

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-25	2	9	Removed “Waiver of Medicaid Services Policy” as it is no longer valid.
01-01-25	5	15	Under Prior Authorization, updated policy to state that all Prior Authorizations must be approved by the QIO.
01-01-25	6	22,23	Added Hospice/HCBS Interaction policy for Community Choices (CC) HIV/AIDS and Mechanical Ventilator Dependent (Vent) Waivers.
01-01-25	Forms		The Medicaid Hospice Election Form was updated to remove the note inscribed on the bottom of the form, as it no longer reflects the current policy.
11-01-24	Appendix 1		<p>Codes were updated as of October 1, 2024</p> <p>Edit Code 719-</p> <ul style="list-style-type: none"> <li>•<b>Claim Status: REJECT</b>-Check the prior authorization number, procedure code(s) and modifier(s) to ensure that the information on the claim matches the information on the prior approval letter. Attach appropriate documentation to the claim for review and consideration for payment. Refer to the applicable provider manual for the specific documentation requirements.</li> <li>•<b>Claim Status: SUSPEND</b>-The service/procedure has to be reviewed by Medicaid prior to payment. No further action by the provider is necessary.</li> </ul> <p>Edit Code 560-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify the accuracy of the procedure/revenue code: Verify the correct revenue code (field 42) was billed. If the revenue code is incorrect, make the appropriate correction to the new claim.</li> <li><input type="checkbox"/> <b>UB CLAIM:</b> Enter the correct revenue code (Field 42) for that line.</li> </ul>
11-01-24	Appendix 2		October updates to Carrier Codes
07-01-24	Appendix 1	34, 80	Removed edit codes 636 and 977

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Date	Section	Page(s)	Change
07-01-24	TPL Supplement	4	Removed reference to Medicaid copayments
07-01-24	Copayment Schedule		Removed Copayment Schedule from manual homepage.
07-01-24	Admin & Billing Manual. Section 1	7	Clarified policy on Medical Necessity definition to cite with the South Carolina code of Regulations 126-425 (A)(9).
07-01-24	Admin & Billing Manual. Section 1	24-27	<p>Health Record Retention: Updated policy regarding the retention of records for Medicaid purposes only; other state or federal rules may require longer retention periods.</p> <p>Health Record Documentation: Clarified policy related to health records date and signature requirements, documenting progress notes and services billed.</p>
07-01-24	Admin & Billing Manual. Section 1	54	Updated Appeals section to emphasize that Providers must exhaust the claim reconsideration process (when applicable) before requesting an appeal. The reconsideration denial must be submitted with the appeal request.
07-01-24	Admin & Billing Manual. Section 2	55-56	Beneficiary Co-Payment was revised to read Beneficiary Cost Sharing. Added language that services are covered without cost sharing. Removed references to Medicaid copayment and cost sharing throughout the manual. Removed Copayment Exclusions.
04-29-24	Admin & Billing Manual	14-22	The omission of the application fee and hardship waiver request for Revalidation of Enrollment.
04-01-24	Appendix 2		Updated Carrier Codes
03-20-24	Admin & Billing Manual	Various Pages	“Remittance advice is accessible for three years after payment date via Web Tool” was added to the following sections: South Carolina Medicaid

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Date	Section	Page(s)	Change
			Web-Based Claims Submission Tool (Web Tool), Trading Partner Agreement, Duplicate Remittance Advice and Remittance Advice sections.
02-13-24	Appendix 2		Updated Carrier Codes (effective 1-1-24)
01-01-24	1 Admin. & Billing Manual	5	Added language to clarify that providers delivering services via telehealth may not be subject to the SCMSA location requirement.
01-01-24	1 Admin. & Billing Manual	7	Updated the definition of Medical necessity to align with State Law and regulations.
01-01-24	1 Admin. & Billing Manual	24-31	Updated Health records retention policy from five (5) years to four (4) years from the last payment date, with exception of nursing homes and hospitals that must retain such records for six (6) years. Updated health record documentation policy related to signature, date, and progress notes requirements.
01-01-24	1 Admin. & Billing Manual	32	Removed the examples of beneficiary information protected under HIPAA in the Safeguarding Beneficiary Information section.
01-01-24	1 Admin. & Billing Manual	39	Removed the 3 years limitations for claims filing timeline for members with retroactive eligibility.
01-01-24	1 Admin. & Billing Manual	49	Added language to clarify that the claims reconsideration process must be exhausted before a provider requests an administrative hearing.
10-17-23	Appendix 2		<ul style="list-style-type: none"> <li>• Updated Carrier Codes</li> </ul>
07-01-23	Appendix 2		<ul style="list-style-type: none"> <li>• Updated Carrier Codes</li> </ul>

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Date	Section	Page(s)	Change
05-11-23	Admin. and Billing manual	7  10, 11	<ul style="list-style-type: none"> <li>Added to Provider Enrollment requirements that providers must “Be located within the South Carolina Medical Service Area (SCMSA), which is defined as the State of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina State border as detailed in South Carolina Code of Laws, Section 44-6-110.”</li> </ul> <p>Added section related to clinical trials.</p>
05-11-23	Appendix 3	1,2	Added language referencing ARPA requirements around COVID-19 copayments
05-01-23	Appendix 2		Updated Carrier Codes
01-01-23	Appendix 2		Updated Carrier Codes
10-01-22	Appendix 2		Updated Carrier Codes
08-01-22	Appendix 2		Updated Carrier Codes
05-01-22	Appendix 2		Updated Carrier Codes
02-01-22	Admin. & Billing Manual	23	Added the following paragraph: “When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided.”
01-01-22	Appendix 2		Updated Carrier Codes
01-01-22	TPL	3	Under “Cost Avoidance vs. Pay & Chase”, Medicaid no longer covers Pay & Chase for prenatal claims and claims related to child enforcement policies; therefore, this information was removed.
01-01-22	Admin. & Billing Manual	31	Under “Health Insurance”, Maternal Health was deleted and (after 100 days) was added.
11-01-21	Appendix 2		Updated Carrier Codes

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Date	Section	Page(s)	Change
10-01-21	Appendix 1		Added Edit Codes 607 & 608 to the Appendix
09-01-21	Forms		The Electronic Funds Transfer (EFT) was removed.
08-01-21	Appendix 2		Updated Carried Codes that were effective 6-1-21.
07-01-21	Manual Homepage		Updated Managed Care Supplement
07-01-21	Admin. & Billing Manual	50,51	Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS.
04-20-21	Appendix 2		Updated Carrier Codes
01-21-21	Appendix 2		Updated Carrier Codes
11-1-20	Appendix 2		Updated Carrier Codes
10-15-20		5	Updated policy language in the Provider Administrative and Billing Manual regarding "Claims for Medicaid Reimbursement."
9-18-20			Updated the TPL supplement document
9-18-20		25	Provider Administrative & Billing Manual. Updated the "Disclosure of Information by Provider"
07-15-20	Appendix 1		Added new edits 291 and 791.
06-30-20	Appendix 2		Updated Carrier Codes
05-01-20	Appendix 2		Updated Carrier Codes
05-01-20			A link was added to the homepage of each individual manual to access "Co-Payments."
03-30-20			As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks.
10-31-19	Appendix 1	62	Added new edit code 882
08-29-19	Appendix 2		Updated Carrier Codes. A link was added to each guide's homepage to access the carrier codes.

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Date	Section	Page(s)	Change
08-23-19	Appendix 1	66	Updated resolution for edit code 901
08-14-19			For consistency with CMS State regulations, any reference to the word “guides” has been replaced with “manuals.”
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms		Updated EFT form
07-01-19	1,3,5		Replaced with New Provider Administrative and Billing Guide
07-01-19	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section

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Date	Section	Page(s)	Change
07-01-18	3	33-34 34	<ul style="list-style-type: none"> <li>Updated Retro Health Insurance</li> <li>Updated Retro Medicare</li> </ul>
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> <li>Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952</li> <li>Updated CARC for 786</li> <li>Updated Resolution for 906 and 907</li> </ul>
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> <li>Updated Retro Health and Pay &amp; Chase</li> <li>Updated TPL Resources</li> </ul>
06-01-18	4	1	Updated Diagnosis Codes
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	5	4	Corrected formatting
08-01-17	Appendix 2	-	Updated carrier codes
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation

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Date	Section	Page(s)	Change
04-01-17	2	1-3,7-8, 16  i, ii 26  26  27  29 29  31	Updated KEPRO branding Updated the following sections to reflect changes to MR language: <ul style="list-style-type: none"> <li>• Table of Contents Heading - Hospice Services for Residents of Nursing Facilities or Intermediate Care for Individuals with Intellectual Disabilities</li> <li>• Participation with Skilled Nursing Facility, Nursing Facility, Intermediate Care for Individuals with Intellectual Disabilities, or Non-Certified Facility</li> <li>• Compliance with SNF/NF and Intermediate Care for Individuals with Intellectual Disabilities: Conditions of Participation</li> <li>• Payment For Facility Residents</li> <li>• Payment/Sponsorship Guidelines for Hospice in a Nursing Facility or Intermediate Care for Individuals with Intellectual Disabilities</li> <li>• PASAAR</li> </ul>
04-01-17	3	8	Updated Place of Service Key
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
01-01-17	4	1	Updated Procedure Codes and Modifiers
12-01-16	3	7 15	<ul style="list-style-type: none"> <li>• Updated Diagnostic Codes</li> <li>• Updated CMS-1500 Instructions, field 24D</li> </ul>
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5 6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	Appendix 1	67	Updated edit code 979
09-01-16	Appendix 2	-	Updated carrier codes



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Date	Section	Page(s)	Change
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	5	- 1 3	<ul style="list-style-type: none"> <li>• Updated hyperlinks throughout section</li> <li>• Updated Administration section</li> <li>• Updated Procurement of Forms section</li> </ul>
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	<p>Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals:</p> <ul style="list-style-type: none"> <li>• South Carolina Medicaid Program <ul style="list-style-type: none"> <li>◦ Program Description</li> <li>◦ SC Healthy Connections Medicaid Card(s)</li> </ul> </li> <li>• Records/Documentation Requirements <ul style="list-style-type: none"> <li>◦ General Information</li> <li>◦ Signature Policy</li> </ul> </li> <li>• Medicaid Program Integrity <ul style="list-style-type: none"> <li>◦ Program Integrity</li> </ul> </li> <li>• Appeals</li> </ul>
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover

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Date	Section	Page(s)	Change
11-01-15	Appendix 1	19, 44-47	<ul style="list-style-type: none"> <li>Revised edit code 507, 821, 837, 838, 839</li> </ul>
10-01-15	1	7 10	<ul style="list-style-type: none"> <li>Updated to add SCDHHS alerts</li> <li>Updated Provider Participation</li> </ul>
10-01-15	Appendix 1	1  1 All  4, 20, 23, 27, 43	<ul style="list-style-type: none"> <li>Updated general instructions</li> <li>Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System               <ul style="list-style-type: none"> <li>Added note to general instructions</li> <li>Replaced ICD-9 with ICD-CM throughout section</li> </ul> </li> <li>Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792</li> </ul>
09-01-15	3	6-7 13  21-22	<ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System:               <ul style="list-style-type: none"> <li>Diagnostic Codes</li> <li>CMS-1500 Claim From Completion Instructions, field 21</li> </ul> </li> <li>Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Web Tool) Enhancement SC Medicaid Web-based Claims Submission Tool</li> </ul>
09-01-15	4	1	Added ICD-10-CM language to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System
09-01-15	Forms	-	Updated the following forms to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System: <ul style="list-style-type: none"> <li>DHHS Form 149</li> <li>SCDHHS Form 151</li> </ul>
09-01-15	Appendix 1	5, 14	<ul style="list-style-type: none"> <li>Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System</li> </ul>

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Date	Section	Page(s)	Change
08-01-15	2	1,2	Updated Prior Authorization Procedures
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
03-13-15	3	12 22	<ul style="list-style-type: none"> <li>• Updated CMS-1500 Claim Form Completion Instructions</li> <li>• Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
03-01-15	2	21	Updated Program Services Section
03-01-15	Appendix 2		Updated carrier codes
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	3-4 25-26	Added the following policies: <ul style="list-style-type: none"> <li>• Copayment</li> <li>• Claim Reconsideration</li> </ul>
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	Appendix 1	70	Updated edit code 989
10-01-14	1	6	Updated Medicaid Beneficiary Lock-In Program
10-01-14	2	2	Updated Prior Authorization Procedures
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	<ul style="list-style-type: none"> <li>• Updated edit code 079, 637, 719, 820, 821, 908, 909</li> <li>• Added new edit code 790</li> </ul>

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Date	Section	Page(s)	Change
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	Appendix 1	51, 69 24, 48-51, 58	<ul style="list-style-type: none"> <li>• Deleted edit codes 845 and 969</li> <li>• Updated edit codes 537, 837-839, 843, 844, and 892</li> </ul>
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	5	1  5	<ul style="list-style-type: none"> <li>• Replaced reference to county office listing with the Where To Go for Help web address</li> <li>• Removed DHHS county office listing</li> </ul>
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	1	6, 23, 25  29-31 32 33 37 39  41-44	<ul style="list-style-type: none"> <li>• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>• Updated the following sections: <ul style="list-style-type: none"> <li>○ Program Integrity</li> <li>○ Recovery Audit Contractor</li> <li>○ Beneficiary Oversight</li> <li>○ Fraud</li> <li>○ Referrals to the Medicaid Fraud Control Unit</li> <li>○ Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)</li> </ul> </li> </ul>
04-01-14	2	15-16	Updated Physician Certification section

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Date	Section	Page(s)	Change
04-01-14	3	1-33  7- 20  20 22	<ul style="list-style-type: none"> <li>• Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>• Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> <li>• Updated Trading Partner Agreement</li> <li>• Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
04-01-14	5	10	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> <li>• Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms</li> <li>• Removed note on CMS-1500 (02/12) version claim form</li> <li>• Removed CMS-1500 (08/05) version claim form (s)</li> <li>• Removed Sample Edit Correction Form</li> <li>• Updated Sample Remittance Advice</li> </ul>
04-01-14	Appendix 1	35 -	<ul style="list-style-type: none"> <li>• Added edit code 527</li> <li>• Entire section: <ul style="list-style-type: none"> <li>◦ Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>◦ Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> </ul> </li> </ul>
04-01-14	TPL Supplement	5 6-8 9-10 10-11  13-14 15-16 22-23	<ul style="list-style-type: none"> <li>• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form: <ul style="list-style-type: none"> <li>◦ Timely Filing Requirements</li> <li>◦ Reasonable Effort</li> <li>◦ Nursing Facility Claims</li> <li>◦ Professional, Institutional, and Dental Claims</li> <li>◦ Rejected Claims</li> <li>◦ Recovery</li> <li>◦ Sample Forms – Reasonable Effort</li> <li>◦ Sample Forms – ECF (deleted)</li> </ul> </li> </ul>

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Date	Section	Page(s)	Change
		30-31	
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	5	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25  1-2 4  6  26 29-30 32 32	<p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> <li>• Managed Care Organizational Changes dated November 15, 2013</li> <li>• Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013</li> </ul> <p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>• Eligibility Determination</li> <li>• South Carolina Health Connections Medicaid card</li> <li>• South Carolina Web-based Claims Submissions Tool</li> <li>• Retroactive Eligibility</li> <li>• Program Integrity</li> <li>• Recovery Audit Contractor</li> <li>• Beneficiary Explanation of Medical Benefits Program</li> </ul>
01-01-14	3	14-16, 25-28	<ul style="list-style-type: none"> <li>• Updated entire section to reflect the following bulletins: <ul style="list-style-type: none"> <li>◦ Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>◦ Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>◦ Managed Care Organizational Changes dated November 15, 2013</li> </ul> </li> <li>• Changed to ICF/MR to ICF/IID</li> </ul>
01-01-14	5	1 3-4	<p>Updated the following sections</p> <ul style="list-style-type: none"> <li>• Correspondence and Inquiries</li> <li>• Procurement of Forms</li> </ul>
01-01-14	Forms		<ul style="list-style-type: none"> <li>• Added CMS-1500 (02/12) version claim form</li> <li>• Added note to CMS-1500 (05/85) version claim form</li> </ul>

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms</li> </ul>
01-01-14	Appendix 1		Updated to reflect the following bulletins: <ul style="list-style-type: none"> <li>Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		<ul style="list-style-type: none"> <li>Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> </ul>
12-01-13	5	12	Updated Orangeburg mailing address zip codes
11-01-13	5	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	5	12 13	<ul style="list-style-type: none"> <li>Updated Orangeburg office and mailing address</li> <li>Updated York County office address</li> </ul>
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	<ul style="list-style-type: none"> <li>Updated CARCs/RARCs throughout section</li> <li>Added edit codes 110 and 725</li> <li>Deleted edit code 961</li> <li>Revised edit codes 720, 749, 750, 758, and 759</li> </ul>
10-01-13	MC Supplement	20	<ul style="list-style-type: none"> <li>Added WellCare MCO Medicaid card and contact information</li> </ul>
09-01-13	5	8 10 13	<ul style="list-style-type: none"> <li>Updated Darlington County zip code</li> <li>Updated Laurens County phone number</li> <li>Updated York County office address</li> </ul>

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Date	Section	Page(s)	Change
08-01-13	5	13	<ul style="list-style-type: none"> <li>Updated York County physical address</li> </ul>
08-01-13	Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> <li>Updated resolution for edit code 007</li> <li>Updated RARC and resolution for edit codes 820 and 821</li> <li>Deleted edit codes 954, 955, and 956</li> </ul>
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	5	8  11	<ul style="list-style-type: none"> <li>Updated Colleton County office telephone number</li> <li>Deleted Newberry County PO Box address</li> </ul>
06-01-13	5	12	<ul style="list-style-type: none"> <li>Updated Richland county office telephone number</li> </ul>
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> <li>Updated resolutions for edit codes 107, 219, 339 673, 720</li> <li>Deleted edit code 577</li> </ul>
04-01-13	1	6	Corrected the URL for <a href="http://MedicaideLearning.com">MedicaideLearning.com</a>
04-01-13	Appendix 1	2  20, 25, 28 4, 39, 52, 53, 57, 59 73  50, 51 67, 69	<ul style="list-style-type: none"> <li>Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052</li> <li>Updated CARCs for edit codes 460, 544, 569</li> <li>Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960</li> <li>Added edit codes 820, 821</li> <li>Updated edit code 935, 938, 939</li> </ul>
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	5	10	Deleted Jasper County PO Box address
03-01-13	Appendix 1	i 2, 38, 70  38, 54, 70	<p>Deleted Change Log</p> <p>Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953</p> <p>Updated resolutions for edit codes 714, 851, and 953</p>



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
01-01-13	5	7 9	<ul style="list-style-type: none"> <li>• Added Chester county Zip+4 code</li> <li>• Updated Greenville PO Box address</li> </ul>
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"> <li>• Updated web addresses for provider information and provider training</li> <li>• Revised heading and language to reflect new provider enrollment requirements</li> <li>• Updated Program Integrity language (entire section)</li> <li>• Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)</li> </ul>
12-03-12	3	8 12 21, 36, 39 27-28	<ul style="list-style-type: none"> <li>• Updated National Provider Identifier and Medicaid Provider Number</li> <li>• Updated fields 17, 17b to add requirement for referring or ordering provider NPI</li> <li>• Updated provider information web addresses</li> <li>• Updated Electronic Funds Transfer (EFT)</li> </ul>
12-01-12	2	2	Updated Prior Authorization Procedures to include new KePRO documentation requirement
12-01-12	5	4 11	<ul style="list-style-type: none"> <li>• Updated web address for provider information</li> <li>• Updated McCormick county office telephone number</li> </ul>
12-01-12	Appendix 1	24, 26, 27, 32, 33  19, 27, 40, 44, 45, 47, 49, 50, 55,	<ul style="list-style-type: none"> <li>• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690</li> <li>• 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</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		56, 57, 59, 60, 61,	
12-01-12	TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	2	1-2 3 4 5 6 7 14 28 29 31	<ul style="list-style-type: none"> <li>• Added Prior Authorization Procedures section</li> <li>• Updated the following sections: <ul style="list-style-type: none"> <li>◦ Election Procedures section</li> <li>◦ Revoking Hospice Election Discharge</li> <li>◦ Changing Hospice Providers</li> <li>◦ Retroactive Eligibility</li> <li>◦ Physician Certification</li> <li>◦ PASARR</li> <li>◦ Medicaid Bed Hold Days</li> <li>◦ Hospice Beneficiary Enrollment Flow Chart</li> </ul> </li> </ul>
10-01-12	Forms	-	Updated DHHS forms 149, 151, 152, 153
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	2	9 14 27	<ul style="list-style-type: none"> <li>• Updated SCDHHS contact information per Medicaid Bulletin dated June 29, 2012</li> <li>• Change “Department of Community Services” to “Division of Community and Facility Service</li> <li>• Deleted “Annual” from Preadmission Screening and Resident Review</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-12	3	1, 25, 31, 34, 37, 38 7, 19, 26	<ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Updated hyperlinks</li> </ul>
08-01-12	5	1  5  7	<ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Removed fax request information for SCDHHS forms</li> <li>Added SCDHHS forms online order information</li> <li>Updated telephone number for Greenville county office</li> </ul>
08-01-12	Forms	-	<ul style="list-style-type: none"> <li>Deleted forms 140 and 142</li> <li>Updated Duplicate Remittance Advice Request Form</li> </ul>
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"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>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</li> <li>Added edit codes 349, 590, 978, 990, 991-995</li> <li>Deleted edit codes 166, 205, 573, 574, 593, 596</li> <li>Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798</li> </ul>
08-01-12	Managed Care Supplement	1-2  7  11  17  19	<ul style="list-style-type: none"> <li>Changed Division of Care Management to Bureau of Managed Care</li> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Removed language limiting enrollment to 2500 members</li> <li>Update contact information for Palmetto Physician Connections</li> <li>Added to “Medicaid” to BlueChoice HealthPlan</li> </ul>
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"> <li>Deleted edit codes 386 and 868</li> <li>Added edit codes 837, 838, 839</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	5	11 12	<ul style="list-style-type: none"> <li>• Updated address for Marion County</li> <li>• Updated phone number for Newberry County</li> </ul>
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	<ul style="list-style-type: none"> <li>• Updated edit code 402</li> <li>• Updated edit code 544</li> <li>• Updated edit code 636, 637, and 642</li> </ul>
02-01-12	3	21 24	<ul style="list-style-type: none"> <li>• Added a note regarding The Web Tool</li> <li>• Updated the Remittance Advice -835 Transaction</li> </ul>
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"> <li>• Updated edit code 402</li> <li>• Updated edit code 636, 637, and 642</li> <li>• Updated edit code 766</li> <li>• Updated edit code 867</li> </ul>
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	2	9 6, 10	<ul style="list-style-type: none"> <li>• Made updates to Provider Qualifications</li> <li>• Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11</li> </ul>
01-01-12	3	- 25	<ul style="list-style-type: none"> <li>• Updated hyperlinks throughout section</li> <li>• Updated EFT information</li> </ul>
01-01-12	5	1	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-12	Appendix 1	62  -	<ul style="list-style-type: none"> <li>Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11</li> <li>Updated CARCs and RARCs throughout the document</li> </ul>
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	3	33, 36, 42, 44	Updated TPL contact information
11-01-11	TPL Supplement	6, 15  12  3, 17, 19	<ul style="list-style-type: none"> <li>Changed Medicare timely filing requirement to two years and six months</li> <li>Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code</li> <li>Deleted sample legacy number from UB-04 TPL Fields table</li> <li>Updated TPL contact information</li> </ul>
10-01-11	Appendix 1	14, 29 47	<ul style="list-style-type: none"> <li>Added edit codes 334 and 584</li> <li>Updated edit code 845</li> </ul>
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	2	25  27	<ul style="list-style-type: none"> <li>Payment for Facility Residents - Updated second paragraph to reflect new dates of service range and reimbursement rate</li> <li>Financial Eligibility – Updated third paragraph, last sentence</li> </ul>
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

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11	Appendix 1	8	Updated edit codes 165 and 166
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11	5	13	Deleted PO Box address for the Spartanburg County Office
07-01-11	Appendix 1	12 43 56	<ul style="list-style-type: none"> <li>Updated resolution for edit code 300</li> <li>Added edit codes 840 and 841</li> <li>Updated Provider Enrollment Contact information in edit codes 941 and 944</li> </ul>
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	5	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	17, 18, 23, 24	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	4 5	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County
03-01-11	Appendix 1	-  67	Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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"> <li>• Changed the name of the Provider Outreach Web site to Provider Enrollment and Education</li> <li>• Updated the descriptions for Form 130s</li> </ul>
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"> <li>• Updated the South Carolina Medicaid Web-based Claims Submission Tool section</li> <li>• Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits</li> </ul>
01-01-11	3	18, 21, 22 24 15, 30  22	<ul style="list-style-type: none"> <li>• Updated electronic remittance package information</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package</li> </ul>
01-01-11	5	13	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166
01-01-11	TPL Supplement	8, 10 8 10 13 15  15	<ul style="list-style-type: none"> <li>• Removed references to Dental claims</li> <li>• Removed language to contact program areas for missing carrier codes</li> <li>• Added reference to CMS-1500 for correcting edit code 151 on the ECF</li> <li>• Added edit code 165 to other TPL-related insurance edit codes list</li> <li>• Updated Retro Medicare section to include the following: <ul style="list-style-type: none"> <li>◦ Changed the timely filing requirement from 90 days of the invoice to 30 days</li> <li>◦ Added SCDHHS TPL recovery language</li> </ul> </li> <li>• Updated the Retro Health and Pay &amp; Chase section</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	Appendix 1	8 16 32  51 52	<ul style="list-style-type: none"> <li>• Edit code 202: added information to Resolution section</li> <li>• Edit codes 421 and 424 deleted</li> <li>• Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29</li> <li>• Deleted edit code 959</li> <li>• Deleted edit codes 962 and 963</li> </ul>
11-01-10	TPL Supplement	3, 8, 13-14, 18-19  6, 15-17	<ul style="list-style-type: none"> <li>• Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest</li> <li>• Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle</li> </ul>
10-01-10	1	-  1 7  10	<ul style="list-style-type: none"> <li>• Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>• Updated Program Description section</li> <li>• 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</li> <li>• Updated Freedom of Choice section</li> </ul>
10-01-10	5	11	Correct McCormick county office street address



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-10	Managed Care Supplement	- 1 2 3 4 5 6 13 17	<ul style="list-style-type: none"> <li>• Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>• Updated Managed Care Overview</li> <li>• Updated Managed Care Organizations and Core Benefits paragraphs</li> <li>• Updated MCO Program ID card paragraph</li> <li>• Updated MHN Program ID card paragraph</li> <li>• Updated Core Benefits</li> <li>• Updated Exempt Services</li> <li>• Updated Overview</li> <li>• Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph</li> </ul>
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"> <li>• Companion Guides</li> <li>• South Carolina Medicaid Web-based Claims Submission Tool</li> <li>• Claim-Level Adjustments</li> </ul>
09-01-10	5	5 8 11	<ul style="list-style-type: none"> <li>• Removed County Commissioner’s Building from the Aiken County address</li> <li>• Deleted Dorchester County physical address telephone number</li> <li>• Removed Highway 28 N from the McCormick County address</li> </ul>
09-01-10	Appendix 1	9 -	<ul style="list-style-type: none"> <li>• Added edit code 225</li> <li>• Removed all references to the ADA Claim in the Resolution column</li> </ul>
09-01-10	TPL Supplement	12 13 18	<ul style="list-style-type: none"> <li>• Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information</li> <li>• Updated the Web-Submitted Claims section with the exception to Dental claims</li> <li>• Updated the TPL Resources section to include the DentaQuest contact information for TPL questions</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-10	5	5, 8, 11-13 6	<ul style="list-style-type: none"> <li>• Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties</li> <li>• Updated the address for Barnwell County</li> <li>• Updated the telephone number for Beaufort County</li> </ul>
08-01-10	Appendix 1	20 51, 52 59	<ul style="list-style-type: none"> <li>• Deleted edit code 520</li> <li>• Deleted Provider Enrollment e-mail address from codes 941 and 944</li> <li>• Changed resolution for edit code 994</li> </ul>
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	<ul style="list-style-type: none"> <li>• Updated edit code 714</li> <li>• Updated edit code 738</li> </ul>
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"> <li>• Updated Managed Care Overview section</li> <li>• Updated Manage Care Organization (MCO), Core Benefits section</li> <li>• Updated the Managed Care Disenrollment Process, Overview section.</li> <li>• Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change</li> </ul>
05-01-10	5	1	<ul style="list-style-type: none"> <li>• Removed reference to sample form at the end of this section</li> <li>• Replaced reference to sample form is in the Forms section of this manual</li> </ul>
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	1, 3	Removed modem as an electronic claims transmission method

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-10	Appendix 1	13 36	<ul style="list-style-type: none"> <li>• Added New Edit Codes 356,357 and 358</li> <li>• Updated Edit Code 738</li> </ul>
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	5	5  10  12	<ul style="list-style-type: none"> <li>• Updated Physical Address for Allendale County Office</li> <li>• Replaced Jasper County DSS with Jasper County DHHS</li> <li>• Replaced Orangeburg County DSS with Orangeburg County DHHS</li> </ul>
01-01-10	Appendix 1	49	Updated Edit Code 932
12-01-09	1	8  25	<ul style="list-style-type: none"> <li>• Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> <li>• Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009</li> </ul>
12-01-09	3	1-2 17-25	<ul style="list-style-type: none"> <li>• Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009</li> <li>• Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> </ul>
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"> <li>• Replaced CARC 17 with CARC 16</li> <li>• Updated CARC A1</li> <li>• Updated codes 509 and 510</li> <li>• Added code 533</li> </ul>
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4  4-6	<ul style="list-style-type: none"> <li>• Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs)</li> <li>• Updated SC Medicaid Healthy Connections language throughout section</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		26	<ul style="list-style-type: none"> <li>• Updated South Carolina Medicaid Bulletins and Newsletters</li> <li>• Changed heading to Medicare Cost Sharing</li> </ul>
10-01-09	5	10 11 12	<ul style="list-style-type: none"> <li>• Updated physical address for Jasper County office</li> <li>• Updated telephone number for Lexington County office</li> <li>• Updated zip codes for Orangeburg County office</li> </ul>
10-01-09	Appendix 1	3 60	<ul style="list-style-type: none"> <li>• Updated edit code 065</li> <li>• Updated edit code 852</li> </ul>
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	Managed Care Supplement	21 20, 25	<ul style="list-style-type: none"> <li>• Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009</li> <li>• Updated Absolute Total Care entries as following:               <ul style="list-style-type: none"> <li>○ Changed the company's name to Absolute Total Care</li> <li>○ Replaced the beneficiary card samples</li> <li>○ Corrected contact information</li> </ul> </li> </ul>
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"> <li>• Updated address for Bamberg and Orangeburg County offices</li> <li>• Updated office zip code for Darlington County</li> <li>• Updated telephone number for Fairfield County office</li> </ul>
06-01-09	TPL Supplement	19	Updated Department of Insurance Web site address
05-01-09	1	1-6, 11	<ul style="list-style-type: none"> <li>• Updated to reflect managed care policies and procedures effective May 1, 2009</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		2 3  5  28-33	<ul style="list-style-type: none"> <li>• Updated the Eligibility subsection</li> <li>• Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection</li> <li>• Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection</li> <li>• Updated the Medicaid Program Integrity subsection</li> </ul>
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	3	4-6, 17, 18, 23, 31, 34	Updated hyperlinks
04-01-09	5	11	Updated telephone number for Lexington County office
04-01-09	Forms	-	Added new Medicaid Hospice Prior Authorization form (DHHS Form 419A)
03-01-09	5	3-4 5  8  5, 11-13	<ul style="list-style-type: none"> <li>• Updated hyperlinks</li> <li>• Updated Allendale County office PO Box zip code (From 02/01/09 updates)</li> <li>• Corrected Dorchester County's Orangeburg Road telephone number</li> <li>• Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-09	Forms	-	<ul style="list-style-type: none"> <li>Updated Authorization Agreement for Electronic Funds Transfer (EFT) form (From 02/01/09 updates)</li> <li>Corrected spelling in the following forms: SCDHHS Form 149, 152, 153, 154</li> </ul>
03-01-09	Appendix 1	43 72	<ul style="list-style-type: none"> <li>Added new edit codes 693 and 694</li> <li>Changed edit code 945 Resolution to input “26” modifier in field 18</li> </ul>
03-01-09	Appendix 2	-	Updated list of carrier codes
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
01-01-09	5	11	Updated Lee County office address
12-01-08	Forms	-	Revised DHHS Form 152
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	2	25	Updated reimbursement rate from 95% to 98%
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"> <li>Updated address for Lake City</li> <li>Updated phone number for Sumter County office</li> </ul>
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
10-01-08	2	25	Updated reimbursement rate from 95% to 98%

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-08	5	6	Updated phone number for Berkeley County office
09-01-08	5	10	Updated phone number for Kershaw County office
09-01-08	Appendix 1	17	Added Edit Code 318
08-01-08	Appendix 1	3	Updated Edit Code 062
08-01-08	5	7	Deleted PO Box for Chester County
07-01-08	5	11	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	3	6, 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	-	<ul style="list-style-type: none"> <li>• Deleted sample claim form showing NPI and Medicaid Provider ID</li> <li>• Updated the following forms instructions to reflect May 23, 2008, deadline requiring NPI only: DHHS Form 149, DHHS Form 152, DHHS Form 153, DHHS Form 154</li> </ul>
06-01-08	Appendix 1	30, 39, 42	<ul style="list-style-type: none"> <li>• Added new edit code 529</li> <li>• Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692</li> </ul>
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

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-08	5	8	Updated address and phone number for Dorchester County office
04-01-08	Appendix 1	4, 13, 20, 33	Added new edit codes 062, 219, 339, 528
04-01-08	TPL Supplement	2 3, 8, 15  12  29	<ul style="list-style-type: none"> <li>• Updated reference to Medicaid card name</li> <li>• Changed references to location of forms from Section 5 to Forms section</li> <li>• Updated field numbers for occurrence codes on UB-04</li> <li>• Replaced sample ADA form with more attractive version</li> </ul>
03-01-08	1	3-5  7	<ul style="list-style-type: none"> <li>• Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information.</li> <li>• Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable</li> </ul>
03-01-08	3	6-19  All	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Standardized formatting</li> </ul>
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"> <li>• Added edit code 808</li> <li>• Revised edit code 943 description and status (from warning to active)</li> </ul>
03-01-08	TPL Supplement	9  21-22	<ul style="list-style-type: none"> <li>• Added information on carrier code “CAS” for open casualty cases</li> <li>• Replaced Form 931 samples with new versions</li> </ul>
02-01-08	3	9 27, 30  43	<ul style="list-style-type: none"> <li>• Corrected instructions for field 10b</li> <li>• Standardized references to six-character legacy provider number</li> <li>• Corrected mailing address for refunds</li> </ul>



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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"> <li>• Removed PhyTrust from the list of MHNs</li> <li>• Added Carolina Crescent to the list of MCOs</li> </ul>
11-01-07	5	9, 10  10	<ul style="list-style-type: none"> <li>• Updated telephone numbers for Florence and Kershaw counties</li> <li>• Updated Horry County address to 1601 11<sup>th</sup> Ave., 1<sup>st</sup> Floor</li> </ul>
11-01-07	Appendix 1	All	<ul style="list-style-type: none"> <li>• Corrected ECF field numbers throughout edit resolution instructions</li> <li>• Added new edit code 107</li> </ul>
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"> <li>• Removed PEP information</li> <li>• Added information about managed care enrollment broker and Managed Care Supplement</li> <li>• Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement).</li> <li>• Clarified that “days” refers to business days</li> <li>• Clarified which sections of manual may contain PA information</li> <li>• Expanded provider list under Program Integrity</li> </ul>
10-01-07	3	11, 43	<ul style="list-style-type: none"> <li>• Removed PEP information</li> <li>• Added 90-day time limit for reversing refunds</li> </ul>
10-01-07	Appendix 1	26 38-40, 43, 70	<ul style="list-style-type: none"> <li>• Corrected description for edit code 502</li> <li>• Added NPI warning edits 578-583, 692, 943</li> </ul>
10-01-07	-	-	Added Managed Care Supplement

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-07	TPL Supplement	15-17	<ul style="list-style-type: none"> <li>Added 90-day time limit for reversing refunds</li> <li>Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare</li> </ul>
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	2	1, 2, 3, 12	Changed references to location of forms from “Section 5” to “Forms section”
06-01-07	3	-	Removed Time Restricted Supplement
06-01-07	3	All	<ul style="list-style-type: none"> <li>Updated form completion instructions for new CMS-1500 and Form 130 versions</li> <li>Updated ECF and RA descriptions</li> <li>Added information about National Provider Identifier</li> <li>Replaced Reference to Forms 110 and 120 with Form 115</li> <li>Clarified retroactive eligibility policy</li> <li>Updated ECF correction instructions</li> <li>Added CPT and HCPCS ordering information</li> <li>Made minor editorial changes throughout section</li> </ul>
06-01-07	5	3-4 6-8 12 -	<ul style="list-style-type: none"> <li>Revised “Procurement of Forms” to address new CMS-1500 version and updated vendor information</li> <li>Added toll-free number for Berkeley, Charleston, and Darlington county offices</li> <li>Updated phone number for Oconee County</li> <li>Split forms and exhibits from Section 5 to create separate Forms section</li> </ul>
06-01-07	Forms	-	<ul style="list-style-type: none"> <li>Updated DHHS forms to add National Provider Identifier field</li> <li>Updated sample claims to new CMS-1500 version</li> <li>Updated ECF and remits to new versions</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-07	Appendix 1	-	Updated list of edit codes
06-01-07	TPL Supplement	All	<ul style="list-style-type: none"> <li>• Updated all sample forms and claims with new versions</li> <li>• Updated form completion instructions to match new form versions</li> </ul>
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
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	-	Replaced Hospice Election Form (DHHS Form 149) with updated version
11-01-06	5	-	Updated county office addresses

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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"> <li>• Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949</li> <li>• 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</li> <li>• Updated resolutions for edit codes 761, 764, 765, 768, 769, 771, 772, 773, 774</li> <li>• Added new edit codes 518, 724</li> <li>• Deleted edit code 777</li> </ul>
08-01-06	-	-	Added TPL Supplement
08-01-06	5	-	Updated Reasonable Effort Documentation form
07-01-06	Appendix 1	23, 60, 61	Updated resolution for edit codes 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	16  18  23  23  38	<ul style="list-style-type: none"> <li>• Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to <a href="http://www.dhhs.state.sc.us">www.dhhs.state.sc.us</a></li> <li>• Changed the Internet Explorer version required for the Web Tool to 6.0</li> <li>• Added TPL indicators to the ECF field 4 description</li> <li>• Added Injury Code indicators to the ECF field 5 description</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts</li> </ul>
03-01-06	Appendix 1	60	Changed resolution for edit code 925
02-01-06	Appendix 1	41	Changed resolution for edit code 721
01-01-06	5	-	Updated Authorization Agreement for Electronic Funds Transfer
01-01-06	1	4, 5	Removed SILVERxCARD sample and program description
01-01-06	Appendix 2	-	Updated list of carrier codes
01-01-06	Appendix 1	67	Added edit code 935
12-01-05	Appendix 1	70	Added edit code 949
11-01-05	1	6, 7	Removed "HIPAA" from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
11-01-05	3	6	Changed verb tense under Procedural Coding and Diagnostic Codes
11-01-05	3	13	Removed requirement for entering whole numbers for day or units in field 24G
11-01-05	3	17, 18, 32	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05	3	16	Changed Web site from <a href="http://www.scdhhshipaa.org">www.scdhhshipaa.org</a> to <a href="http://www.scm Medicaidprovider.org">www.scm Medicaidprovider.org</a>
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

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-05	2	6-7	Added information on retroactive eligibility to reflect Medicaid Bulletin dated July 1, 2005.
09-01-05	2	26-28	Added information on hospice beneficiaries entering a nursing facility from a hospital or the community.
09-01-05	3	7	Deleted place of service code 32.
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	2, 3, 4, 5	-	Updated manual to reflect Medicaid Bulletin dated May 19, 2005; revised sample CMS-1500 to show new procedure code.
08-01-05	Appendix 1	62	Added edit code 868
07-01-05	3	2, 9, 10 17, 18, 27 28	<ul style="list-style-type: none"> <li>• Added description of new Web Tool features</li> <li>• Removed instruction to attach EOB to paper claims</li> <li>• Change MIVS zip code to 29211-9804 (from 29201)</li> </ul>
07-01-05	Appendix 2	All	Updated lists of carrier codes
03-02-05	5	10, 11	Changed incorrect area codes for county offices in Saluda and Union to 864.
03-01-05	Appendices	All	Added new edit codes and changed some resolutions.
02-11-05	5	4	Updated manual ordering information under Web Address header