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Date	Section	Page(s)	Change
07-01-26	Appendix 1	35,36	Edit Codes 611-615 were added in reference to Referring/Ordering NPI.
07-01-26	1-Admin. & Billing Manual	13	Updated policy for ORP provider enrollment requirements and claims billing requirements with ORP provider's NPI
04-15-26	Appendix 2		Updated Carrier Codes
04-01-26	Admin. & Billing Manual	9	Added policy for compliance with Anti-kickback state and federal laws.
01-01-26	Appendix 1		Removal of Edit Code 974: This edit code was removed to comply with Program Area requirements. The MCO's are no longer responsible for this 90-day Payment. The service will be covered by FFS payments.
01-01-26	Appendix 1		Removal of Edit Code 974: This edit code was removed to comply with Program Area requirements. The MCO's are no longer responsible for this 90-day Payment. The service will be covered by FFS payments.
11-01-25	Appendix 1		For Edit Code 636: Co-payments are no longer subject to cost-sharing. It reads as follows: **For dates of service up to 6/30/2024**, 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 copayment from the Medicaid recipient. Do not submit a new claim. **For dates of service on or after 07/01/2024,** covered services are no longer subject to cost-sharing. The payment amount is the allowed Medicaid amount and is considered payment in full.
11-01-25	Admin. & Billing Manual	Section 1 Pg. 15	Removed language regarding the reimbursement of interns practicing under the supervision of a licensed professional. Interns have an enrollment pathway. Also, the requirements for Ordering and Rendering Physicians were removed as the list is outdated and to comply with PERM Audit findings. An updated list will be provided, when available.
10-27-25	Appendix 2		Updated Carrier Codes
07-01-25	Appendix 2		Updated Carrier Codes
07-01-25	Admin & Billing Manual Section 1	4-5	• Changed citation for the definition of SCMSA to State Regulations. • Added language about proof of residency requirement for certain provider types.

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Date	Section	Page(s)	Change
			• Added definition of In-State and Out-of-State providers and licensure requirements. • Clarified enrollment of out of state providers as permitted or required by state or federal law.
05-01-25	Appendix 1		Update to Edit Codes 721, 722 and 989.
05-01-25	Appendix 2		Updated Carrier Codes that were effective 04-01-25.
01-28-25	Appendix 2		Updated Carrier Codes that were effective 01-01-25.
11-01-24	Appendix 1		Codes were updated as of October 1, 2024 Edit Code 719- •**Claim Status: REJECT**-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. •**Claim Status: SUSPEND**-The service/procedure has to be reviewed by Medicaid prior to payment. No further action by the provider is necessary. Edit Code 560- 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. **UB CLAIM**: Enter the correct revenue code (Field 42) for that line.
11-01-24	Appendix 2		October updates to Carrier Codes
07-01-24	Appendix 1	34, 80	Removed edit codes 636 and 977.
07-01-24	TPL Supplement	4	Removed reference to Medicaid copayments.
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	Copayment Schedule		Removed Copayment Schedule from Manual homepage.
07-01-24	Admin & Billing Manual. Section 1	24-27	Health Record Retention: Updated policy regarding the retention of records for Medicaid purposes only; other state or federal rules may require longer retention periods.

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Date	Section	Page(s)	Change
			Health Record Documentation: Clarified policy related to health records date and signature requirements, documenting progress notes and services billed.
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.
07-01-24	Copayment Schedule	All	Removed Copayment Schedule Attachment
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 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.

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Date	Section	Page(s)	Change	
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			• Updated Carrier Codes.
05-11-23		Admin. and Billing manual	7 10, 11	• 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." Added section related to clinical trials.
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
05-26-22		3	8	Clarification on Family Planning (FP) definition was made.
05-01-22		Appendix 2		Updated Carrier Codes
02-01-22		Admin. & Billing Manual	23	Added the following paragraph: "When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided."

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Date	Section	Page(s)	Change	
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
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

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Date	Section	Page(s)	Change	
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.
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

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Date	Section	Page(s)	Change	
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
05-01-19		Forms	-	Replaced Consent for Sterilization form with 04/30/2022 version
04-01-19		1	35	Updated Prepayment Reviews
04-01-19		Forms	-	Replaced Consent for Sterilization form with April 2019 version
04-01-19		Appendix 1	56	Updated edit codes 906 and 907
03-01-19		Forms	-	Replaced Consent for Sterilization form with March 2019 version
03-01-19		Appendix 2	-	Updated carrier codes
02-01-19		Forms	-	Replaced Consent for Sterilization form with new version (#0937-0166 Expiration 02/28/19)
01-03-19		Forms	-	Replaced Consent for Sterilization form
01-01-19		2	22	Updated description for procedure code 96153
01-01-19		4	5	Updated description for procedure code 96153
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

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Date	Section	Page(s)	Change	
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
07-01-18		3	33-34 34	• Updated Retro Health Insurance • Updated Retro Medicare
07-01-18		Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	• 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 • Updated CARC for 786 • Updated Resolution for 906 and 907
07-01-18		TPL Supplement	15-16 17	• Updated Retro Health and Pay & Chase • Updated TPL Resources
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

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Date	Section	Page(s)	Change	
11-01-17		Appendix 2	-	Updated carrier codes
10-01-17		2	40-42 42-43 44	• Updated Progress Report/Needs Assessment and Intervention Case Plan, formerly Needs Assessment and Intervention Case Plan • Updated Individual Session • Deleted Progress Reports
10-01-17		4	7	Updated MAPPS Billing codes
10-01-17		Forms	-	Updated MAPPS Progress Report/Needs Assessment and MAPPS Case Plan
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		2	24 42	• Updated Plan of Care • Updated Individual Session
08-01-17		3	8	Updated Modifiers
08-01-17		4	2	• Updated Sickle Cell Disease Management Codes note • Updated MAPPS Billing Codes
08-01-17		5	4	Corrected formatting
08-01-17		Forms	-	Updated MAPPS Screening Form, Case Plan, and Progress Report
08-01-17		Appendix 2	-	Updated carrier codes
06-01-17		Forms	-	• Updated Claim Reconsideration Form • Updated DHHS Form 687, formerly DHHS Form 1723 (Consent for Sterilization)

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Date	Section	Page(s)	Change	
06-01-17		Appendix 2	-	Updated carrier codes
05-01-17		Appendix 1	-	Updated Provider Service Center Hours of Operation
03-01-17		2	33	Updated Postpartum/Infant Home Visit section
03-01-17		Forms	-	Updated Claim Reconsideration Form
02-01-17		Appendix 2	-	Updated carrier codes
12-01-16		3	7 8 15	• Updated Diagnostic Codes • Updated Place of Service Key • Updated CMS-1500 Instructions, field 24D
12-01-16		Forms	-	Updated Claim Reconsideration Form
11-01-16		2	22	Updated Billing Codes
11-01-16		3	7 14	Updated Modifiers Updated CMS-1500 Form Completion Instructions, field 21
11-01-16		4	4 7	Updated PSPCE Billing Codes Updated MAPPS Billing Codes
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
08-01-16		1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards

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Date	Section	Page(s)	Change	
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	• Updated hyperlinks throughout section • Updated Administration section • Updated Procurement of Forms section
06-01-16		Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
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	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: • South Carolina Medicaid Program o Program Description o SC Healthy Connections Medicaid Card(s) • Records/Documentation Requirements o General Information o Signature Policy • Medicaid Program Integrity o Program Integrity • Appeals
01-01-16		1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits

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Date	Section	Page(s)	Change	
01-01-16		Appendix 1	21	Added edit code 527
12-01-15		Cover	-	December 1, 2015 - Replaced manual cover
11-01-15		Appendix 1	19, 44-47	• Revised edit code 507, 821, 837, 838, 839
10-01-15		1	7 10	• Updated to add SCDHHS alerts • Updated Provider Participation
10-01-15		Appendix 1	1 1 All 4, 20, 23, 27, 43	• Updated general instructions • Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System o Added note to general instructions o Replaced ICD-9 with ICD-CM throughout section • Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792
09-01-15		3	 6-7 13-14 22	• Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System: o Diagnostic Codes o CMS-1500 Claim From Completion Instructions, field 21 • Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool
09-01-15		Appendix 1	5, 14	• 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
07-01-15		Appendix 3	1-2	Updated Copayment Schedule

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Date	Section	Page(s)	Change	
03-13-15		3	12-13 22	• Updated CMS-1500 Claim Form Completion Instructions • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-01-15		Appendix 2		Updated carrier codes
01-08-15		2	14-17	Added Sickle Cell Disease Management information
01-08-15		4	2	Added Sickle Cell Disease Management Codes information
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 28-29	Added the following policies: • Copayment • Claim Reconsideration
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	Added to manual
12-01-14		Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14		Appendix 1	70	Updated edit code 989
10-01-14		1	33-34	Updated Medicaid Beneficiary Lock-In Program

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Date	Section	Page(s)	Change	
10-01-14		Appendix 1	3, 31, 36, 48-49, 61 46	• Updated edit code 079, 637, 719, 820, 821, 908, 909 • Added new edit code 790
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	• Deleted edit codes 845 and 969 • Updated edit codes 537, 837-839, 843, 844, and 892
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	• Replaced reference to county office listing with the Where To Go for Help web address • Removed DHHS county office listing
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	• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated the following sections: o Program Integrity o Recovery Audit Contractor o Beneficiary Oversight o Fraud

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Date	Section	Page(s)	Change	
			37 39 41-44	o Referrals to the Medicaid Fraud Control Unit o Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)
04-01-14		2	8-9	• Updated Provider Enrollment
04-01-14		3	1-41 7- 20 21 24-25	• Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version • Updated Trading Partner Agreement • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
04-01-14		5	10	Updated Horry County address
04-01-14		Forms		• Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms • Removed note on CMS-1500 (02/12) version claim form • Removed CMS-1500 (08/05) version claim form (s) • Removed Sample Edit Correction Form • Updated Sample Remittance Advice
04-01-14		Appendix 1	35 -	• Added edit code 527 • Entire section: o Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form o Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version
04-01-14		TPL Supplement		• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form:

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Date	Section	Page(s)	Change	
			5 6-8 9-10 10-11 13-14 15-16 22-23 30-33	o Timely Filing Requirements o Reasonable Effort o Nursing Facility Claims o Professional, Institutional, and Dental Claims o Rejected Claims o Recovery o Sample Forms – Reasonable Effort o Sample Forms – ECF (deleted)
03-01-14		2	 3 30-32	Updated the following sections: • Program Requirements • Program Services
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	Updated to reflect the following bulletins: • Managed Care Organizational Changes dated November 15, 2013 • Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 Updated the following sections: • Eligibility Determination • South Carolina Health Connections Medicaid card • South Carolina Web-based Claims Submissions Tool • Retroactive Eligibility • Program Integrity • Recovery Audit Contractor • Beneficiary Explanation of Medical Benefits Program
01-01-14		3	-	Updated entire section to reflect the following bulletins: • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014

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Date	Section	Page(s)	Change	
				• Managed Care Organizational Changes dated November 15, 2013
01-01-14		5	1 3-4	Updated the following sections • Correspondence and Inquiries • Procurement of Forms
01-01-14		Forms		• Added CMS-1500 (02/12) version claim form • Added note to CMS-1500 (05/85) version claim form • Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms
01-01-14		Appendix 1		Updated to reflect the following bulletins: • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013
01-01-14		Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14		TPL Supplement		• Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014
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	• Updated Orangeburg office and mailing address • Updated York County office address

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Date	Section	Page(s)	Change	
10-01-13		Appendix 1	- 5, 39 69 37, 42, 44	• Updated CARCs/RARCs throughout section • Added edit codes 110 and 725 • Deleted edit code 961 • Revised edit codes 720, 749, 750, 758, and 759
10-01-13		MC Supplement	20	• Added WellCare MCO Medicaid card and contact information
09-01-13		4	3	• Updated PSPCE Billing Codes • Updated RSPCE Billing Codes
09-01-13		5	8 11 13	• Updated Darlington County zip code • Updated Laurens County phone number • Updated York County office address
08-01-13		4	1 3 4	• Updated Diabetes Management Services Place of Services Codes chart • Updated PSPCE Billing Codes section • Updated RSPCE Billing Codes section
08-01-13		5	13	• Updated York County physical address
08-01-13		Appendix 1	1 50, 51 72	• Updated resolution for edit code 007 • Updated RARC and resolution for edit codes 820 and 821 • Deleted edit codes 954, 955, and 956
08-01-13		Appendix 2	All	Updated carrier codes
07-01-13		5	8 12	• Updated Colleton County office telephone number • Deleted Newberry County PO Box address
06-01-13		5	12	• Updated Richland county office telephone number
06-01-13		Appendix 1	5, 11, 15, 33, 40 30	• Updated resolutions for edit codes 107, 219, 339 673, 720 • Deleted edit code 577

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Date	Section	Page(s)	Change	
04-01-13		1	6	Corrected the URL for MedicaideLearning.com
04-01-13		Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	• Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 • Updated CARCs for edit codes 460, 544, 569 • Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 • Added edit codes 820, 821 • Updated edit code 935, 938, 939
04-01-13		Appendix 2	-	Updated carrier code list
03-01-13		2	 1 3 3-4 4 5 6-13	Updated the following sections: • Enhanced Services • Covered Services • Client Record • Medical Service Documentation • Error Correction Added Diabetes Management Services
03-01-13		4	1	Added Diabetes Management Services procedure code section
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)

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Date	Section	Page(s)	Change	
01-01-13		2	31	Updated Appropriate Staff language
01-01-13		5	7 9	• Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13		Forms	-	Updated MAPPS Counseling Form
01-01-13		Appendix 1	-	Added Change Log for section changes
12-03-12		1	6 7-8 27-32 33-41	• 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, 35, 38 25-26	• 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	• 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,	• 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

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Date	Section	Page(s)	Change	
			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		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, 30, 33, 37 8, 19, 25	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks
08-01-12		5	1 5 7	• 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	-	• Deleted forms 140 and 142 • Updated Duplicate Remittance Advice Request Form

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
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	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 • Added edit codes 349, 590, 978, 990, 991-995 • Deleted edit codes 166, 205, 573, 574, 593, 596 • Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12		Managed Care Supplement	1-2 7 11 17 19	• 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	• Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839
07-01-12		Appendix 2	-	Updated carrier codes
05-01-12		3	5 6	• Removed modifiers 52 and 76 • Removed POS key 21 • Updated POS key 71
04-01-12		Appendix 1	62	Updated edit code 975

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
04-01-12		1	4	Replaced South Carolina Healthy Connections card
04-01-12		5	11 12	• 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	• Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642
02-01-12		3	20 22	• 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	• Updated edit code 402 • Updated edit code 636, 637, and 642 • Updated edit code 766 • Updated edit code 867
01-01-12		1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12		3	- 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 -	• 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
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	34, 37, 43-44	Updated TPL contact information
11-01-11		TPL Supplement	6, 15 12 3, 17, 19	• Changed Medicare timely filing requirement to two years and six months • Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code • Deleted sample legacy number from UB-04 TPL Fields table • Updated TPL contact information
10-01-11		Appendix 1	14, 29 47	• 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		5	13	Updated zip code for Spartanburg County office
09-01-11		Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-01-11		3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11		Appendix 1	8	Updated edit codes 165 and 166
08-01-11		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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
07-01-11		Appendix 1	12 43 56	• Updated resolution for edit code 300 • Added edit codes 840 and 841 • Updated Provider Enrollment Contact information in edit codes 941 and 944
06-11-01		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	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 to 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	• Changed the name of the Provider Outreach Web site to Provider Enrollment and Education • Updated the descriptions for Form130s
02-01-11		2	33	Eliminated Family Planning Section
02-01-11		4	7	Eliminated Family Planning Section

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
02-01-11		Appendix 1	3	Added edit codes 079 and 080
01-01-11		1	7 19-20	• 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 15, 29-30 22	• Updated electronic remittance package information • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package
01-01-11		4	7-22	Updated Family Planning Waiver Billing Codes chart
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	• Removed references to Dental claims • Removed language to contact program areas for missing carrier codes • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list • Updated Retro Medicare section to include the following: o Changed the timely filing requirement from 90 days of the invoice to 30 days o Added SCDHHS TPL recovery language

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
				• Updated the Retro Health and Pay & Chase section
12-01-10		Cover	-	• Replaced "Medicaid Provider Manual" with "South Carolina Healthy Connections (Medicaid)" • Changed program name from "Medicaid Enhanced Services" to "Enhanced Services"
12-01-10		CCR	-	• Changed program name from "Medicaid Enhanced Services" to "Enhanced Services" in headers
12-01-10		1	-	• Changed program name from "Medicaid Enhanced Services" to "Enhanced Services" in headers
12-01-10		2	-	• Changed program name from "Medicaid Enhanced Services" to "Enhanced Services" in headers
12-01-10		3	-	• Changed program name from "Medicaid Enhanced Services" to "Enhanced Services" in headers
12-01-10		4	-	• Changed program name from "Medicaid Enhanced Services" to "Enhanced Services" in headers
12-01-10		5	-	• Changed program name from "Medicaid Enhanced Services" to "Enhanced Services" in headers
12-01-10		Forms	-	• Changed program name from "Medicaid Enhanced Services" to "Enhanced Services" in headers
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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
11-01-10		Appendix 1	8 16 32 51 52	• 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	• Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest • Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle
10-01-10		1	- 1 7 10	• Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Program Description section • Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest • Updated Freedom of Choice section
10-01-10		5	11	Correct McCormick county office street address
10-01-10		Managed Care Supplement	- 1 2 3 4 5 6 13 17	• 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
09-01-10		2	18 19	• Added rehabilitative services to bullet 1 of P/RSECE and Dental Services section • Deleted S.C. Medicaid Dental Program Referral Form for Broken Appointments
09-01-10		3	 18 19 36	Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest: • Companion Guides • South Carolina Medicaid Web-based Claims Submission Tool • Claim-Level Adjustments
09-01-10		5	5 8 11	• 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	-	Deleted the Refund for Broken Appointments dental form
09-01-10		Appendix 1	9 -	• Added edit code 225 • Removed all references to the ADA Claim in the Resolution column
09-01-10		TPL Supplement	12 13 18	• 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		5	5, 9, 11-13 6	• 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
08-01-10		Appendix 1	20 51, 52 59	• Deleted edit code 520 • Deleted Provider Enrollment e-mail address from codes 941 and 944 • Changed resolution for edit code 994
07-01-10		5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10		Forms	-	Updated the Consent for Sterilization form
07-01-10		Appendix 1	32 35	• 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	• 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	• Removed reference to blank form at the end of this section • Replaced reference to blank form in the Forms section of this manual
03-01-10		Cover	-	Replaced the manual cover
03-01-10		Change Control Record	1, 2	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, 19	Removed modem as an electronic claims transmission method
02-01-10		4	11 17 18	• Updated codes 86592, 86593, added code 86780, deleted code 86781 • Updated codes 88174, 88175, 88300, 88302, 88305

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
			19 20 21 23	• Updated codes 99201, 99202, 99203, 99204 • Updated codes 99205, 99212, 99213, 99214 • Updated codes 99215, 99241, 99242, 99243, 99244 • Updated code 99245, deleted code J0550, added code J0559 • Created surgical code
02-01-10		Appendix 1	13 36	• 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	• Updated Physical Address for Allendale County Office • Replaced Jasper County DSS with Jasper County DHHS • Replaced Orangeburg County DSS with Orangeburg County DHHS
01-01-10		Appendix 1	49	Updated Edit Code 932
12-01-09		1	8 25	• Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package • Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009
12-01-09		2	3 38	• Added Covered Services and Procedural and Diagnostic Coding policy • Corrected formatting
12-01-09		3	1-2 17-18, 20-25	• Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009 • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09		4	7-23	• Updated Billing Codes chart to remove “or” from the diagnosis codes and modifier heading

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
			8 17	• Added HCPCS codes 76830, 76856, and 76857 • Changed code 90772 to 96372
12-01-09		5	8	Updated the Dorchester County office street address
12-01-09		Appendix 1	- - 18, 19 20	• Replaced CARC 17 with CARC 16 • Updated CARC A1 • Updated codes 509 and 510 • Added code 533
11-01-09		Appendix 2	All	Updated carrier code list
10-01-09		1	3-4 4-6 26	• Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) • Updated SC Medicaid Healthy Connections language throughout section • Updated South Carolina Medicaid Bulletins and Newsletters • Changed heading to Medicare Cost Sharing
10-01-09		5	10 11 12	• 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	• Updated edit code 065 • Updated edit code 852
09-08-09		Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09		Managed Care Supplement	21 20, 25	• Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 • Updated Absolute Total Care entries as following:

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
				o Changed the company's name to Absolute Total Care o Replaced the beneficiary card samples o 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	• 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
05-01-09		1	1-6, 11 2 3 5 28-33	• Updated to reflect managed care policies and procedures effective May 1, 2009 • Updated the Eligibility subsection • Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection • Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection • Updated the Medicaid Program Integrity subsection
05-01-09		2	7	Updated to reflect managed care policies and procedures effective May 1, 2009
05-01-09		5	14	Updated telephone number for Union County office
05-01-09		Appendix 1	43	Deleted edit code 694

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
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	31	Updated the Progress Reports subsection
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	-	Updated the following forms: • Updated the Case Plan form • Renamed the Service Summary Report to Progress Report and updated form • Combined Individual or Group Session Form and Patient Education into MAPPS Counseling Form
03-01-09		2	24	Updated hyperlink
03-01-09		5	3-4 8 5, 11-13	• Updated hyperlinks • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
03-01-09		Forms	-	Updated the MAPPS Case Plan form
03-01-09		Appendix 1	43 72	• Added new edit codes 693 and 694 • Changed edit code 945 Resolution to input "26"modifier in field 18
03-01-09		Managed Care	1, 7, 10, 17, 23,	Updated hyperlinks

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
		Supplement	25-30, 35	
03-01-09		TPL Supplement	8, 9, 19	Updated hyperlinks
03-01-09		2	24	Updated hyperlink
03-01-09		5	3-4 8 5, 11-13	• Updated hyperlinks • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
02-15-09		2	27 28 29 30	• Updated Eligibility Criteria • Updated verbiage for Needs Assessment and Intervention Case Plan • Deleted "of a new participant" • Updated Frequency information for Group Session • Added Progress Report section
02-15-09		4	5	• Changed the maximum of eight to four units for code T1023 • Deleted "of a new participant"
02-15-09		5	5	Updated Allendale County office PO Box zip code
02-15-09		Forms	-	• Updated Authorization Agreement for Electronic Funds Transfer (EFT) form, MAPPS Screening form, and MAPPS Case Plan form • Added Service Summary Report form
02-15-09		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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
12-01-08		2	2	Added "when medically indicated" to the first bullet
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	• Updated address for Lake City • Updated phone number for Sumter County office
10-01-08		Forms	-	Revised ECF example to show update for field 1
10-01-08		Appendix 1	-	Updated edit codes 007, 059, 112, 219, 308, 339, 386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952
09-01-08		5	6	Updated phone number for Berkeley County office
09-01-08		5	10	Updated phone number for Kershaw County office
09-01-08		Appendix 1	17	Added Edit Code 318
08-01-08		Appendix 1	3	Updated Edit Code 062
08-01-08		5	7	Deleted PO Box for Chester County
07-01-08		5	11	Deleted PO Box for Lancaster County
07-01-08		Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08		3	6, 14, 16, 17, 23	Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
06-01-08		5	12	Updated telephone number for Orangeburg county office
06-01-08		Appendix 1	30, 39, 42	• Added new edit code 529 • Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692
06-01-08		TPL Supplement	-	Updated Example Dental Claim Form Reporting Third Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4
05-01-08		Managed Care Supplement	-	Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section
04-01-08		5	8	Updated address and phone number for Dorchester County office
04-01-08		Appendix 1	4, 13, 20, 33	Added new edit codes 062, 219, 339, 528
04-01-08		TPL Supplement	2 3, 8, 15 12 29	• 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	• 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		2 4	24-38 5-25	Updated FPW and MAPPS policies and coding
03-01-08		3	6-19	• Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
			All	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	• Added edit code 808 • Revised edit code 943 description and status (from warning to active)
03-01-08		TPL Supplement	9 21-22	• Added information on carrier code "CAS" for open casualty cases • Replaced Form 931 samples with new versions
02-01-08		3	10 29, 32 45	• Corrected instructions for field 10b • Standardized references to six-character legacy provider number • 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	• Removed PhyTrust from the list of MHNs • Added Carolina Crescent to the list of MCOs
11-01-07		5	9, 10 10	• Updated telephone numbers for Florence and Kershaw counties • Updated Horry County address to 1601 11th Ave., 1st Floor
11-01-07		Forms	-	Replaced old Sterilization Consent Form with new version
11-01-07		Appendix 1	All	• Corrected ECF field numbers throughout edit resolution instructions • Added new edit code 107

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
11-01-07		Appendix 2	All	Updated list of carrier codes
10-01-07		1	1-2 3 4 12 15 25	• 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	6, 12, 46	• Removed PEP information • Added 90-day time limit for reversing refunds
10-01-07		Appendix 1	26 38-40, 43, 70	• Corrected description for edit code 502 • Added NPI warning edits 578-583, 692, 943
10-01-07		-	-	Added Managed Care Supplement
10-01-07		TPL Supplement	15-17	• Added 90-day time limit for reversing refunds • Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare
07-01-07		2	-	• Updated information about Family Planning Waiver • Clarified P/RSPCE individual/group visits services • Clarified P/RSPCE risk-specific referrals
07-01-07		3	-	Updated information about Family Planning Waiver
07-01-07		4	-	Added Family Planning Waiver codes
07-01-07		Forms	-	Updated DHHS Form 205

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
07-01-07		Appendix 2	-	Updated list of carrier codes
06-01-07		2, 4	All	• Clarified who is authorized to bill for Medicaid Enhanced Services • Changed references to location of forms from "Section 5" to "Forms section"
06-01-07		3	All	• Updated form completion instructions for new CMS-1500 and Form 130 versions • Updated ECF and RA descriptions • Added information about National Provider Identifier • Replaced Reference to Forms 110 and 120 with Form 115 • Clarified retroactive eligibility policy • Updated ECF correction instructions • Added CPT and HCPCS ordering information • Updated edit resolutions for 713 and 852 • Changed references to location of forms from "Section 5" to "Forms section" • Made minor editorial changes throughout section
06-01-07		Forms		• Updated DHHS forms to add National Provider Identifier field • Updated sample claims to new CMS-1500 version • Updated ECF and remits to new versions
06-01-07		5	3-4 6-8 12 -	• 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		Appendix 1	-	Updated list of edit codes

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
06-01-07		TPL Supplement	All	• 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
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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
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
11-01-06		5	-	Updated Case Plan and Screening Form for MAPPS
10-01-06		5	-	Updated county office addresses
10-01-06		Appendix 2	-	Updated list of carrier codes
09-01-06		5	-	Updated county offices
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	• 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
08-01-06		2 & 4	2-20; 4-4	Clarified repeat visit policy
08-01-06		5	-	Updated Reasonable Effort Documentation form

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change	
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
03-01-06		3	17, 18 19 25 25 40	• 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
03-01-06		2	21 32	• Clarified provider type requirements • Updated Family Planning Waiver expiration date
03-01-06		4	5	Added 03 as a MAPPS place of service code
02-01-06		Appendix 1	41	Changed resolution for edit code 721
02-01-06		2 & 4	2-19, 2-20; 4-4	Updated Postpartum/Infant Home Visit policies to reflect Medicaid Bulletin dated January 24, 2006
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		Appendi	-	Updated list of carrier codes

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Date	Section	Page(s)	Change	
		x 2		
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		2	28	Added definition of peer pressure
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, 19, 35	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05		3	17, 18	Changed Web site from www.scdhhshipaa.org to www.scmedicaidprovider.org
11-01-05		5	11	Updated list of DHHS county offices
10-01-05		5	11	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.
10-01-05		5	-	Removed "Missed preventive appointment – minor" from Referral Form for Broken Appointments
10-01-05		2	30	Corrected wording about unlicensed staff