Recovery program. More information on recovery appears later in

THIRD-PARTY LIABILITY SUPPLEMENT

this supplement. If you choose to bill both a third party and Medicaid, you must enter the TPL filing information on your Medicaid claim as outlined in this supplement – rendering Pay & Chase-eligible services does not exempt you from the requirement to correctly code for TPL.

Resources Secondary to Medicaid

Certain programs funded only by the state of South Carolina (*i.e.*, without matching federal funds) should be billed secondary to Medicaid. The TPL claim processing subsystem does not reject claims for resources that may pay after Medicaid. These resources are:

- BabyNet
- Best Chance Network
- Black Lung
- Commission for the Blind
- Community Health
- Crime Victims Compensation Fund
- CRS (Children’s Rehabilitative Services)
- Department of Corrections
- DHEC Cancer
- DHEC Family Planning (DHEC Maternal Child Health)
- DHEC Heart
- DHEC Hemophilia
- DHEC Migrant Health
- DHEC Sickle Cell
- DHEC TB
- Indian Health
- Other Indigent (hospital charity)
- Other Sponsor
- Ryan White Program
- State Aid Cancer Program
- Vaccine Injury Compensation
- Veterans Administration
- Vocational Rehabilitation Services

COPAYMENTS AND TPL

For certain services, Medicaid beneficiaries must make a Medicaid copayment. SCDHHS deducts this amount from what Medicaid pays the provider. Copayments are described in detail in Section 3 of your provider manual (if they apply to the services you provide).

Remember, as a Medicaid provider you have agreed to accept Medicaid’s payment as payment in full. You can never balance bill a beneficiary receiving Medicaid-covered services for anything other than the Medicaid copayment. (You may, however, bill a beneficiary for services that Medicaid does not cover.)

When a beneficiary has Medicare or private insurance, he or she is still responsible for the Medicaid copayment. However, if the sum of the copayment and the Medicare/third-party payment would exceed the Medicaid-allowed amount, you must adjust or eliminate the copayment. In other words, though you may accept a primary insurance payment higher than what Medicaid would pay, the beneficiary’s copayment cannot contribute to the excess revenue.

Medicaid beneficiaries with private insurance are **not** charged the copayment amount of the primary plan(s). When you accept a patient as a Medicaid patient, all Medicaid rules, including the Medicaid copayment rules, apply to that individual. These rules are federal law; they protect the Medicaid beneficiary by limiting his or her liability for payment for medical services.

THIRD-PARTY LIABILITY SUPPLEMENT

Medicaid determines payment in full and the patient's liability. Therefore, when you file a secondary claim with Medicaid, you can only apply the Medicaid copayment and cannot require the primary plan copayment as you would for a private pay patient.

DENIALS AND EOBs

When you bill a primary health insurer, you should obtain either a payment or a denial. You should also receive an Explanation of Benefits (EOB) that explains how the payment was calculated and any reasons for non-payment. Once you have received a reply from all potentially liable parties, if there are still charges that are not paid in full that might be covered by Medicaid, you may then bill Medicaid. This process is known as sequential billing.

Note that you must receive a *valid* denial before billing Medicaid. A request for more information or corrected information does not count as a valid denial.

POLICY TYPES

Each private policy listed in a patient's insurance record has an entry for "policy type," the most common of which is Health No Restrictions (HN). Another policy type you may encounter is HI, Health Indemnity; such policies pay per diem for hospital stays, surgeries, anesthesia, etc. HS, Health Supplemental, refers to policies that cover Medicare coinsurance and deductibles. Other policy types include Accident (HA) and Cancer (HC).

The policy type HN may be applied to a pharmacy carve-out, a mental health claim administrator, or a dental policy. The policy type does not provide specific information about the types of services covered, so you may have to take extra steps to determine whether to bill a particular carrier:

1. Ask the beneficiary. He or she should be able to tell you what kind of policy it is.
2. Look at the name of the carrier in the full list of carrier codes. The name may help you figure out the type of coverage (*e.g.*, ABC Dental Insurers).
3. Call SCDHHS Provider Service Center (PSC). Providers can also submit an online inquiry at <http://scdhhs.gov/contact-us> and a provider support representative will respond to you directly. He or she can look up more details of the plan in the TPL policy file.

TIMELY FILING REQUIREMENTS

Providers must file claims with Medicaid within a year of the date of service. If a claim is rejected, you must resubmit the Edit Correction Form (ECF) within that year, and Void/Replacement adjustments must be made within that year as well – all activity related to the claim must occur within a year of the date of service in order for you to be paid.

Because of this timely filing requirement, you should bill third parties as soon as possible after service delivery. SCDHHS recommends that you file a claim with the primary insurer within 30 days of the date of service.

THIRD-PARTY LIABILITY SUPPLEMENT

Regardless of how long the third party takes to reply, providers must still meet Medicaid's timeliness requirements. Delays by other insurers are not a sufficient excuse for timeliness extensions.

| Timely Filing | |
|-------------------------------------|---|
| Medicaid claims | One year |
| Medicare-primary claims to Medicaid | Two years or within six months from Medicare adjudication |
| Primary health insurance | 30 days recommended |

Late claim filing to the primary insurer and gaps in activity related to obtaining payment from a primary carrier are not reasonable practices. SCDHHS will not consider payment if a claim is not successfully adjudicated by the MMIS within the time frames above.

REASONABLE EFFORT

Providers occasionally encounter difficulties in obtaining documentation and payment from third parties and beneficiaries. For example, the third-party insurer may refuse to send a written denial or explanation of benefits, or a beneficiary may be missing or uncooperative. It is your responsibility as a provider to seek a solution to such problems.

“Reasonable effort” consists of taking logical, timely steps at each stage of the billing process. Such steps may include resubmitting claims, making follow-up phone calls, and sending additional requested information. Many resources are available to help you pursue third-party payments. The PSC can work with you to explore these options.

Reasonable Effort and Insurance Companies

Below is a suggested process for filing to insurance companies. A flowchart based on this process can be found at the end of this supplement.

A. Send a claim to the insurance company.

If after **thirty days** you have received no response:

B. Call the company's customer service department to determine the status of the claim.

- **If the company has not received the claim:**
 1. Refile the claim. Stamp the claim as a repeat submission or send a cover note.
 2. Repeat follow-up steps as needed.
- **If the company has received the claim but considers the billing insufficient:**
 1. Supply all additional information requested by the company.

THIRD-PARTY LIABILITY SUPPLEMENT

2. Confirm that all requested information has been submitted.
 3. Allow thirty more days for the claim to be processed.
 4. If there is no response within thirty days and all information has been supplied as requested, proceed as instructed below.
- **If the company has received the claim, considers the billing valid, and has not suspended the claim:**
 1. Make a note in your files.
 2. Follow up with a written request for a response.

C. If after two more weeks you have still received no response:

1. Write to the company citing this history of difficulties. Copy the South Carolina Department of Insurance Consumer Division on your letter.

Remember, difficulties with insurance companies do not exempt you from timely filing requirements. It is important that you file a claim as soon as possible after providing a service so that, should you encounter any difficulty, you have time to pursue the steps described above.

Once the Department of Insurance has resolved an issue (which usually takes about 90 days), you should have adequate information to bill Medicaid correctly. Following all the steps above should take no more than 180 days, well within the Medicaid timely filing limit of one year.

Reasonable Effort and Beneficiaries

Difficulties can arise when a beneficiary does not cooperate with an insurer's request for information. For example, U.S. military beneficiaries must report changes in their status and eligibility to the Defense Eligibility and Enrollment Reporting System (DEERS); a delay by a beneficiary may delay a provider's response from the insurer. An insurer may also need a beneficiary to send in subrogation forms related to a hospitalization.

It is in your interest to contact the beneficiary, whether by phone, certified letter, or otherwise. You may offer to help the beneficiary understand and fill out forms. Be sure to document all your attempts at contact and inform the insurer of such actions.

Occasionally insurers will pay a beneficiary instead of a provider. If you know an insurance payment will be made to a patient, you should consider having the patient sign an agreement indicating that the total payment will be turned over to the provider, and that failure to cooperate with the agreement will result in the beneficiary no longer being accepted as a Medicaid patient.

Reasonable Effort Documentation Form

In cases where you have made all reasonable efforts to resolve a situation, you can submit a Reasonable Effort Documentation form. The form must demonstrate that you have made sustained efforts to contact the insurance company or beneficiary. This document is used only as a last resort, when all other attempts at contact and payment collection have failed.

THIRD-PARTY LIABILITY SUPPLEMENT

Attach the form either to a claim filed as a denial or to an ECF. Attach copies of all documents that demonstrate your efforts (correspondence with the insurer and the Department of Insurance, notes from your files, etc.). If you are filing electronically, you must keep the Reasonable Effort Documentation form and all supporting documentation on file. A blank Reasonable Effort Documentation form can be found in the Forms section of your provider manual, and examples appear at the end of this supplement.

REPORTING TPL INFORMATION ON CLAIMS

When you file a claim that includes TPL information, you will report up to five pieces of TPL information, depending on the type of claim:

For each insurer:

1. The carrier code
2. The insured's policy number
3. A payment amount or "0.00"

For the whole claim:

4. A denial indicator when at least one payer has not made payment
5. The total of all payments by other insurers

Carrier Codes

Medicaid, in conjunction with the South Carolina Hospital Association (SCHA), assigns every third-party insurer a unique three-digit alphanumeric code. Among the SCHA carrier codes are a few five-digit codes created by SCDHHS to satisfy carrier-specific claim filing requirements; these are identified by the suffix RX (pharmacy plans). SCHA carrier codes are used to identify insurers and other payers (including the Medicare Advantage plans) on dental, professional, and institutional claims. A complete list of carrier codes can be found in Appendix 2 of those provider manuals.

SCDHHS maintains an entirely separate list of five-digit carrier codes for pharmacy claims submission. Providers should visit <http://southcarolina.fhsc.com> or the SCDHHS Provider Information page at <http://provider.scdhhs.gov/> to view the pharmacy carrier codes list.

With very few exceptions, the alphanumeric carrier codes assigned by the SCHA are three digits, alpha-numeric-alpha. However, if you file hard copy, you may want to indicate a zero as Ø to ensure it is keyed correctly.

If you cannot find a particular carrier or carrier code in your manual, please visit the SCDHHS Provider Information page at <http://provider.scdhhs.gov/> to view the most current carrier codes list.

If you are billing a company for which you cannot find a code, you may use 199, the generic carrier code. MIVS will then call you to ask about the new insurer. You may prefer to submit a Health Insurance Information Referral Form to MIVS while you have the carrier information easily accessible, as MIVS may call you up to one month after the claim has been processed.

THIRD-PARTY LIABILITY SUPPLEMENT

You may encounter the “CAS” carrier code when checking a beneficiary’s eligibility. This code represents an open casualty case. Medicaid does not cost avoid claims with casualty coverage. You may decide to bill Medicaid directly and forgo participation in the case, or you may take action with the liable party and not bill Medicaid. Timely filing requirements still apply even where there is a possible casualty settlement, so you must make your decision prior to the one-year Medicaid timely filing deadline.

Policy Numbers

Many insurance companies use Social Security numbers (SSNs) as policy numbers, but some are transitioning to policy numbers that do not rely on confidential information. You should use the number that appears on the beneficiary’s health insurance card.

SCDHHS has begun adding these new policy numbers to beneficiary records. If one of your claims is rejected for failure to file to a private insurer (edit 150) and you have already filed to that insurer, there may be a policy number discrepancy; you should code the claim with the beneficiary’s SSN. Edit codes and rejected claims are discussed in more detail below.

PHARMACY CLAIMS

TPL policies apply to all Medicaid services. Like other providers, pharmacists must bill all other potentially liable parties, including Medicare, before billing Medicaid. However, pharmacists’ billing procedures differ from those of other providers. Pharmacists do not use the carrier codes assigned by the SCHA; South Carolina Healthy Connections (Medicaid) maintains separate carrier codes for pharmacy claims submission. Providers should visit the SCDHHS Provider Information page at <http://provider.scdhhs.gov> for pharmacy carrier codes. These unique codes may also be found at <http://southcarolina.fhsc.com>.

Pharmacists receive two-character NCPDP edit codes rather than South Carolina Healthy Connections (Medicaid) edit codes. Code 41 indicates that you need to file to a third-party payer, to include Medicare Parts B and D, if applicable.

Pharmacy services are generally cost-avoided; however, SCDHHS performs Pay & Chase billing for insurance resources that are Child Support Enforcement-ordered and in situations where the insurance company will not pay the Medicaid-assigned claim and instead makes payment to the subscriber. Pharmacists who file to primary plans but do not receive the insurance payment should report that fact to MIVS or SCDHHS so that Pay & Chase may be implemented instead of cost avoidance.

The point-of-sale contractor’s Pharmacy Provider Manual contains complete instructions on how to submit TPL information on Medicaid claims.

NURSING FACILITY CLAIMS

Nursing facilities are required to follow Medicaid’s TPL policies by billing other liable parties before billing Medicaid. The nursing facility claim form, the Turn Around Document, does not provide fields for coding TPL information. In order to have TPL payments calculated, you will report TPL payments and denials on a Health Insurance Information Referral Form and/or send the insurance EOB with an ECF.

THIRD-PARTY LIABILITY SUPPLEMENT

If you discover third-party coverage that Medicaid does not yet have on file, bill the third party and send a Health Insurance Information Referral Form to MIVS so that the insurance record may be put online. If Medicaid has already paid, you are responsible for refunding the insurance payment. Failure to report insurance that will likely be subsequently discovered may result in the claim being put into benefit recovery and recouped in a recovery cycle (see the section on recovery for more information).

To initiate Medicaid billing for a resident also covered by a third party payer, submit a claim to Medicaid and receive a rejection (edit code 156 for commercial insurance) for having failed to file with the other liable third parties. This establishes your willingness to accept a resident as a Medicaid beneficiary. It also shows that you intend to adhere to Medicaid's timely filing requirements.

When you receive an ECF for the claim, attach all EOBs and return the ECF to the Medicaid Claims Control System (MCCS); they will route it to the Medicaid TPL department for processing. If you are subsequently paid by a third party, use Form 205 to refund part or all of your Medicaid payment. Mark "health insurance" as the reason for the refund, supply the insurance information, and attach a check for the amount being refunded.

Remember that claims in recovery have timely filing requirements. SCDHHS suggests that as soon as you receive a 156 edit and/or discover that a resident has third-party coverage, you check your records and bill the third party for previous claims for the current calendar year and for one year prior for which Medicaid should not have paid primary. If you wait for the next recovery cycle, you may run into timely filing deadlines. All previously paid claims that were not filed with the insurance company or third parties are subject to recovery by Medicaid.

Should MIVS mail you a letter of recovery, make sure you follow all procedures and timelines as required. The PSC will be able to assist you in completing all requirements from MIVS in order to avoid a take-back or to reverse a previous take-back.

If you have any other questions or concerns about third-party liability issues, call the PSC. Because nursing home billing cycles are often longer than those of other providers, it is essential that you contact SCDHHS early in the TPL billing process, before timely filing requirements become a concern.

The Nursing Facility Services Provider Manual contains complete billing instructions for nursing facilities. Please see also the following sections of this supplement: Eligibility Verification, Reporting TPL Information to Medicaid, Cost Avoidance vs. Pay & Chase, Timely Filing Requirements, and Reasonable Effort.

PROFESSIONAL, INSTITUTIONAL, AND DENTAL CLAIMS

The CMS-1500 and UB-04 claim forms have space to report two payers other than Medicaid. If there are three or more insurers, you will need to code your claim with the payers listed that pay primary and secondary. When your claim receives edit 151, you may write in the carrier code, policy number, and amount paid in the third occurrences of fields 24, 25, and 26 of the CMS-1500 ECF, and submit the ECF to MCCS. Claims submitted electronically will be processed automatically with up to ten primary payers. You may also submit the ECF and all the EOBs to

THIRD-PARTY LIABILITY SUPPLEMENT

the Division of Third-Party Liability; however, that is no longer required and may slightly delay claim payment.

Professional Paper Claims

The CMS-1500 has two areas for entering other insurers: block 9 (fields 9a, 9c, and 9d) and block 11 (fields 11, 11b, and 11c). If there is only one primary insurer, you can use either block. If there are two insurers, use both blocks.

CMS-1500 TPL Fields

| | |
|---|--|
| <p>9a Other Insured’s Policy or Group Number Enter the policy number.</p> | <p>11 Insured’s Policy Group or FECA Number Enter the policy number.</p> |
| <p>9c Employer’s Name or School Name If the insurance has paid, indicate the amount paid in this field. If the insurance has denied payment, enter “0.00” in this field.</p> | <p>11b Employer’s Name or School Name If the insurance has paid, indicate the amount paid in this field. If the insurance has denied payment, enter “0.00” in this field.</p> |
| <p>9d Insurance Plan Name or Program Name Enter the three-digit carrier code.</p> | <p>11c Insurance Plan Name or Program Name Enter the three-digit carrier code.</p> |

| |
|--|
| <p>10d Reserved for Local Use Enter the appropriate TPL indicator for this claim.</p> |
|--|

The valid TPL indicators are:

- 1** Insurance denied
- 6** Crime victim
- 8** Uncooperative beneficiary

If either insurer denied payment, you will put the TPL indicator “1” in field 10d. “6” is used to alert SCDHHS to potential criminal proceedings and restitution. “8” is used in conjunction with the Reasonable Effort Documentation form to show that you have been unable to contact a beneficiary from whom you need information and/or payment.

| |
|--|
| <p>29 Amount Paid Enter the total amount paid from all insurance sources. This amount is the sum of 9c and 11b.</p> |
|--|

Complete instructions for filling out CMS-1500 claim forms can be found in Section 3 of provider manuals for professional services. Sample CMS-1500s with TPL information appear at the end of this supplement.

THIRD-PARTY LIABILITY SUPPLEMENT

Institutional Paper Claims

Unlike other claim types, the UB claim form has a section for listing all parties being billed, **including Medicaid**. Medicaid's carrier code, 619, must be entered on all UB claims submitted to Medicaid.

Fields 50, 54, and 60 are the main fields for coding TPL information.

- Identify all other payers, with the primary payer on line A.
- For each payer other than Medicaid, enter the three-digit carrier code in field 50 and the corresponding payment in field 54.
- For denials, enter the carrier code in field 50 and "0.00" in field 54. Then, enter occurrence code 24 and the date of denial in item 31, 32, 33, or 34.
- You are not required to enter a provider number for payers other than Medicaid, though doing so will not affect your claim.
- Enter Medicaid (619) on line B or C. Leave field 54 of the Medicaid line blank; there will never be a prior payment.
- Enter the patient's 10-digit Medicaid ID number on the lettered line (A, B, or C) that corresponds to the Medicaid line in fields 50 – 54. Enter the other policy numbers on the same lettered line as the code and payment for that carrier.

UB-04 TPL Fields

| | 50 PAYER | 51 PROVIDER NO | 54 PRIOR PAYMENTS |
|---|---------------------------------|----------------|-------------------|
| A | 618/620 (Medicare carrier code) | | \$33.01 |
| B | 401 (BCBS carrier code) | | \$255.39 |
| C | 619 (Medicaid carrier code) | | |

| |
|--------------------------|
| 60 CERT.-SSN-HIC.-ID NO. |
| ABQ1111222 |
| 123456789-1212 |
| 1234567890 |

If one claim spans multiple claim forms, fields 50, 51, and 54 must be completed in exactly the same way on each page of the claim.

Complete instructions for filling out UB claim forms can be found in the Hospital Services and Psychiatric Hospital Services provider manuals, and a sample UB-04 with TPL information appears at the end of this supplement.

Dental Paper Claims

For samples and complete instructions for filling out the ADA and CMS-1500 claim forms, refer to the DentaQuest Dental Office Reference Manual (ORM) at <http://www.DentaQuest.com>

THIRD-PARTY LIABILITY SUPPLEMENT

Web-Submitted Claims

The Web Tool User Guide contains instructions for entering TPL information for all claim types except Dental using the Web Tool. The basic steps are the same as for paper claims.

REJECTED CLAIMS

If you file a claim to Medicaid for which you should have first billed a third-party insurer, your claim will be rejected unless 1) the policy has not yet been uploaded to the MMIS, or 2) the service is in Pay & Chase. The Edit Correction Form will supply information you need to file with the third-party payer.

Insurance Edits

There are six edit codes indicating that a claim has not been filed to other insurers:

- 150: TPL coverage verified/filing not indicated on claim
- 151: Multiple insurance policies/not all filed – call TPL
- 155: Possible, not positive, insurance match/other errors
- 156: TPL verified/filing not indicated on claim
- 157: TPL coverage; no amount other sources on claim
- 953: Buy-in indicated – possible Medicare payer

If you receive one of these edit codes and have not filed a claim with all third parties listed on the ECF, you must do so. **Whenever you receive one of these edits, your subsequent attempts to obtain Medicaid payment must have at least one TPL carrier code and policy number even when there is no primary payment.** If a policy has lapsed by the time a claim is processed, SCDHHS will be unable to correctly identify the claim as TPL-related unless you enter the TPL information.

TPL information appears on the ECF to the right of the Medicaid claims receipt address under the heading “INSURANCE POLICY INFORMATION.” The insurance carrier code, the policy number, and the name of the policyholder are all listed on the ECF, while the carrier’s address and telephone number may be found in Appendix 2 of your provider manual or on the SCDHHS Web site.

Because of timely filing requirements, you should file with the primary insurer as soon as possible.

If you have already filed a claim with all third parties listed on the ECF, check to see that all the information you entered is correct. Compare the carrier code and policy number you entered on the claim to what appears on the ECF. Enter the correct information on the ECF.

You can also refile a claim instead of returning an ECF. If you choose to refile a claim that was rejected for any reason, you must re-enter all TPL information.

Other TPL-related edit codes include:

- **165:** TPL balance due/patient responsibility must be present and numeric

THIRD-PARTY LIABILITY SUPPLEMENT

- 316:** Third party code invalid
- 317:** Invalid injury code
- 390:** TPL payment amount not numeric
- 400:** TPL carrier and policy number must both be present
- 401:** Amount in other sources, but no TPL carrier code
- 555:** TPL payment is greater than payment due from Medicaid
- 557:** Carrier payments must equal payments from other sources
- 565:** Third-party payment, but no third-party ID
- 690:** Amount from other sources more than Medicaid amount
- 732:** Payer ID number not on file
- 733:** Insurance information coded, but payment or denial indicator missing
- 953:** Buy-in indicated on CIS – possible Medicare

Resolution instructions for these edit codes can be found in Appendix 1 of your provider manual. Sample corrected ECFs appear at the end of this supplement.

CLAIM ADJUSTMENTS AND REFUNDS

If you are paid by a third-party insurer after you have been paid by Medicaid, you should initiate a claim adjustment if you wish to refund the original paid claim in full. You must use the Void/Replacement rather than the Void Only option. Unless there is a replacement claim, new TPL information will not be available to MIVS for investigation and addition to the policy file in the MMIS.

If the refund is for an amount less than the original Medicaid payment, contact MIVS for a manual TPL debit or send a refund check for the appropriate amount. Complete instructions for filing adjustments are in Section 3 of your provider manual, and sample Adjustment Form 130s appear at the end of this supplement. Please remember that hospital providers, pharmacists, and nursing facilities do not use the Form 130.

If you submit a refund to SCDHHS and subsequently discover that it was in error, SCDHHS must receive your credit adjustment request within 90 days of the refund.

Remember: you should not send a check when you make a claim-level adjustment. However, if you need to send a reimbursement check for any reason, fill out the Form for Medicaid Refunds (Form 205 – see the Forms section of your provider manual) and send it with the check to the following address:

South Carolina Healthy Connections
Cash Receipts
PO Box 8355
Columbia, SC 29202

THIRD-PARTY LIABILITY SUPPLEMENT

RECOVERY

“Recovery” refers to all situations where Medicaid or the provider pursues third parties who are liable for claims that Medicaid has already paid. Recovery categories include Retro Medicare, Retro Health, and Pay & Chase.

MIVS is responsible for mailing recovery invoices and posting benefit recovery responses. If you have questions about recovery, please contact them directly. See the contact list at the end of the supplement.

Retro Medicare

SCDHHS invoices institutional and professional medical providers at the beginning of each month for retroactive Medicare coverage (Retro Medicare). You will receive a letter indicating that your account will be debited. The letter identifies Medicare-eligible beneficiaries, claim control numbers, and dates of service, as well as the check date of the automated adjustment and an “own reference number” to identify the debit(s).

You are expected to file the affected claims to Medicare within 30 days of the invoice. After filing to Medicare, you have the option of filing a claim to Medicaid for consideration of an additional payment toward the coinsurance and deductible. Requests for reconsideration of the debit must be received within 90 days of the debit.

If Medicare has denied, you may submit a claim to Medicaid. Provider adjustments will not be submitted for payment in order to eliminate the possibility of duplicate payments. Certain claims for patients with Medicare Part B only, when it is impossible to file them within the one-year timely filing limit, may be an exception.

Despite the extended timely filing deadlines for Medicare-primary claims (six months from Medicare payment or two years from the date of service), you may encounter difficulties with timely filing when Medicare does not make a payment and a claim is in Retro Medicare. If a claim sent to Medicaid is denied with edit 510 for being more than one year after the date of service or six months after the Medicare remittance date, mail, or fax the ECF to MIVS. If the patient is Part B-only and a UB claim form has received edit 510, the ECF should be forwarded or faxed to MIVS. If MIVS determines that the late filing is valid, they will make a credit adjustment.

Claims pulled into Retro Medicare, when filed within 30 days should meet Medicare one year timely filing rule.

Please note that the computer logic also reviews the procedures on the claims and does not pull into recovery procedure codes that are not Medicare covered.

South Carolina Healthy Connections (Medicaid) is responsible for attempting to recover all claims that can be filed within timely filing limits.

Retro Health and Pay & Chase

SCDHHS invoices institutional providers each quarter for Retro Health and Pay & Chase claims. Providers are expected to file the claims to the primary medical plan within the quarter of the invoice and to respond to the recovery letter upon receiving the primary adjudication.

THIRD-PARTY LIABILITY SUPPLEMENT

Approximately four months after the recovery letter, providers are notified of any claims for which there has been no response. Six months after the initial invoice, claims for which there was no response are automatically debited. Requests for reconsideration of the debit must be received within 90 days of the debit. SCDHHS will not reconsider requests after the nine-month cycle.

Retro Health Example

| | |
|----------------|---|
| January 2011 | Initial invoice |
| May 2011 | Second letter |
| June 2011 | Notification: Automated debit on last check date of the month |
| September 2011 | Deadline for reconsideration |

You should submit claims promptly to the primary carriers to avoid receiving timely filing denials from the primary health plans for cost avoidance and for recovery. If you fail to meet timely filing requirements and thus fail to meet a primary carrier's deadline, this is not an acceptable denial; however, when an insurer's timely filing deadline for a date of service is within approximately six weeks of an invoice in Retro Health or possibly before the Medicaid invoice, SCDHHS will accept the insurer's denial and stop a subsequent debit of the Medicaid paid claim from your account.

Insurers occasionally recoup payments made to providers who have put the insurance payment on a Medicaid secondary claim or who have refunded the Medicaid primary payment under Retro Health or Pay & Chase. When the provider submits proof of return of the primary payment, SCDHHS will consider reinstating payment by manual adjustment when the request is received within 90 days of the primary plan request to the provider.

CONCLUSION

Medicaid's ability to fund health care for low-income people relies in part on the success of its cost avoidance measures. For providers, third-party liability responsibilities can be summarized as follows:

- Bill all other liable parties before billing Medicaid.
- Make reasonable, good-faith efforts to get responses from insurers and beneficiaries.
- Code TPL information correctly on claims and ECFs.

THIRD-PARTY LIABILITY SUPPLEMENT

TPL RESOURCES

The PSC is your first source for questions about third-party liability. Listed below are some other resources.

Dental Claims: Provider questions about third party liability should be directed to the DentaQuest Call Center at 1-888-307-6553 or via e-mail at denclaims@dentaquest.com.

SCDHHS Web site: <http://www.scdhhs.gov>

- Carrier codes
- Provider manuals
- Edit codes and resolutions

Provider Enrollment and Education Web site: <http://MedicaideLearning.com>

- Web Tool User Guide and Addenda

Medicaid Insurance Verification Services

South Carolina Healthy Connections
PO Box 101110
Columbia, SC 29211-9804

Main Number

1-888-289-0709 option 5

Health Insurance Premium Payment Project

(803) 264-6847

(803) 462-2580 Fax

Benefit Recovery

(803) 462-2582 Fax

Casualty and Estate Recovery

(803) 462-2579 Fax

General Correspondence

(803) 462-2583 Fax

South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
PO Box 100105
Columbia, SC 29223
<http://www.doi.sc.gov/>

SCDHHS Division of Third-Party Liability

(803) 898-2630

SCDHHS Casualty Department

(803) 898-2977

SCDHHS Health Insurance Department

(803) 898-2907

THIRD-PARTY LIABILITY SUPPLEMENT

SCDHHS Estate Recovery Department

South Carolina Healthy Connections
PO Box 100127
Columbia, SC 29202
(803) 898-2932

THIRD-PARTY LIABILITY SUPPLEMENT

SAMPLE FORMS

| Form |
|--|
| Health Insurance Information Referral Form: Carrier change |
| Health Insurance Information Referral Form: Coverage ended |
| Reasonable Effort Documentation Form: Failure to respond – beneficiary |
| Reasonable Effort Documentation Form: Failure to respond – insurer |
| Reasonable Effort Flowchart |
| Adjustment Form 130: Primary insurer paid after the appeal process |
| Adjustment Form 130: Primary insurer payment received after Medicaid payment |
| UB-04: Medicare paid; private insurer denied |
| CMS-1500: Two private insurers; one paid, one denied |
| CMS-1500: Medicare and private insurer paid |
| ECF: Correction to add carrier payment |
| ECF: Correction to add carrier denial and note about policy lapse |

THIRD-PARTY LIABILITY SUPPLEMENT



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM**

Provider or Department Name: Acme Dental Clinic Provider ID or NPI: 1234560000
 Contact Person: Richard Roe Phone #: 803-555-5555 Date: 03/01/10

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 25 DAYS

Beneficiary Name: Jim Smith Date Referral Completed: 02/29/2010
 Medicaid ID#: 2222222222 Policy Number: AZ999999999999
 Insurance Company Name: OmniCorp Insurers Group Number: 390-OP-777777
 Insured's Name: N/A Insured SSN: 777-77-0000
 Employer's Name/Address: Retired

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIVS SHALL WORK WITHIN 5 DAYS

- a. beneficiary has never been covered by the policy – close insurance.
- b. beneficiary coverage ended - terminate coverage (date) 12/31/2009
- c. subscriber coverage lapsed - terminate coverage (date) _____
- d. subscriber changed plans under employer - new carrier is _____
 - new policy number is _____
- e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
 (name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.

Submit this information to Medicaid Insurance Verification Services (MIVS).

Fax: 803-252-0870 or Mail: Post Office Box 101110
 Columbia, SC 29211-9804

III NEW POLICY NUMBERS FOR INSURANCE IN THE MMIS WITH THE SUBSCRIBER SSN
 (SCDHHS is collecting new unique policy numbers and plans to replace existing insurance records through MMIS online modification as computer resources are available.)

Medicaid Beneficiary ID: _____ SSN: _____
 Carrier Name/Code: _____ New Unique Policy Number: _____

Submit this information to South Carolina Department of Health and Human Services (SCDHHS).

Fax: 803-255-8225 or Mail: Post Office Box 8206, Attention TPL
 Columbia, SC 29202-8206

THIRD-PARTY LIABILITY SUPPLEMENT



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM**

Provider or Department Name: Acme Dental Clinic Provider ID or NPI: 1234560000

Contact Person: Richard Roe Phone #: 803-555-5555 Date: 03/01/2010

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) - ALLOW 25 DAYS

Beneficiary Name: John Doe Date Referral Completed: 02/28/2010

Medicaid ID#: 9999999999 Policy Number: DH123456

Insurance Company Name: National Dental Insurance Group Number: QWE1234

Insured's Name: Jane Doe Insured SSN: 123-45-6789

Employer's Name/Address: South Carolina State Library, 1500 Senate Street, Columbia, SC 29201

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS - MIV'S SHALL WORK WITHIN 5 DAYS

- a. beneficiary has never been covered by the policy - close insurance.
- b. beneficiary coverage ended - terminate coverage (date) _____
- c. subscriber coverage lapsed - terminate coverage (date) _____
- d. subscriber changed plans under employer - new carrier is GloboChem
- new policy number is A1111111110
- e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
(name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.

Submit this information to Medicaid Insurance Verification Services (MIVS).

Fax: 803-252-0870 or Mail: Post Office Box 101110
Columbia, SC 29211-9804

III NEW POLICY NUMBERS FOR INSURANCE IN THE MMIS WITH THE SUBSCRIBER SSN

(SCDHHS is collecting new unique policy numbers and plans to replace existing insurance records through MMIS online modification as computer resources are available.)

Medicaid Beneficiary ID: _____ SSN: _____

Carrier Name/Code: _____ New Unique Policy Number: _____

Submit this information to South Carolina Department of Health and Human Services (SCDHHS).

Fax: 803-255-8225 or Mail: Post Office Box 8206, Attention TPL
Columbia, SC 29202-8206

THIRD-PARTY LIABILITY SUPPLEMENT



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES REASONABLE EFFORT DOCUMENTATION

PROVIDER Acme Orthopedic **DOS** 01/01/10
NPI or MEDICAID PROVIDER ID 1234567890
MEDICAID BENEFICIARY NAME Jane Doe
MEDICAID BENEFICIARY ID# 1111111111
INSURANCE COMPANY NAME Jones Health Insurance
POLICYHOLDER Jane Doe
POLICY NUMBER 987654321J
ORIGINAL DATE FILED TO INSURANCE COMPANY 01/15/10
DATE OF FOLLOW UP ACTIVITY 02/16/10

RESULT:

Called insurer to check claim status. Insurer needs bene to fill out subrogation forms

FURTHER ACTION TAKEN:

Called beneficiary on 02/16/10, 02/18/10, and 02/28/10. No answer and no answering machine. No other contact info on file w/ Medicaid or insurer.

DATE OF SECOND FOLLOW UP 03/05/10

RESULT:

Sent certified letter offering to help bene fill out forms. Bene refused letter. Called insurer 8/10/08; they will not act without forms.

I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE FROM THE PRIMARY INSURER.

Mary Orthoped 03/12/10
(SIGNATURE AND DATE)

ATTACH A COPY OF FORM TO THE APPROPRIATE CLAIM OR ECF AND FORWARD TO YOUR MEDICAID CLAIMS PROCESSING POST OFFICE BOX.

Revised 06/2007

THIRD-PARTY LIABILITY SUPPLEMENT



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES REASONABLE EFFORT DOCUMENTATION

PROVIDER Dr. Betty Smith **DOS** 03/05/10

NPI or MEDICAID PROVIDER ID 1231231230

MEDICAID BENEFICIARY NAME John Jones

MEDICAID BENEFICIARY ID# 9999999999

INSURANCE COMPANY NAME Global Health

POLICYHOLDER John Jones

POLICY NUMBER 8888888888

ORIGINAL DATE FILED TO INSURANCE COMPANY 03/07/10

DATE OF FOLLOW UP ACTIVITY 04/06/10

RESULT:

Called insurer. They received claim and have not suspended it. Sent follow-up letter requesting a response on 04/10/10.

FURTHER ACTION TAKEN:

04/27/10: No response from insurer. Called again; they could not find claim. Resubmitted on 04/29/10.

DATE OF SECOND FOLLOW UP 05/30/10

RESULT:

Called insurer; no action on claim. Notified Dept. of Insurance 05/31/10. Case is still open; Dept. of Ins. advised that we file with Medicaid now, as decision may take some time.

I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE FROM THE PRIMARY INSURER.

Betty Smith 06/03/10

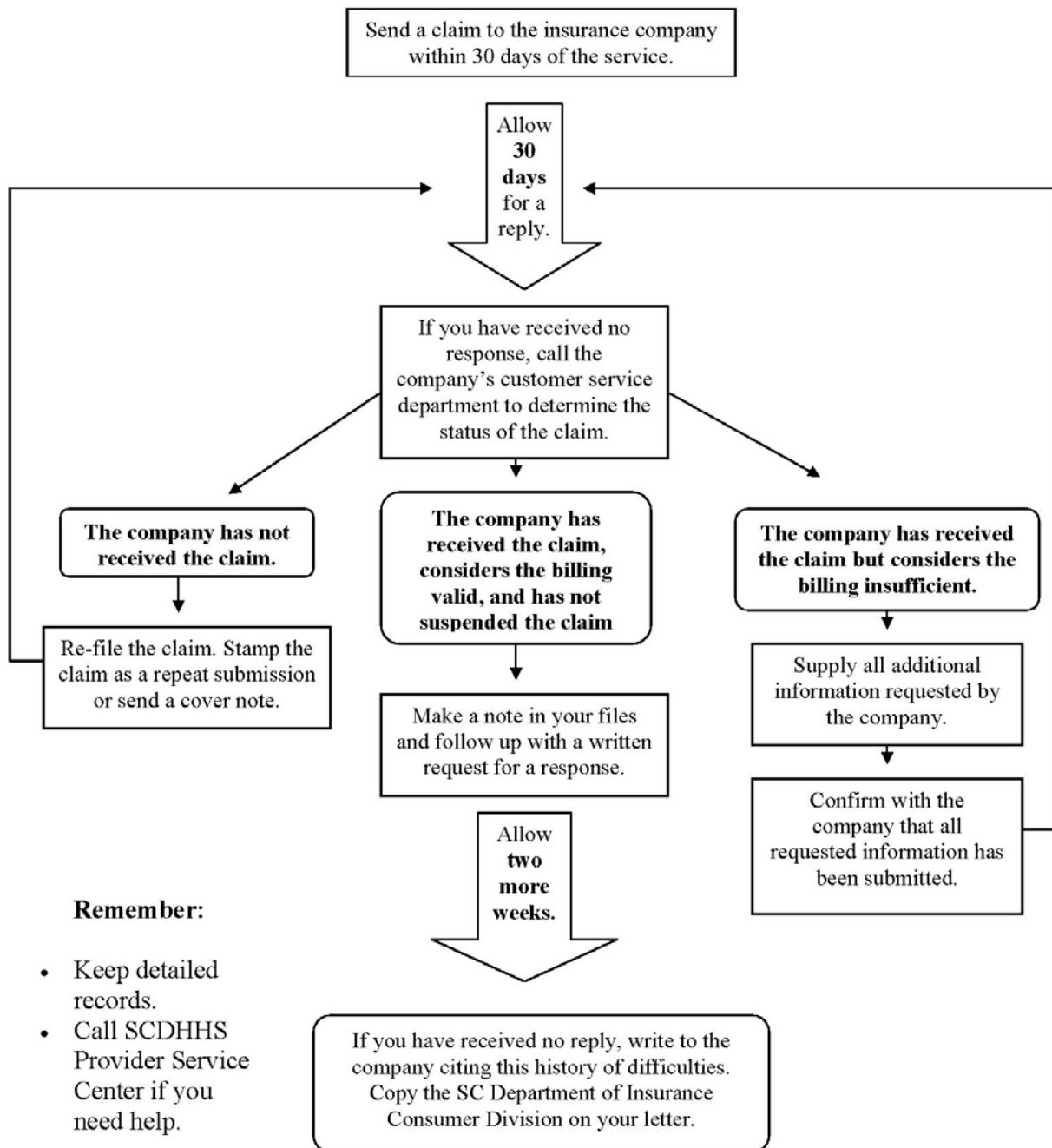
(SIGNATURE AND DATE)

ATTACH A COPY OF FORM TO THE APPROPRIATE CLAIM OR ECF AND FORWARD TO YOUR MEDICAID CLAIMS PROCESSING POST OFFICE BOX.

Revised 06/2007

THIRD-PARTY LIABILITY SUPPLEMENT

**How to Obtain a Response from Insurance Company
A Suggested Third-Party Filing Process**



THIRD-PARTY LIABILITY SUPPLEMENT

South Carolina Department of Health and Human Services - Claim Adjustment Form 130

Provider Name: (Please use black or blue ink when completing form)

Johnson DME Supply

Provider Address :

111 Oak Lane

Provider City , State, Zip:

Anywhere, SC 22222-2222

Total paid amount on the original claim:

\$1244.00

Original CCN:

5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 A

Provider ID:

A B C 1 2 3

NPI:

1 2 3 4 5 6 7 8 9 0

Recipient ID:

2 2 2 2 2 2 2 2 2 2

Adjustment Type:

Void Void/Replace

Originator:

DHHS MCCS Provider MIVS

Reason For Adjustment: (Fill One Only)

- Insurance payment different than original claim
- Keying errors
- Incorrect recipient billed
- Voluntary provider refund due to health insurance
- Voluntary provider refund due to casualty
- Voluntary provider refund due to Medicare
- Medicaid paid twice - void only
- Incorrect provider paid
- Incorrect dates of service paid
- Provider filing error
- Medicare adjusted the claim
- Other

For Agency Use Only

Analyst ID:

- Hospital/Office Visit included in Surgical Package
- Independent lab should be paid for service
- Assistant surgeon paid as primary surgeon
- Multiple surgery claims submitted for the same DOS
- MMIS claims processing error
- Rate change
- Web Tool error
- Reference File error
- MCCS processing error
- Claim review by Appeals

Comments:

Primary insurer paid after the appeal process.

Signature: Jane Doe

Date: 04/01/10

Phone: (555) 555-5555

THIRD-PARTY LIABILITY SUPPLEMENT

South Carolina Department of Health and Human Services - Claim Adjustment Form 130

Provider Name: (Please use black or blue ink when completing form)

Dr. Joe Jones

Provider Address :

123 Main Street

Provider City , State, Zip:

Somewhere, SC 22222-0000

Total paid amount on the original claim:

\$230

Original CCN:

8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 A

Provider ID:

NPI:

9 8 7 6 5 4 3 2 1 0

Recipient ID:

7 7 7 7 7 7 7 7 7 7

Adjustment Type:

Void Void/Replace

Originator:

DHHS MCCS Provider MIVS

Reason For Adjustment: (Fill One Only)

- Insurance payment different than original claim
- Keying errors
- Incorrect recipient billed
- Voluntary provider refund due to health insurance
- Voluntary provider refund due to casualty
- Voluntary provider refund due to Medicare
- Medicaid paid twice - void only
- Incorrect provider paid
- Incorrect dates of service paid
- Provider filing error
- Medicare adjusted the claim
- Other

For Agency Use Only

Analyst ID:

- Hospital/Office Visit included in Surgical Package
- Independent lab should be paid for service
- Assistant surgeon paid as primary surgeon
- Multiple surgery claims submitted for the same DOS
- MMIS claims processing error
- Rate change
- Web Tool error
- Reference File error
- MCCS processing error
- Claim review by Appeals

Comments:

Primary insurance payment received after Medicaid payment.

Signature: *Mary Smith*

Date: **04/01/10**

Phone: **(803) 555-5555**

THIRD-PARTY LIABILITY SUPPLEMENT

| | | | | | | | |
|--|--|---------------------------------------|--|--|--|-------------------------|--|
| 1 ABC MEDICAL CENTER 111 OAK LANE ANYWHERE SC 22222-0000 | | 2 | | 3a FAC. CNTL. # DOE1234 | | 4 TYPE OF BILL 111 | |
| 5 MED. REC. # 654321-654321 | | 6 FED. TAX NO. 00-0000000 | | 7 STATEMENT COVERS PERIOD FROM 030910 | | 7 THROUGH 031010 | |
| 8 PATIENT NAME JANE DOE | | 9 PATIENT ADDRESS 222 MAPLE STREET | | | | | |
| 10 BIRTHDATE 01011960 | | 11 SEX F | | 12 DATE 030910 | | 13 ADMISSION 13 HR 2 | |
| 14 TYPE 7 | | 15 SPR 01 | | 16 DHR 01 | | 17 STAT 01 | |
| 18 | | 19 | | 20 | | 21 | |
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| 878 | | | | | | | |

THIRD-PARTY LIABILITY SUPPLEMENT

1500

One Carrier Paid; One Carrier Denied

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| <input type="checkbox"/> PICA <input type="checkbox"/> PICA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------|---------------------|-------------|-----------------------------|--|------------------|---------------------|-------------|-----------------------------|-------|---|--|----|------------|--|--|--|-----|------------|--|--|--|-----|--|--|--|--|-----|--|--|--|--|-----|--|--|--|--|-----|--|--|--|--|-----|--|--|--|--|--|--|
| 1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> FECA BLK/LLING <input type="checkbox"/> OTHER <input type="checkbox"/> | | | | | 1a. INSURED'S I.D. NUMBER (For Program in Item 1) \$1244.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Johnson DME Supply | | | | | 3. PATIENT'S BIRTH DATE MM DD YY SEX Anywhere, SC 22222-2222 M <input checked="" type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. PATIENT'S ADDRESS (No., Street) 5 5 5 5 5 5 5 5 5 5 5 5 5 5 A | | | | | 6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. INSURED'S NAME (Last Name, First Name, Middle Initial) Jane Doe | | | | | 7. INSURED'S ADDRESS (No., Street) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> | | | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER We filed to Medicaid, but then appealed to primary insurer. We won the appeal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | | | | 10. IS PATIENT'S CONDITION RELATED TO: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER <small>INSUREE DENIED CLAIM - DENYING APPLICANT WHAT FACILITY PROGRAM?</small> | | | | | a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. EMPLOYER'S NAME OR SCHOOL NAME (555) 555-5555 | | | | | c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME 134 | | | | | 10d. RESERVED FOR LOCAL USE 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED <u>Signature on File</u> DATE _____ | | | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) | | | | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE: MM DD YY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | | | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES. FROM MM DD YY TO MM DD YY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. RESERVED FOR LOCAL USE | | | | | 20. OUTSIDE LAB? \$ CHARGES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 295 32 | | | | | 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER | | | | | 23. PRIOR AUTHORIZATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>F. \$ CHARGES</th> <th>G. DAYS OR UNITS</th> <th>H. FROD Family Plan</th> <th>I. ID. QUAL</th> <th>J. RENDERING PROVIDER ID. #</th> </tr> </thead> <tbody> <tr> <td>20.00</td> <td>1</td> <td></td> <td>ZZ</td> <td>1212121212</td> </tr> <tr> <td></td> <td></td> <td></td> <td>NPI</td> <td>1234567890</td> </tr> <tr> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>NPI</td> <td></td> </tr> </tbody> </table> | | | | | F. \$ CHARGES | G. DAYS OR UNITS | H. FROD Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. # | 20.00 | 1 | | ZZ | 1212121212 | | | | NPI | 1234567890 | | | | NPI | | | | | NPI | | | | | NPI | | | | | NPI | | | | | NPI | | | | | | |
| F. \$ CHARGES | G. DAYS OR UNITS | H. FROD Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | NPI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/> | | | | | 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gross payments, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. TOTAL CHARGE \$ 20.00 29. AMOUNT PAID \$ 10.00 30. BALANCE DUE \$ 10.00 | | | | | 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____ | | | | | 33. BILLING PROVIDER INFO & PH # (555) 5555555 ABC Clinic 111 Main Street Anytown, SC 22222-2222 a. 1234567890 b. ZZ1212121212 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

CARRIER PATIENT AND INSURED INFORMATION PHYSICIAN OR SUPPLIER INFORMATION

Sample Only

THIRD-PARTY LIABILITY SUPPLEMENT

1500

Medicare Paid; Private Carrier Paid

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| | | | |
|---|--|---|--|
| <input type="checkbox"/> PICA | | <input type="checkbox"/> PICA | |
| 1. MEDICARE <input checked="" type="checkbox"/> (Medicare #) | | MEDICAID <input type="checkbox"/> (Medicaid #) | |
| TRICARE <input type="checkbox"/> (Sponsor's SSN) | | CHAMPVA <input type="checkbox"/> (Member ID#) | |
| GROUP HEALTH PLAN <input checked="" type="checkbox"/> (SSN or ID) | | FECA BLK LING <input type="checkbox"/> (SSN) | |
| OTHER <input type="checkbox"/> (ID) | | 1a. INSURED'S I.D. NUMBER (For Program in Item 1) \$1244.00 | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Johnson DME Supply | | | |
| 3. PATIENT'S BIRTH DATE MM DD YY Anywhere, SC 2222-2222 M | | SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | |
| 4. INSURED'S NAME (Last Name, First Name, Middle Initial) | | | |
| 5. PATIENT'S ADDRESS (No., Street) 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 A | | | |
| 6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| 7. INSURED'S ADDRESS (No., Street) | | | |
| CITY A B C 1 2 3 | | STATE 1 2 3 4 5 | |
| 8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | | |
| 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 11. INSURED'S POLICY GROUP OR FECA NUMBER We filed to Medicaid, but then appealed to primary insurer. We won the appeal. | | | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY | | SEX <input type="checkbox"/> M <input type="checkbox"/> F | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other than to myself or to the party who accepts assignment below. SIGNED Signature on File DATE | | | |
| 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED | | | |
| 14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY | |
| 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY | | | |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____ | | | |
| 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY | | | |
| 19. RESERVED FOR LOCAL USE | | | |
| 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 295 32 | | | |
| 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. | | | |
| 23. PRIOR AUTHORIZATION NUMBER | | | |
| 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | | B. PLACE OF SERVICE EMG | |
| C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | | E. DIAGNOSIS POINTER | |
| F. \$ CHARGES | | G. DAYS OR UNITS | |
| H. ICD-9-CM | | I. ID. QUAL | |
| J. RENDERING PROVIDER ID.# | | K. | |
| 1 01 31 10 01 31 10 11 | | 99999 | |
| 20 00 | | 1 | |
| ZZ | | 1212121212 | |
| 1234567890 | | 1234567890 | |
| 25. FEDERAL TAX I.D. NUMBER 55555555 | | 26. PATIENT'S ACCOUNT NO. DOE1234 | |
| 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 28. TOTAL CHARGE \$ 20 00 | |
| 29. AMOUNT PAID \$ 10 00 | | 30. BALANCE DUE \$ 10 00 | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | | |
| 32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. | | | |
| 33. BILLING PROVIDER INFO & PH # (555) 5555555 ABC Clinic 111 Main Street Anytown, SC 2222-2222 | | | |
| SIGNED DATE | | a. 1234567890 b. ZZ1212121212 | |

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

CARRIER ↑ PATIENT AND INSURED INFORMATION ↓ PHYSICIAN OR SUPPLIER INFORMATION ↑

Sample Only

THIRD-PARTY LIABILITY SUPPLEMENT

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RUN DATE 06/01/2010 000001204          SC DEPARTMENT OF HEALTH AND HUMAN SERVICES          CLAIM CONTROL #999999999999999999A
REPORT NUMBER CLM3500                    EDIT CORRECTION FORM          PAGE 1136 ECF 1136 PAGE 1 OF 1
ANALYST ID                                HIC - 60  FRAC SPEC - 12      EMC Y
SIGNON ID                                  DOC IND  N
TAXONOMY:                                  SFL ZIP:                      PRV ZIP:
1      2      3      4      5      6      7      8      9
PROVIDER  RECIPIENT  P AUTH  TPL  INJURY  EMERG  PC COORD  ---- DIAGNOSIS ----
ID        ID        NUMBER  CODE  CODE
ABC123    1111111111
NPI: 1234567890

10 RECIPIENT NAME - DOE, JANE            11 DATE OF BIRTH 01/25/1992    12 SEX  F
*****
13      14      15      16      17      18      19      20      21      22      **  AGENCY USE ONLY  **
RES  ALLOWED  LN  DATE OF  PLACE  PROC  MOD          INDIVIDUAL CHARGE  PAY  UNITS  **  APPROVED EDITS  **
NO    SERVICE  CODE  CODE
23
NDC
.00    1    05/07/10  11  85025  000          ABC123    29.50    1.000
NPI: 1234567890  TAXONOMY: 1212121212
2    / /
NPI:  TAXONOMY:
3    / /
NPI:  TAXONOMY:
4    / /
NPI:  TAXONOMY:
5    / /
NPI:  TAXONOMY:
6    / /
NPI:  TAXONOMY:
*****
!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
! CLAIMS/LINE PAYMENT INFO !
! EDIT      PAYMENT DATE !
!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

24      25      26
INS CARR  POLICY  INS CARR
NUMBER    NUMBER  PAID
01      401      1231231230  5.00
02
03
27 TOTAL CHARGE  29.50
28 AMT REC'D INS  .00  5.00
29 BALANCE DUE  29.50  24.50
30 OWN REF #  DOE12345

RESOLUTION DECISION _R_
ADDITIONAL DIAG CODES:

```

RETURN TO:
 MEDICAID CLAIMS RECEIPT
 P. O. BOX 1412
 COLUMBIA, S.C. 29202-1412
 PROVIDER:
 ABC HEALTH PROVIDER
 PO BOX 00000
 ANYWHERE, SC 00000-0000

INSURANCE POLICY INFORMATION
 401 1231231230
 DOE JOHN

THIRD-PARTY LIABILITY SUPPLEMENT

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RUN DATE 06/01/2010 000001204          SC DEPARTMENT OF HEALTH AND HUMAN SERVICES          CLAIM CONTROL #999999999999999999A
REPORT NUMBER CLM3500                    EDIT CORRECTION FORM                    PAGE 1136 ECF 1136 PAGE 1 OF 1
ANALYST ID                                HIC - 60 PRAC SPEC - 12                    EMC Y
SIGNON ID                                DOC IND N
TAXONOMY:                                PRV ZIP:                                ORIGINAL CCN:
1          2          3          4          5          6          7          8          9          ADJ CCN:
PROVIDER  RECIPIENT  P AUTH  TPL  INJURY  EMERG  PC  COORD  -----  DIAGNOSIS  -----  EDITS
  ID          ID          NUMBER  CODE  CODE      PC      COORD  PRIMARY  SECONDARY  INSURANCE EDITS
  ID          ID          NUMBER  CODE  CODE      PC      COORD  PRIMARY  SECONDARY  00-150

ABC123    111111111    1          485    787.91    CLAIM EDITS
NPI: 1234567890

10 RECIPIENT NAME - DOE, JANE          11 DATE OF BIRTH 01/25/1992  12 SEX F
*****
13  14          15          16          17          18          19          20          21  22  **  AGENCY USE ONLY  **
RES  ALLOWED  LN  DATE OF  PLACE  PROC  MOD          INDIVIDUAL CHARGE  PAY  UNITS  **  APPROVED EDITS  **
      NO      SERVICE  CODE          PROVIDER  IND
      23
      NDC
      *****
      .00  1  05/07/10  11  85025  000          ABC123  29.50  1.000
      NPI: 1234567890  TAXONOMY: 1212121212
      NPI: 2 / /
      NPI: 3 / / TAXONOMY:
      NPI: 4 / / TAXONOMY:
      NPI: 5 / / TAXONOMY:
      NPI: 6 / / TAXONOMY:
      NPI: / / TAXONOMY:
      NPI: / / TAXONOMY:
      *****
      !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
      ! CLAIMS/LINE PAYMENT INFO !
      ! EDIT PAYMENT DATE !
      !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

24          25          26
INS CARR    POLICY    INS CARR
NUMBER      NUMBER      PAID
01  401  9999999999  0.00
02
03
27 TOTAL CHARGE 29.50
28 AMT REC'D INS .00
29 BALANCE DUE 29.50
30 OWN REF # DOE12345

RESOLUTION DECISION _R_
ADDITIONAL DIAG CODES:

```

RETURN TO:
 MEDICAID CLAIMS RECEIPT
 P. O. BOX 1412
 COLUMBIA, S.C. 29202-1412
 PROVIDER:
 ABC HEALTH PROVIDER
 PO BOX 00000
 ANYWHERE, SC 00000-0000

INSURANCE POLICY INFORMATION
 401 9999999999
 DOE JOHN

(No longer covered by this insurance.)

THIRD-PARTY LIABILITY SUPPLEMENT

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