

CHANGE CONTROL RECORD

Date	Attachment Type	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	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
04-01-26	Manual	Cover page		Updated cover page date
04-01-26	Manual	Section 4: Covered Services and Definitions	28, 33	Moved the existing definition of Partial Hospitalization (PHP) under the Outpatient covered services and removed reference of the old policy reference for PHP in the Non-covered services section.
04-01-26	Manual	Section 4: Covered Services and Definitions	19	Added policy and billing guidance for drugs purchased via the 340B Drug Program
04-01-26	Procedure Codes		8-9	Added inpatient payment calculation-Reimbursement Type C-Cost Outlier with One-Day Stay.
02-01-26	Manual	7	46	Added language on PASRR Level 1 screenings.
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 2			Updated Carrier Codes

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Date	Attachment Type	Section	Page(s)	Change
01-01-26	Procedure Code	Cover page		Updated cover page date
01-01-26	Procedure Code	Section 4	4-2; 4-3; 4-5	Removed discontinued CPT code J7310
01-01-26	Procedure Code	Cover page		Updated cover page date
01-01-26	Manual	Section 4; Section 8	20; 74	Removed discontinued CPT code J7310
12-01-25	Manual	Cover page		Updated cover page date
12-01-25	Manual	Section 4: Covered Services and Definitions	19	<p>Added 340B Program policy language</p> <p>This policy has been redacted and will be reinstated on April 1st, 2026 in accordance with Medicaid Bulletin #26-004.</p>
11-01-25	Appendix 1			<p>For Edit Code 636: Co-payments are no longer subject to cost-sharing. It reads as follows:</p> <p>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.</p> <p>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.</p>
11-01-25	Admin. & Billing Manual	Section 1	Pg. 15	<p>Removed language regarding the reimbursement of interns practicing under the supervision of a licensed professional. Interns have an enrollment pathway.</p> <p>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.</p>

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Date	Attachment Type	Section	Page(s)	Change
10-27-25	Appendix 2			Updated Carrier Codes
10-01-25	Manual		72-74	Corrected typo. Added the word “clinical” for the laboratory services in the outpatient hospital reimbursement types 1, 5 and 4 that was originally omitted for consistency with the existing policy. Clinical laboratory services are those paid in addition to the all-inclusive rate.
10-01-25	Procedure Code		2-6	Corrected typo. Added the word “clinical” for the laboratory services in the outpatient hospital reimbursement types 1, 5 and 4 that was originally omitted for consistency with the existing policy. Clinical laboratory services are those paid in addition to the all-inclusive rate.
10-01-25	Manual		Cover Page	Updated publication date on cover page
10-01-25	Manual	Section 8- Billing Guidance	72-74	<ul style="list-style-type: none"> • Added clarification for add-on services and grouped them to those subject to outpatient hospital multiplier and those not subject to the outpatient hospital multiplier • Updated Outpatient reimbursement Type 5 to clarify add-on services subject to outpatient multiplier; and added section for add-on services NOT subject to outpatient multiplier, specifically for EmPATH and clinical labs. • Updated Outpatient reimbursement Type 4, added rev codes 905, 913 and 919 related to EmPATH and IOP/PHP services. Added section for services not subject to outpatient multiplier, specifically for EmPATH, IOP/PHP and clinical labs
10-01-25	Manual	Section 7- Special Coverage	67	Removed reference to ICD-9 codes prior to Oct.1, 2025

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Date	Attachment Type	Section	Page(s)	Change
10-01-25	Manual	Various Sections	Various pages	Updated email address for QIO
10-01-25	Manual	Section 4-Covered Services	26	Added clarification that IOP/PHP services are not subject to outpatient hospital multiplier consistent with policy issued on bulletin and the state plan
10-01-25	Manual	Section 4-Covered Services	24	Added clarification that EmPATH services are not subject to outpatient hospital multiplier consistent with policy issued on bulletin and the state plan.
10-01-25	Manual	Section 4-Covered Services	23	Added “medical triage” as a location/setting eligible for hospital-based crisis stabilization services (EmPATH). This setting was inadvertently omitted from the original policy.
10-01-25	Manual	Section 4-Covered Services	21	Added physician assistant as the qualified professional for the multidisciplinary team for hospital-based crisis stabilization services (EmPATH). This provider was inadvertently omitted from the original policy.
10-01-25	Manual	Section 4-Covered Services	9	<ul style="list-style-type: none"> • Added clarification for inpatient or outpatient setting in reference to Inpatient Only services. • Deleted reference that services not covered under Medicaid -may be billed to the patient since this is not a Medicaid policy, but rather a business decision for the provider.
10-01-25	Manual	Section 4-Covered Services	8	Removed reference for “false labor” since Solventum deleted base DRG (false labor) between version 32 and 42 of the APR-DRG classifications
10-01-25	Procedure Codes			Updated Hospital-based crisis stabilization services to reflect the services are not subject to outpatient multiplier.

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Date	Attachment Type	Section	Page(s)	Change
10-01-25	Procedure Codes		28-82	Replaced APR-DRGs and Relative Weights tables for Oct. 1, 2015 (version 32 of the APR-DRG) with tables for Oct. 1, 2025 (version 42 of the APR-DRG)
10-01-25	Procedure Codes		24	Added Revenue codes 871, 872, 873, 874, 905, and updated revenue code 919 (coverage and units)
10-01-25	Procedure Codes		6-10	Added payment calculations for APR-DRG based inpatient claims reimbursement types (A, B, C, E, H, J, M, N, U)
10-01-25	Procedure Codes		1-4	<ul style="list-style-type: none"> • Updated Outpatient reimbursement Type 5 to clarify add-on services subject to outpatient multiplier; and added section for add-on services NOT subject to outpatient multiplier, specifically for EmPATH and clinical labs. • Updated Outpatient reimbursement Type 4, added rev codes 905, 913 and 919 related to EmPATH and IOP/PHP services. Added section for services not subject to outpatient multiplier, specifically for EmPATH, IOP/PHP and clinical labs
07-01-25	Appendix 2			Updated Carrier Codes
07-01-25	Admin & Billing Manual	1	4-5	<ul style="list-style-type: none"> • Changed citation for the definition of SCMSA to State Regulations. • Added language about proof of residency requirement for certain provider types. • 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.

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Date	Attachment Type	Section	Page(s)	Change
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.
12-01-24	Procedure Codes	Codes that Require PA	69-74	Updated the codes that require PA by the QIO. Removed inpatient only codes from the list.
11-01-24		Appendix 1		<p>Codes were updated as of October 1, 2024</p> <p>Edit Code 719-</p> <p>•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.</p> <p>•Claim Status: SUSPEND-The service/procedure has to be reviewed by Medicaid prior to payment. No further action by the provider is necessary.</p> <p>Edit Code 560-</p> <p><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.</p> <p><input type="checkbox"/> UB CLAIM: Enter the correct revenue code (Field 42) for that line.</p>
11-01-24		Appendix 2		October Carrier Code Updates
10-01-24	Manual	Cover Page	Cover Page	Updated the date to October 1 st , 2024

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Date	Attachment Type	Section	Page(s)	Change
10-01-24	Manual	Section 4: Covered Services and Definitions	24-27	Added policy language on Intensive Outpatient (IOP) and Partial Hospitalization (PHP) Services
10-01-24	Manual	Section 5: Utilization Management	39	Removed the timeline QIO must respond for PAs for Inpatient Admissions
10-01-24	Manual	Section 7: Special Coverage	61-62	Clarified dental service PA policy language for outpatient hospitals.
10-01-24	Entire Manual		Various	Language update removed passive phrasing. Replaced references to DHEC with applicable department DPH or DES
08-01-24	Procedure Codes	Billing Codes for Family Planning	111-112	Code 99241 was removed; updated description of code 99211 & codes 99242-99244
08-01-24	Procedure Codes	Billing Codes Requiring Prior Authorization	69	Updated codes that require PA from QIO
07-01-24	Appendix 1		34, 80	Removed edit codes 636 and 977
07-01-24	TPL Supplement	Copayments and TPL	4	Removed references 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).

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Date	Attachment Type	Section	Page(s)	Change
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.
07-01-24	Copayment Schedule	Entire Document		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 sections	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)

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Date	Attachment Type	Section	Page(s)	Change
2-1-24	Manual	Cover Page		Published Cover Page
2-1-24	Manual	7	46	Updated language regarding QIO no longer issuing Prior authorization for transplant services for members enrolled in a MCO
2-1-24	Manual	8	73	Updated language regarding reimbursement for transplant services. Reimbursement for transplant services of MCO members will be the responsibility of the MCO. Reimbursement for transplant services of members in the FFS program will be responsibility of SCDHHS.
2-1-24	Procedure Codes	Section 4: Billing Codes Requiring Prior Authorization	84-85	Update CPT codes that require prior authorization for the QIO. Removed OT, PT, and Speech Therapy evaluation procedure codes.
01-01-24	Manual	Cover Page	1	Date updated
01-01-24	Manual	Section 4: Covered Services and Definitions	9-10	Removed language on Managed Care Organization (MCO) Emergency Room Services and moved it to Section 8: Billing Guidance.
01-01-24	Manual	Section 4: Covered Services and Definitions	19-20	Added Hospital-Based Crisis Stabilization Services language and codes.
01-01-24	Manual	Section 4: Covered Services and Definitions	21	Updated Nutritional Counseling language for efficiency and clarity.

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Date	Attachment Type	Section	Page(s)	Change
01-01-24	Manual	Section 4: Covered Services and Definitions	22	Removed specific Children's Nutritional Counseling language. Clarified dietary evaluation and counseling services billing information.
01-01-24	Manual	Section 5: Utilization Managem ent	31	Updated Outpatient Therapies language for efficiency and clarity.
01-01-24	Manual	Section 8: Billing Guidance	60	Added language on Managed Care Organization (MCO) Emergency Room Services
01-01-24	Procedure Codes		18	Changed covered services indicator from 0 to 3 and unit/room indicator from 0 to 4 for revenue code 919
01-01-24	Procedure Codes		69, 74, 84, 88, 89, 96	Removed KEPRO references and added QIO
10-17-23	Appendix 2			Updated Carrier Codes
10-01-23	Manual			Published Cover Page
10-01-23	Manual	Section 5- Utilization Managem ent	31	Corrected typo under the Reconsideration of Denials: CFR citation was changed to 42 CFR 478.38
10-01-23	Manual	Section 5- Utilization Managem ent	30	Added omitted language about supporting documentations filed with the PA to be hard copy.
10-01-23	Manual	Section 5- Utilization Managem ent	29	Removed paragraph about LTL due to misplacement during manual re-formatting period. The paragraph is currently located in the CLTC manual. Removed Heading for Pre-surgical justification for elective hysterectomies

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				due to misplacement during the manual re-formatting period. The policy is listed on page 44 of this manual.
10-01-23	Manual	Section 4-Covered Services	14	Corrected typo under the pediatric inpatient rehabilitation services criteria and limitations, removed duplicate language in bullet “o”.
07-01-23	Appendix 2	Appendix 2		Updated Carrier Codes
07-01-23				Published cover page
07-01-23	Procedure Codes	Procedure Codes	1 84-91 111 122	<ul style="list-style-type: none"> • Deleted references to ICD-9 codes • Deleted references for ICD-10 PCS codes that require Prior authorization listed for 2015 and 2016. • Deleted references for ICD-10 PCS surgical codes that require supporting documentation for 2015. • Deleted references for ICD-10 diagnosis codes for Family Planning listed for 2015 and 2016.
07-01-23		3	6	Added the specialized hospital or designated unit of a general acute hospital as the qualified provider for delivery of pediatric inpatient rehabilitation services
07-01-23		4	8	Added pediatric inpatient rehabilitation services as covered service for inpatient hospital services
07-01-23		4	9	Inpatient Only- updated the link for inpatient only procedures
07-01-23		4	11	Mother /Newborn admission – Deleted reference to procedure codes prior to October 2015.
07-01-23		4	13-17	Covered Services- Added policy detailing coverage, criteria, medical necessity and documentation requirements for pediatric inpatient rehabilitation services.

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Date	Attachment Type	Section	Page(s)	Change
05-01-23		Forms		Updated the Consent for Sterilization (DHHS Form 687), to the latest version.
05-01-23		Appendix 2		Updated Carrier Codes
01-01-23		8	60	Inpatient Services was added. A link to access the Billing Guidance for Inpatient claims was also added.
01-01-23		Appendix 2		Updated Carrier Codes
01-01-23		4	8	Clarified procedures regarding “false labor claims”
10-10-22		Forms		Updated Referral for Out of State Services (OSS) form.
10-01-22		Appendix 2		Updated Carrier Codes
10-01-22		4	8	Added Inpatient Only Procedures Policy
08-01-22		Appendix 2		Updated Carrier Codes
07-01-22		7	40	Added language concerning the HHS-687, Consent for Sterilization Form
05-26-22		7	45	Added language to clarify non-coverage of Gender Transition.
05-26-22		7	55	Clarification on Family Planning (FP) definition was made.
05-01-22		Forms		Updated Transplant Prior Authorization Request Form
05-01-22		Appendix 2		Updated Carrier Codes

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Date	Attachment Type	Section	Page(s)	Change
04-01-22		2	3	Added “licensed provider services” under Eligibility/Special Populations.
04-01-22		3	5	Added “licensed provider” under Provider Medicaid Enrollment & Licensing.
04-01-22		4	18	Added “Authorized Licensed Provider” under Children & Nutritional Counseling.
04-01-22		4	19	Replaced definition of “Certified Nurse Midwife”, under Professional Services, with the current definition, to be in line with the definition by law.
04-01-22		4	20	Replaced definition of “Nurse Practitioner”, under Professional Services, with the current definition, to be in line with the definition by law. Also, separated the definition for Nurse Practitioner and Clinical Nurse Specialist as it was currently combined in the manual.
04-01-22		4	20	Added definition of “Clinical Nurse Specialist”, under Professional Services, to be in line with the definition by law.
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.

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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.
09-01-21		7	36	Removed sentence regarding “quarterly post payment review process.....”
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

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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		Forms		The current OOS form was replaced with a new version.
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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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		4	99-102 131, 139- 143	Updated procedure code descriptions in the following sections: <ul style="list-style-type: none"> • PT, OT, and Speech Therapy CPT Codes • Family Planning CPT/HCPCS Services
12-01-18		Appendix 2	-	Updated carrier codes
11-01-18		Forms	-	Updated Claim Reconsideration Form

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11-01-18		Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18		2	-	Incorporated the 2018 ICD-10 update
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		4	1 2	<ul style="list-style-type: none"> • Updated Reimbursement Type 1 — Surgical • Updated Reimbursement Type 5 — Non-Surgical
08-01-18		Appendix 2	-	Updated carrier codes
08-01-18		Managed Care Supplement	-	Updated entire section
07-01-18		3	55-56 56	<ul style="list-style-type: none"> • Updated Retro Medicare • Updated Retro Health
07-01-18		Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Updated Retro Health and Pay & Chase • Updated TPL Resources
06-01-18		2		Updated the following sections:

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			10 15 31-32 33	<ul style="list-style-type: none"> • Prior Authorization • Prior Authorizations for Inpatient Admissions • Long Acting Reversible Contraceptives (LARCs) • Adult Nutritional Counseling
05-01-18		2	32 61	Updated the following sections to remove ICD-9 codes and refer providers to the Hospital Provider Manual webpage <ul style="list-style-type: none"> • Long Acting Reversible Contraceptives (LARCs) • Billing Notes for Abortions
05-01-18		4	74, 123, 125, 149, 153	Updated section to remove ICD-9 codes and refer providers to the Hospital Provider Manual webpage
05-01-18		Forms	-	Updated Claim Reconsideration Form
05-01-18		Appendix 2	-	Updated carrier codes
05-01-18		Webpage	-	Added ICD-9 codes
04-01-18		3	49	Updated Examples, Reimbursement Type C - Cost Outlier
03-01-18		4	151	Family Planning CPT/HCPCS Services
02-01-18		Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18		Appendix 2	-	Updated carrier codes
01-01-18		2	7-8 23	Updated the following sections: <ul style="list-style-type: none"> • Medicare/Medicaid (Dually Eligible) • Updated A. Outpatient Surgical Services — Reimbursement Type 1

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			24 31, 75	<ul style="list-style-type: none"> • B. Outpatient Non-Surgical Services — Reimbursement Type 5 • Long Acting Reversible Contraceptives (LARCs)
01-01-18		4	72 101, 104- 105 107 134, 149, 150	Updated the following tables: <ul style="list-style-type: none"> • Outpatient Hospital Surgeries CPT Codes • PT, OT, and Speech Therapy CPT Codes • Outpatient Hospital Services • Family Planning CPT/HCPCS Services
01-01-18		5	1	<ul style="list-style-type: none"> • Updated Correspondence and Inquiries
12-01-17		2	32, 75	Updated Long Acting Reversible Contraceptives (LARCs)
12-01-17		4	155	Updated Family Planning CPT/HCPCS Services
12-01-17		Forms	-	<ul style="list-style-type: none"> • Updated Claim Reconsideration Form
11-01-17		4	127 135	<ul style="list-style-type: none"> • Deleted Family Planning Procedure Codes • Updated Family Planning CPT/HCPCS Services
11-01-17		Appendix 2	-	Updated carrier codes
10-01-17		2	33-35 46	<ul style="list-style-type: none"> • Updated Long Acting Reversible Contraceptives (LARCs) – ICD-10 PCS • Updated Hospital Acquired Conditions (HACs), Other Provider Preventable Conditions (OPPCs), and Never Events (NEs) – ICD-10 2017
10-01-17		4	75	<ul style="list-style-type: none"> • Updated ICD-10-PCS Prior Authorization Codes • Updated ICD-10-PCS Surgical Codes

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10-01-17		Webpage	-	Updated OP Reimbursement Levels
10-01-17		Appendix 1	-	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	23 25	<ul style="list-style-type: none"> • Updated A. Outpatient Surgical Services — Reimbursement Type 1 • Updated B. Outpatient Non-Surgical Services — Reimbursement Type 5
08-01-17		4	1	<ul style="list-style-type: none"> • Updated Reimbursement Type 1 — Surgical • Updated Reimbursement Type 5 — Non-Surgical
08-01-17		Forms	-	Updated Surgical Justification Review for Hysterectomy (form and sample)
08-01-17		Appendix 2	-	Updated carrier codes
06-01-17		2	54 55 58 73	Updated the Consent for Sterilization Form number reference in the following sections: <ul style="list-style-type: none"> o Hysterectomy o Elective Sterilization o Sterilization Consent Form Requirements o Sterilization
06-01-17		Forms	-	<ul style="list-style-type: none"> • Updated Claim Reconsideration Form • Updated DHHS Form 687, formerly DHHS Form 1723 (Consent for Sterilization)
06-01-17		Appendix 2	-	Updated carrier codes
05-01-17		2	53-54 64-65 73	Updated the following sections: <ul style="list-style-type: none"> • Physician Services • Panniculectomy • Family Planning Services, Covered Services

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Date	Attachment Type	Section	Page(s)	Change
			75 81	<ul style="list-style-type: none"> • Family Planning Services, Non-Covered Services • Long Acting Reversible Contraceptives (LARCs) • Billing Notes for Sterilization and Other Related Procedures • Consent for Sterilization Form, Non-Covered Services
05-01-17		4	68 85-86 94 103 110 133 134 140 138	<ul style="list-style-type: none"> • Updated the following sections: <ul style="list-style-type: none"> ◦ ICD-9-PCS Prior Authorization Codes, formerly ICD-9-CM Prior Authorization Codes ◦ PT, OT, and Speech Therapy CPT Codes ◦ ICD-9-PCS Surgical Codes, formerly ICD-9-CM Surgical Codes ◦ ICD-10-PCS Surgical Codes, formerly ICD-10-CM Surgical Codes ◦ Family Planning Procedure Codes ◦ Family Planning CPT/HCPCS Services ◦ Inpatient Hospital ICD-9-PCS Non-Elective Abortion Surgical Procedure Codes, formerly Inpatient Hospital ICD-9-CM Non-Elective Abortion Surgical Procedure Codes ◦ Inpatient Hospital ICD-10-PCS Non-Elective Abortion Surgical Procedure Codes, formerly Inpatient Hospital ICD-10-CM Non-Elective Abortion Surgical Procedure Codes ◦ Inpatient Elective Therapeutic Abortion ICD-10-CM Diagnosis Codes, formerly Inpatient Elective Therapeutic Abortion ICD-10-CM Surgical Codes ◦ Inpatient Elective Therapeutic Abortion ICD-9-PCS Surgical Codes, formerly Inpatient Elective Therapeutic Abortion ICD-9-CM Surgical Codes • Added Inpatient Elective Therapeutic Abortion ICD-9-CM Diagnosis Codes

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
05-01-17		Appendix 1	1	Updated Provider Service Center Hours of Operation
04-04-17		Forms	-	<ul style="list-style-type: none"> Updated Request for Medicaid ID Number – Infant Form
03-01-17		Forms	-	<ul style="list-style-type: none"> Updated Claim Reconsideration Form
02-08-17		2	31-33	Updated Long Acting Reversible Contraceptives (LARCs)
02-08-17		4	69, 78	Updated ICD-10-PCS Prior Authorization Codes
02-01-17		Webpage	-	Updated OP Reimbursement Levels
02-01-17		Appendix 2	-	Updated carrier codes
01-01-17		2	7 15 30, 31	Update the following sections: <ul style="list-style-type: none"> Medicare/Medicaid (Dually Eligible) Prior Authorization for Inpatient Admissions Updated Long Acting Reversible Contraceptives (LARCs) section
01-01-17		4	64, 65 86-89 111, 112, 124, 125	Updated the following tables: <ul style="list-style-type: none"> Billing Codes Requiring Prior Authorization PT, OT, and Speech Therapy CPT Codes Billing Codes for Family Planning
12-01-16		3	10 12	<ul style="list-style-type: none"> Updated Procedural Coding section Updated Diagnostic Codes section
12-01-16		Forms	-	<ul style="list-style-type: none"> Updated Claim Reconsideration Form Re-inserted Request for Prior Approval Review By KePRO form
11-01-16		Appendix 2	-	Updated carrier codes

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
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
10-01-16		2	32, 33, 45 70	<ul style="list-style-type: none"> • Updated ICD-10 CM codes • Updated Checkup and Family Planning Services Section
10-01-16		3	21	Updated Medicaid Copayments Section
10-01-16		4	69-77, 100- 101 91-113	<ul style="list-style-type: none"> • Updated ICD-10 CM codes • Updated Billing Codes for Checkup and Family Planning Section
09-01-16		2	24	Updated C. Treatment/Therapy/ Testing (TTT) Services — Reimbursement Type 4
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
08-01-16		Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16		2	33-34, 61	Updated the following sections to reflect Medicaid Bulletin dated June 9, 2016 – Coverage of Bariatric Surgery: <ul style="list-style-type: none"> • Adult Nutritional Counseling • Bariatric Surgery (formerly Gastric Bypass)
07-01-16		Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16		4	91 111	<ul style="list-style-type: none"> • Checkup and Family Planning Procedure Codes

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
				<ul style="list-style-type: none"> Updated Checkup and Family Planning CPT Services
06-01-16		5	- 1 3	<ul style="list-style-type: none"> 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		2	30-31, 71	Updated Long Acting Reversible Contraceptives (LARCs)
05-01-16		4	65 91 111	Updated the following sections: <ul style="list-style-type: none"> Revised code descriptions for 57291 and 57292 Checkup and Family Planning Procedure Codes Billing Codes for Checkup and Family Planning
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 Supplemen t	18-19	Replaced sample MCO cards
03-01-16		4	2	Updated rate for revenue code 440
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:

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
				<ul style="list-style-type: none"> • South Carolina Medicaid Program <ul style="list-style-type: none"> ◦ Program Description ◦ SC Healthy Connections Medicaid Card(s) • Records/Documentation Requirements <ul style="list-style-type: none"> ◦ General Information ◦ Signature Policy • Medicaid Program Integrity <ul style="list-style-type: none"> ◦ Program Integrity • Appeals
02-01-16		4	-	Corrected headers
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
11-04-15		3	39	Updated Remittance Advice Items to add Y claim type to field D
11-04-15		4	19-62	Replaced APR-DRGs and Relative Weights table
11-01-15		Appendix 1	19, 44- 47	<ul style="list-style-type: none"> • Revised edit code 507, 821, 837, 838, 839
10-01-15		1	7 10	<ul style="list-style-type: none"> • Updated to add SCDHHS alerts • Updated Provider Participation
10-01-15		2	30-32 57	<ul style="list-style-type: none"> • Added Long Acting Reversible Contraceptives (LARCs) • Updated Billing Notes for Abortions
10-01-15		3	10	Updated Procedural Coding
10-01-15		Appendix 1	1	<ul style="list-style-type: none"> • Updated general instructions • Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			1 All 4, 20, 23, 27, 43	Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> 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		2	18 40 55-56 66	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"> • Mother/Newborn Admissions • Hospital Acquired Conditions (HACs), Other Provider Preventable Conditions (OPPCs), and Never Events (NEs) • Billing Notes for Abortions • Non-Covered Services
09-01-15		3	7 10 12 12 23 30 42-43 60	<ul style="list-style-type: none"> • 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 • 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"> o Procedural Coding o Diagnostic Codes o Present On Admission (POA) Indicator o Billing Instructions for Service Provided as the Result of an Emergency o Completion of the UB-04 Claim Form – field 67 o Remittance Advice Items – field M o UB-04 Data Fields – field 67
09-01-15		4	68-120	<ul style="list-style-type: none"> • Adding/updated procedure codes to reflect Medicaid Bulletin dated June 1, 2015 —

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
				ICD-10 Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> • Updated OP Reimbursement Levels (Hospital webpage) to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System
09-01-15		Appendix 1	5, 14	<ul style="list-style-type: none"> • Added edit codes 270 and 271 • Updated to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System
08-01-15		2	30-32 60	<ul style="list-style-type: none"> • Updated reflect Medicaid Bulletin dated July 2, 2015 – Nutritional Counseling and Dietitian Enrollment • Updated Positron Emission Tomography (PET) Scans
07-01-15		Appendix 3	1-2	Updated Copayment Schedule
06-01-15		4	67	Added procedure code 64568 to Outpatient Hospital Surgeries CPT Codes
03-13-15		3	7	Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-02-15		4	77-93	Added Checkup and Family Planning CPT/HCPCS Services
03-01-15		Appendix 2		Updated carrier codes
02-01-15		2	7	Updated Medicare/Medicaid (Dually Eligible)
01-01-15		Forms		Updated the following forms: <ul style="list-style-type: none"> • Claim Reconsideration • Request for Medicaid ID Number - Infant

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
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 36-37	Added the following policies: <ul style="list-style-type: none"> • 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	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	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14		Appendix 1	3, 31, 36, 48-49, 61 46	<ul style="list-style-type: none"> • Updated edit code 079, 637, 719, 820, 821, 908, 909 • Added new edit code 790
09-01-14		4	14	Added revenue codes 780 and 789
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		2	66 66-74	<ul style="list-style-type: none"> • Deleted Family Planning Waiver • Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
08-01-14		3	20	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14		4	75	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"> • Deleted edit codes 845 and 969 • Updated edit codes 537, 837-839, 843, 844, and 892
07-01-14		2	35-40	Updated to reflect Medicaid Bulletin dated May 23, 2014 – Provider Preventable Conditions Policy
07-01-14		Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-01-14		Forms	-	Updated Out-of-State Referral Package
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
05-06-14		2	20	Added Transportation of Self-Administered Oxygen Dependent Beneficiaries section to reflect Medicaid Bulletin dated May 1, 2014
05-01-14		General Table of Contents	1	Removed DHHS county office listing
05-01-14		2	20, 22, 23, 28 18	<ul style="list-style-type: none"> • Replaced procedure code J1055 with J1050 • Replaced reference to county office listing with the Where To Go for Help web address
05-01-14		3	30	Replaced procedure code J1055 with J1050

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
05-01-14		4	1, 2, 75	Replaced procedure code J1055 with J1050
05-01-14		5	1 5	<ul style="list-style-type: none"> • 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		Change Control Record	3	Deleted CMS-1500 changes from January 1, 2014 for sections 3 and Forms
04-01-14		1	6, 23, 25 29-31 32 33 37 39 41-44	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated the following sections: <ul style="list-style-type: none"> ○ Program Integrity ○ Recovery Audit Contractor ○ Beneficiary Oversight ○ Fraud ○ Referrals to the Medicaid Fraud Control Unit ○ Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)
04-01-14		2	28	Deleted Prior Authorization for High-Tech Radiology
04-01-14		3	1-56 4 5	<ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated Trading Partner Agreement • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
04-01-14		4	67 69	<ul style="list-style-type: none"> • Deleted High-Tech Radiology procedure codes • Deleted ICD-9 code V59.02

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
04-01-14		5	10	Updated Horry County address
04-01-14		Forms		<ul style="list-style-type: none"> • Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms • Removed Sample Edit Correction Form • Updated Sample Remittance Advice
04-01-14		Appendix 1	35 -	<ul style="list-style-type: none"> • Added edit code 527 • Entire section: <ul style="list-style-type: none"> ◦ 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
04-01-14		TPL Supplement	5 6-8 9-10 10-11 13-14 15-16 22-23 30-31	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form: <ul style="list-style-type: none"> ◦ Timely Filing Requirements ◦ Reasonable Effort ◦ Nursing Facility Claims ◦ Professional, Institutional, and Dental Claims ◦ Rejected Claims ◦ Recovery ◦ Sample Forms – Reasonable Effort ◦ Sample Forms – ECF (deleted)
03-01-14		4	69 69, 70	<ul style="list-style-type: none"> • Deleted ICD-9 codes 39.31 and 45.62 • Added ICD-9 codes 52.83 and V59.02
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	Updated to reflect the following bulletins: <ul style="list-style-type: none"> • Managed Care Organizational Changes dated November 15, 2013

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			6, 23, 25 1-2 4 6 26 29-30 32 32	<ul style="list-style-type: none"> • Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 Updated the following sections: <ul style="list-style-type: none"> • 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		2	5, 70 7	Updated to reflect the following bulletins: <ul style="list-style-type: none"> • Managed Care Organizational Changes dated November 15, 2013 • 2014 Medicare Deductible, Coinsurance and Medicaid Blood Deductible Rates for Dually Eligible Medicaid Members
01-01-14		3	-	Updated entire section to reflect the following bulletins: <ul style="list-style-type: none"> • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Managed Care Organizational Changes dated November 15, 2013
01-01-14		5	1 3-4	Updated the following sections <ul style="list-style-type: none"> • Correspondence and Inquiries • Procurement of Forms
01-01-14		Forms		<ul style="list-style-type: none"> • Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms
01-01-14		Appendix 1		Updated to reflect the following bulletins: <ul style="list-style-type: none"> • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
				<ul style="list-style-type: none"> 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		<ul style="list-style-type: none"> 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		2	7	Updated Medicare/Medicaid (Dually Eligible) information to reflect Medicaid Bulletin dated February 8, 2013.
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"> Updated Orangeburg office and mailing address Updated York County office address
10-01-13		Appendix 1	- 5, 39 69 37, 42, 44	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Added WellCare MCO Medicaid card and contact information
09-01-13		5	8	<ul style="list-style-type: none"> Updated Darlington County zip code

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			11 13	<ul style="list-style-type: none"> • Updated Laurens County phone number • Updated York County office address
08-01-13		5	13	<ul style="list-style-type: none"> • Updated York County physical address
08-01-13		Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Updated Colleton County office telephone number • Deleted Newberry County PO Box address
06-01-13		5	12	<ul style="list-style-type: none"> • Updated Richland county office telephone number
06-01-13		Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> • Updated resolutions for edit codes 107, 219, 339 673, 720 • Deleted edit code 577
04-01-13		1	6	Corrected the URL for MedicaideLearning.com
04-01-13		Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	<ul style="list-style-type: none"> • Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 • Updated CARCs for edit codes 460, 544, 569 • Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 • Added edit codes 820, 821 • Updated edit code 935, 938, 939
04-01-13		Appendix 2	-	Updated carrier code list
03-01-13		3	19	Changed ICF/MR to IID

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
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
02-06-13		3	56	Removed “Present” from Ventilator Dependent, dates of service, April 8, 2011 – September 30, 2011
02-01-13		1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
02-01-13		3	56	Updated administrative days Medicaid rates
01-01-13		3	56	Updated administrative days Medicaid rates
01-01-13		5	1 7 9	<ul style="list-style-type: none"> • Removed program area contact information • Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13		Appendix 1	-	Added Change Log for section changes
12-03-12		1	6 7-8 27-32 33-41	<ul style="list-style-type: none"> • Updated web addresses for provider information and provider training • Revised heading and language to reflect new provider enrollment requirements • Updated Program Integrity language (entire section) • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
				Suspension/Provider Exclusions/Terminations (entire section)
12-03-12		3	10 4,24 38-39	<ul style="list-style-type: none"> • Updated National Provider Identifier and Medicaid Provider Number • Updated provider information web addresses • Updated Electronic Funds Transfer (EFT)
12-01-12		5	3 11	<ul style="list-style-type: none"> • Updated web address for provider information • Updated McCormick county office telephone number
12-01-12		Forms	-	Replaced OOS forms
12-01-12		Appendix 1	24, 26, 27, 32, 33 19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	<ul style="list-style-type: none"> • Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 • Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926
12-01-12		TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12		5	1	Updated Allendale county office address
11-01-12		Appendix 2	-	Updated carrier code list
10-05-12		Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12		1	4	Replaced back of Healthy Connections Medicaid card
10-01-12		Appendix 1	-	Updated edit code information through document

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
08-08-12		2	2	Added note the following revenue codes require a CPT code as of 6/1/12: 420, 424, 430, 434, 440, 444
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	4, 20, 38-40, 50, 52, 56, 62, 70, 71	Updated program area contact information to reflect Medicaid Bulletin dated June 29
08-01-12		3	1 4, 10, 38	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks
08-01-12		5	1 5 7	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed fax request information for SCDHHS forms • Added SCDHHS forms online order information • Updated telephone number for Greenville county office
08-01-12		Forms	-	<ul style="list-style-type: none"> • Deleted forms 140 and 142 • Updated Duplicate Remittance Advice Request Form
08-01-12		Appendix 1	- 1, 24, 60, 65, 66-67, 70-72	<ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 • Added edit codes 349, 590, 978, 990, 991-995

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	<ul style="list-style-type: none"> • Deleted edit codes 166, 205, 573, 574, 593, 596 • Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12		Managed Care Supplement	1-2 7 11 17 19	<ul style="list-style-type: none"> • Changed Division of Care Management to Bureau of Managed Care • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to “Medicaid” to BlueChoice 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		2	9 10-11 11 15 48 49 41	<p>Updated the following sections to reflect new prior authorization policy per Medicaid Bulletin dated May 15. 2012 – Services Performed by KePRO</p> <ul style="list-style-type: none"> • Pre-Surgical Justification for Elective Hysterectomies • Prior Authorization • Instructions for Obtaining Prior Authorization • Prior Authorization for Inpatient Admissions • Hysterectomy • Retroactive Eligibility • Updated the OOS contact number for Home Health
07-01-12		4	2 19 64-65	<ul style="list-style-type: none"> • Reformatted Reimbursement Type 4 table • Changed table header, column 5

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			69	<ul style="list-style-type: none"> Deleted outpatient hospital codes 33975-33979, 44135-48556 Deleted ICD-9 prior authorization code 00.93
07-01-12		Appendix 1	16, 48 45	<ul style="list-style-type: none"> Deleted edit codes 386 and 868 Added edit codes 837, 838, 839
07-01-12		Appendix 2	-	Updated carrier codes
06-01-12		2	<p style="text-align: center;">15</p> <p style="text-align: center;">8, 50</p> <p style="text-align: center;">8-12, 46-48, 53-56</p> <p style="text-align: center;">9</p> <p style="text-align: center;">23</p> <p style="text-align: center;">40</p> <p style="text-align: center;">40-41</p> <p style="text-align: center;">48</p> <p style="text-align: center;">58</p>	<ul style="list-style-type: none"> Added Prior Authorization for Inpatient Admissions section Deleted Hospital Utilization Review and Inpatient Psychiatric Disorders section Updated the following sections to reflect Medicaid Bulletin dated May 15, 2012 replacing Alliant Health Solutions with Keystone Peer Review Organization, Inc. (KePRO): <ul style="list-style-type: none"> Quality Improvement Organization (QIO) Documentation Requirements Instructions for Obtaining Prior Authorization Organ Transplants Hysterectomy Back/Spinal Surgery and Other Back Problems Reconstructive Breast Surgery Gynecomastia Obesity Updated the following sections: <ul style="list-style-type: none"> Quality Improvement Organization (QIO) Outpatient Therapies Foster Children Residing Out of the SCMSA Ancillary and Other Out-Of-State Services Hysterectomy Kidney Transplants

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
06-01-12		4	2 65-70 72-73 77-78 77 48 74-76	Updated the following sections: <ul style="list-style-type: none"> o Reimbursement Type 4 – Treatment/Therapy/Testing o Outpatient Hospital Surgeries CPT Codes o ICD-9 Authorization Codes o Outpatient Hospital Services (support documentation) o ICD-9 Surgical Codes (support documentation) • Deleted Diagnosis Codes for Acute (Non-State Owned) Inpatient Admissions • Added PT, OT, and Speech Therapy CPT Codes
06-01-12		Forms	-	<ul style="list-style-type: none"> • Corrected date on Table of Contents for Reasonable Effort Documentation form — changed 06/2007 to 05/2007 • Deleted Notice of Noncoverage forms (4) and Hysterectomy Acknowledge (form, instructions and sample) • Replaced DHHS 1723 form with June 2010 version • Updated Notice of Termination of Administrative Days form • Updated the following forms to reflect Medicaid Bulletin dated May 15, 2012 replacing Alliant Health Solutions with Keystone Peer Review Organization, Inc. (KePRO): <ul style="list-style-type: none"> o Request for Prior Approval Review o Surgical Justification Review for Hysterectomy (form and sample) o Transplant Prior Authorization Request (form and instructions)
05-01-12		Appendix 1	62	Updated edit code 975
04-01-12		1	4	Replaced South Carolina Healthy Connections card

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
04-01-12		5	11 12	<ul style="list-style-type: none"> • Updated address for Marion County • Updated phone number for Newberry County
03-01-12		3	1 2 4-6 19 21 37 39 51	<ul style="list-style-type: none"> • Added Usual and Customary Rates • Added sentence to Claims for Medicare Coinsurance and Deductible • Added sections regarding Web Tool and claim submissions • Updated Medicaid Co-payments • Added Billing Instructions for Service Provided as the result of an Emergency • Added Reimbursement Payment • Updated SCDHHS Area Prefixes • Updated Retro-Medicare
02-07-12		Cover	-	Manual cover updated January 1, 2012
02-07-12		Appendix 1	18 24 30	<ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642
02-01-12		3	35	Updated the Remittance Advice -835 Transaction
02-01-12		5	9	Updated the Fairfield county office number
02-01-12		Appendix 1	18 30 42 49	<ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 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		2	2 40 48&49 57 6, 73	<ul style="list-style-type: none"> • Updated Eligibility Requirements • Updated Out-of-State referrals • Updated Organ Transplant information • Updated Adult Dental Services

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
				<ul style="list-style-type: none"> • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12		3	- 35	<ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated EFT information
01-01-12		4	19-62 88	Replaced APR-DRGs and Relative Weights table Added code 74174 to High-Tech Radiology Codes
01-01-12		Appendix 1	62 -	<ul style="list-style-type: none"> • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document
01-01-12		Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12		TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-10-11		2	43	Updated Administrative Days per bulletin
11-01-11		1	24	Updated TPL contact information
11-01-11		2	17 38 72	<ul style="list-style-type: none"> • Updated cost outlier policy • Added Hospital-Acquired Conditions (HACs) section • Deleted Alcohol and Other Drug Abuse Treatment section
11-01-11		3	10 11 19	<ul style="list-style-type: none"> • Updated Discharge/Readmission Within 24 Hours, bullet #3 • Deleted Questionable Admission section • Updated UB-04 manual information • Updated UB-04 fields 15, 17, 67

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			21-23, 26 32-33 41-46 47 51	<ul style="list-style-type: none"> • Updated Remittance Advice Items N • Updated Payment Calculations for the Hybrid Prospective Payment System (PPS) • Deleted ICD-9 Procedure Code Restrictions table • Under Administrated Days Claims, change changed status in field 17 from “05” to “70”
11-01-11		4	2 19- 81	<ul style="list-style-type: none"> • Updated fees schedule amounts for 636 w/J1055 – Depo-Provera, 636 w/J7310 – Vitrasert, and 636 w/90378 – Synagis • Replaced Inpatient PPS DRG Relative Weights and DRG Per Diem Rates tables with APR-DRGs and Relative Weights table
11-01-11		TPL Supplement	3, 17, 19	Updated TPL contact information
10-01-11		Appendix 1	14, 29 47	<ul style="list-style-type: none"> • Added edit codes 334 and 584 • Updated edit code 845
09-09-11		Change Control Record	1	Correction to date 09-01-11, section 4, first bullet: <ul style="list-style-type: none"> • Page 4-8, revenue code 343 service indicator changed to 4 • Page 4-16, revenue code 924 service indicator changed to 1
09-01-11		1	19	Deleted information regarding National Correct Coding Initiative
09-01-11		3	15	Deleted Interim Payment section
09-01-11		4	8, 16 57	<ul style="list-style-type: none"> • Changed revenue codes 343 and 924 covered service indicator to 1 • Added the following codes to the ICD-9 Authorization Codes list: 85.55, 86.87, 86.90
09-01-11		5	13	Updated zip code for Spartanburg County office

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
09-01-11		Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-01-11		2	19 31	<ul style="list-style-type: none"> • Replaced Partners for Health Medicaid card with South Carolina Healthy Connections card • Updated to reflect Medicaid Bulletin dated May 17, 2011 – Prior Authorization(PA) for High Tech Radiology Services
08-01-11		3	33 -	<ul style="list-style-type: none"> • Added “H” outpatient copayment descriptor and copayment amount for Remittance Advice, field L • Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11		4	54	Added new High-Tech Radiology codes
08-01-11		Appendix 1	8	Updated edit codes 165 and 166
08-01-11		Appendix 3	1	Updated the copayment schedule per the bulletin effective July 11, 2011
08-01-11		Managed Care Supplemen t	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11		5	13	Deleted PO Box address for the Spartanburg County Office
07-01-11		Appendix 1	12 43 56	<ul style="list-style-type: none"> • Updated resolution for edit code 300 • Added edit codes 840 and 841 • Updated Provider Enrollment Contact information in edit codes 941 and 944
07-01-11		Appendix 3	1	Updated the copayment schedule per the bulletin effective July 8, 2011
06-01-11		2	-	Corrected formatting

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
06-01-11		5	5	Corrected Abbeville County PO Box Zip+4 Code
05-01-11		1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
05-01-11		2	2	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		3	20 19, 33	<ul style="list-style-type: none"> • Changed outpatient hospital copayment to reflect Medicaid Bulletin dated March 16, 2011 – Copayments • Updated Copayment Policy to reflect bulletin dated March 16, 2011
04-01-11		5	6	Updated telephone number for Beaufort County
04-01-11		Forms	-	Updated Electronic Funds Transfer Form
04-01-11		Appendix 3	-	Updated copay amounts to reflect bulletin dated 3-16-11
03-01-11		1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11		2	4	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11		3	3, 4, 37	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	-	Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			67	Made change to Edit Code 990 description
03-01-11		Appendix 2	-	Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10
03-01-11		TPL Supplement	17 24, 25	<ul style="list-style-type: none"> Changed the name of the Provider Outreach Web site to Provider Enrollment and Education Updated the descriptions for Form130s
02-01-11		2	19	<ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated December 14, 2010 – Medicaid Reductions, discontinued covered for routing newborn circumcisions
02-01-11		Appendix 1	3	Added edit codes 079 and 080
01-01-11		1	7 19-20	<ul style="list-style-type: none"> Updated the South Carolina Medicaid Web-based Claims Submission Tool section Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits
01-01-11		2	7	<ul style="list-style-type: none"> Removed January 2008 information Added January 2011 information
01-01-11		3	3, 4, 31, 37 32 23	<ul style="list-style-type: none"> Updated electronic remittance package information Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package Added “Trauma Center” under “14- Admission Types”
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

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
01-01-11		TPL Supplement	8, 10 8 10 13 15 15	<ul style="list-style-type: none"> • Removed references to Dental claims • Removed language to contact program areas for missing carrier codes • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list • Updated Retro Medicare section to include the following: <ul style="list-style-type: none"> o Changed the timely filing requirement from 90 days of the invoice to 30 days o Added SCDHHS TPL recovery language • Updated the Retro Health and Pay & Chase section
12-01-10		Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10		4	2	Updated the prices for J1055 and J7307
12-01-10		Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in headers
12-01-10		Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-02-10		4	i	<ul style="list-style-type: none"> • Updated the Table of Contents to remove references to Qualis Health
11-01-10		2	22 23 24 27 28	<ul style="list-style-type: none"> • Updated Outpatient Services section • Updated A. Outpatient Surgical Services-Reimbursement Type 1 section • Updated B. Outpatient Non-Surgical Services –Reimbursement Type 5 section • Updated C. Treatment/Therapy/Testing (TTT) Services-Reimbursement Type 4 section • Deleted Collection of Blood and Arterial puncture section

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			29	<ul style="list-style-type: none"> • Added Clinical Lab Services section • Updated Laboratory Tests, EKGs, and X-rays section
11-01-10		4	1	<ul style="list-style-type: none"> • Updated Outpatient Fee Schedule-Reimbursement Types; Reimbursement Type 1 and Reimbursement Type 5.
11-01-10		Appendix 1	8 16 32 51 52	<ul style="list-style-type: none"> • Edit code 202: added information to Resolution section • Edit codes 421 and 424 deleted • Edit code 733 information updated in Resolution section: "Adjust the net charge in field" changed from 26 to 29 • Deleted edit code 959 • Deleted edit codes 962 and 963
11-01-10		TPL Supplement	3, 8, 13-14, 18-19 6, 15- 17	<ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest • Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle
10-01-10		1	- 1 7 10	<ul style="list-style-type: none"> • Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Program Description section • Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010- Transfer of the Dental Program Administration to DentaQuest • Updated Freedom of Choice section
10-01-10		5	11	Correct McCormick county office street address
10-01-10		Managed Care Supplement	-	<ul style="list-style-type: none"> • Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			1 2 3 4 5 6 13 17	<ul style="list-style-type: none"> • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10		2	9-14, 45-54 38, 55 43	<ul style="list-style-type: none"> • Updated the following sections to reflect Medicaid Bulletin dated July 30, 2010 replacing Qualis Health with Alliant Health solutions: <ul style="list-style-type: none"> ○ Quality Improvement Organization ○ Inpatient Psychiatric Disorders ○ Hysterectomy ○ Back/Spinal Surgery and Other Back Procedures ○ Reconstructive Breast Surgery ○ Gynecomastia ○ Gastric Bypass Surgery/Vertical-Branded Gastroplasty • Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest: <ul style="list-style-type: none"> ○ Ancillary and Other Out-of-State Services ○ Dental Service, Children Under Age 21 • Updated the Administrative Days, Billing Notes section for retroactive eligibility
09-01-10		4	2 47	<ul style="list-style-type: none"> • Added revenue code 404 to Revenue Codes That Require Procedure Codes list • Updated the following sections to reflect Medicaid Bulletin dated July 30, 2010 replacing Qualis Health with Alliant Health solutions:

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			48, 54	<ul style="list-style-type: none"> ○ Diagnosis Code for Acute (Non-State Owned) Inpatient Admissions ○ Prior Authorization CPT Codes ○ ICD-9 Prior Authorization Codes
09-01-10		5	2 5 8 11	<ul style="list-style-type: none"> • Updated Dental Services Medicaid Program contact information • 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	-	<ul style="list-style-type: none"> • Updated all Notice of Non-Coverage forms • Updated the following forms to include the prior approval review fax information: <ul style="list-style-type: none"> ○ Request for Prior Approval Review ○ Surgical Justification Review for Hysterectomy ○ Surgical Justification Review for Hysterectomy (sample version)
09-01-10		Appendix 1	9 -	<ul style="list-style-type: none"> • Added edit code 225 • Removed all references to the ADA Claim in the Resolution column
09-01-10		TPL Supplement	12 13 18	<ul style="list-style-type: none"> • Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information • Updated the Web-Submitted Claims section with the exception to Dental claims • Updated the TPL Resources section to include the DentaQuest contact information for TPL questions
08-01-10		5	5, 8, 11-13 6	<ul style="list-style-type: none"> • Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties • Updated the address for Barnwell County • Updated the telephone number for Beaufort County

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Date	Attachment Type	Section	Page(s)	Change
08-01-10		Forms	-	Corrected formatting on the Community Long-Term Care Notification Form
08-01-10		Appendix 1	20 51, 52 59	<ul style="list-style-type: none"> • Deleted edit code 520 • Deleted Provider Enrollment e-mail address from codes 941 and 944 • Changed resolution for edit code 994
07-01-10		3	38	Changed First Health to Magellan Medicaid Administration
07-01-10		4	4 53	Added revenue code 404 Deleted CPT code 58565
07-01-10		5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10		Forms	-	Updated the following forms: <ul style="list-style-type: none"> • Consent for Sterilization • Request for Prior Approval Review • Surgical Justification Review for Hysterectomy
07-01-10		Appendix 1	32 35	<ul style="list-style-type: none"> • Updated edit code 714 • Updated edit code 738
07-01-10		Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration
06-01-10		Managed Care Supplement	1 3 17 20, 23, 25	<ul style="list-style-type: none"> • Updated Managed Care Overview section • Updated Manage Care Organization (MCO), Core Benefits section • Updated the Managed Care Disenrollment Process, Overview section • Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change
03-01-10		Cover	-	Replaced the manual cover

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
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 23	<ul style="list-style-type: none"> • Removed modem as an electronic claims transmission method • Under field 17 Patient Status as follows: <ul style="list-style-type: none"> o Status 01 and 04 – Added usage note o Status 05 – Replaced status name o Status 08 – Deleted o Status 21 – Added usage note
03-01-10		4	53	Added new codes 63661, 63662, 63663, 63664
02-01-10		Appendix 1	13 36	<ul style="list-style-type: none"> • Added New Edit Codes 356,357 and 358 • Updated Edit Code 738
02-01-10		Appendix 2	All	Updated Carrier Code List
01-01-10		2	7 8	<ul style="list-style-type: none"> • Updated the Medicare/Medicaid (Dually Eligible) section to reflect the Medicaid allowable amounts effective January 2010 • Deleted the 2007 Medicaid allowable amounts
01-01-10		4	2 58	<ul style="list-style-type: none"> • Changed the price for revenue code 636 w/J7307 – Implanon • Changed the ICD-9 Codes Support Documentation heading to ICD-9 Surgical Codes Requiring Support Documentation and included “surgical” in the text description • Added new ICD-9 Diagnosis Codes Requiring Support Documentation section
01-01-10		5	5 10 12	<ul style="list-style-type: none"> • Updated Physical Address for Allendale County Office • Replaced Jasper County DSS with Jasper County DHHS • Replaced Orangeburg County DSS with Orangeburg County DHHS

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
01-01-10		Appendix 1	49	Updated Edit Code 932
12-01-09		1	8 25	<ul style="list-style-type: none"> • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package • Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009
12-01-09		3	1-2 17-25	<ul style="list-style-type: none"> • Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009 • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09		5	8	Updated the Dorchester County office street address
12-01-09		Appendix 1	- - 18, 19 20	<ul style="list-style-type: none"> • Replaced CARC 17 with CARC 16 • Updated CARC A1 • Updated codes 509 and 510 • Added code 533
11-01-09		2	i-v	Reformat Table of Contents
11-01-09		4	2	Updated pricing for revenue code 636 w/90378 Synagis®
11-01-09		Appendix 2	All	Updated carrier code list
10-01-09		1	3-4 4-6 26	<ul style="list-style-type: none"> • Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) • Updated SC Medicaid Healthy Connections language throughout section • Updated South Carolina Medicaid Bulletins and Newsletters • Changed heading to Medicare Cost Sharing

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Date	Attachment Type	Section	Page(s)	Change
10-01-09		2	71	Added Qualified Medicare Beneficiary subsection
10-01-09		3	35 57	<ul style="list-style-type: none"> • Reformatted link • Updated the reimbursement rate table
10-01-09		4	47-52 50 52	<ul style="list-style-type: none"> • Changed the document headers and renumbered charts • Removed code 15847 • Removed duplicate code 58294
10-01-09		5	10 11 12	<ul style="list-style-type: none"> • Updated physical address for Jasper County office • Updated telephone number for Lexington County office • Updated zip codes for Orangeburg County office
10-01-09		Appendix 1	3 60	<ul style="list-style-type: none"> • Updated edit code 065 • Updated edit code 852
09-08-09		Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09		Managed Care Supplement	21 20, 25	<ul style="list-style-type: none"> • Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 • Updated Absolute Total Care entries as following: <ul style="list-style-type: none"> ◦ Changed the company's name to Absolute Total Care ◦ Replaced the beneficiary card samples ◦ Corrected contact information
08-01-09		2	12 54	<ul style="list-style-type: none"> • Updated the Retrospective Reviews subsection • Updated the Reconstructive Breast Surgery subsection
08-01-09		4	2	<ul style="list-style-type: none"> • Changed the following codes in the Revenue Codes That Do Not Require Procedure

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Date	Attachment Type	Section	Page(s)	Change
			12 41, 43, 45 57	Codes column with Fee Schedule Amounts column: J1055, J7307, J7310 <ul style="list-style-type: none"> • Added code 614 to the Revenue Codes That Require Procedure Codes column • Added code 614 to Revenue Code table • Corrected header • Changed code 85.60 to 85.6 in the Qualis Health ICD-9 Prior Authorization Codes table
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		2	48	Added new Inpatient Psychiatric Disorders subsection
07-01-09		4	47-48	Added new chart for acute(non-state owned) procedure codes
07-01-09		5	6, 12 8 9	<ul style="list-style-type: none"> • Updated address for Bamberg and Orangeburg County offices • Updated office zip code for Darlington County • Updated telephone number for Fairfield County office
06-01-09		3	3	Removed all-inclusive rate under the EMTALA (Emergency Medical Treatment and Labor Act) subsection
06-01-09		4	1	Updated the Reimbursement Type 5 – Non-Surgical subsection
06-01-09		TPL Supplement	19	Updated Department of Insurance Web site address

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
05-01-09		1	1-6, 11 2 3 5 28-33	<ul style="list-style-type: none"> • Updated to reflect managed care policies and procedures effective May 1, 2009 • Updated the Eligibility subsection • Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection • Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection • Updated the Medicaid Program Integrity subsection
05-01-09		2	5, 13, 71-72	Updated to reflect managed care policies and procedures effective May 1, 2009
05-01-09		3	57	Updated the administrative days reimbursement rates
05-01-09		5	2 14	<ul style="list-style-type: none"> • Updated telephone number for Managed Care Services • 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 Supplemen t	-	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	47 57	<ul style="list-style-type: none"> • Updated Organ Transplant, Group II subsection • Restored Dental Services policy to reflect Medicaid Bulletin dated March 4, 2009
04-01-09		3	3, 7, 35 40-51	<ul style="list-style-type: none"> • Updated hyperlinks

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
				<ul style="list-style-type: none"> • Updated payment Calculations For The Hybrid Prospective Payment System (PPS) subsection
04-01-09		4	39-48 54	<ul style="list-style-type: none"> • Updated the DRG Per Diem Rates • Add code 03.09 to the Qualis Health ICD-9 Prior Authorization Codes list
04-01-09		5	11	Updated telephone number for Lexington County office
04-01-09		Forms	-	Add Transplant Prior Authorization forms and instructions
03-01-09		2	24	Updated hyperlink
03-01-09		5	3 8 5, 11- 13	<ul style="list-style-type: none"> • Updated hyperlink • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
03-01-09		Appendix 1	43 72	<ul style="list-style-type: none"> • Added new edit codes 693 and 694 • Changed edit code 945 Resolution to input "26"modifier in field 18
03-01-09		Managed Care Supplemen t	1, 7, 10, 17, 23, 25- 30, 35	Updated hyperlinks
03-01-09		TPL Supplemen t	8, 9, 19	Updated hyperlinks
02-01-09		2	12, 54, 57	Updated policy to reflect Medicaid Bulletin dated January 15, 2009
02-01-09		4	47-55	Updated codes to reflect Medicaid Bulletin dated January 15, 2009

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
02-01-09		5	5	Updated Allendale County office PO Box zip code
02-01-09		Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form
02-01-09		Appendix 2	-	Updated list of carrier codes
01-01-09		1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09		2	7	<ul style="list-style-type: none"> Removed “As of January 2006” from manual Updated deductible and coinsurance information for 2009
01-01-09		5	11	Updated Lee County office address
12-01-08		4	9	Revised code 404 Covered Service to 4
11-01-08		1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08		2	72-77	Changed MHLN to Medical Homes Network (MHN)
11-01-08		3	29, 34	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08		4	1, 2 2 49, 50, 52, 53 47, 48, 49, 51, 52	<ul style="list-style-type: none"> Revised verbiage in Reimbursement Type 1, 4 and 5 sections and in Outpatient Fee Schedule: Reimbursement Types. Changed amount for Synagis to \$845.11 Added and deleted various ICD-9 codes Added and deleted various CPT codes
10-01-08		5	9, 13	<ul style="list-style-type: none"> Updated address for Lake City Updated phone number for Sumter County office

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
10-01-08		Forms	-	Updated sample ECF
10-01-08		Appendix 1	-	Updated edit codes 007, 059, 112, 219, 308, 339, 386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952
09-01-08		2	25	Removed Implanon information.
09-01-08		4	1 48	<ul style="list-style-type: none"> Removed Implanon information from Outpatient Fee Schedule. Added four codes to the Codes Requiring Prior Authorization and Support Documentation section.
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		2	13 48 54-55	<ul style="list-style-type: none"> Updated Support Documentation Information Updated Hysterectomy Information Updated Reduction in Mammoplasty and Gynecomastia Information
08-01-08		5	7	Deleted PO Box for Chester County
08-01-08		Appendix 1	3	Updated Edit Code 062
07-01-08		3	55	Changed the flowing sentence from Claims <u>should</u> be billed monthly (calendar month) and are paid a per diem rate to Claims <u>must</u> be billed monthly (calendar month) and are paid a per diem rate.
07-01-08		4	2	Added an asterisk to Revenue Code 410

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
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	7, 23, 24, 27, 29, 57 8, 9	<ul style="list-style-type: none"> • Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers, including deleting field 51 • Added new NDC requirement
06-01-08		5	12	Updated telephone number for Orangeburg county office
06-01-08		Forms	-	<p>Updated the following forms to reflect May 23, 2008, deadline requiring NPI only:</p> <ul style="list-style-type: none"> • Sample Remittance Advice • Request for Prior Approval Review • Surgical Justification Review for Hysterectomy • Surgical Justification Review for Hysterectomy Sample
06-01-08		Appendix 1	30, 39, 42	<ul style="list-style-type: none"> • Added new edit code 0529 • 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		Appendix 1	3, 38 31	<ul style="list-style-type: none"> • Revised edit codes 062 and 569 • Added edit code 520
05-01-08		Managed Care	-	Revised supplement to include general policies and procedures effective May 1, 2008 and

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
		Supplement		updated the SCDHHS-approved MCO contractors section
04-01-08		2	3 67-70 25-31	<ul style="list-style-type: none"> • Added information on location of supervising entities • Updated Family Planning Waiver section • Updated injection code for Implanon
04-01-08		3	8, 26 27	<ul style="list-style-type: none"> • Added information on POA indicator • Updated injection code for Implanon
04-01-08		4	55-56 56-58 1-2, 55	<ul style="list-style-type: none"> • Updated Family Planning procedure and diagnosis codes • Added STI diagnosis and drug lists • Updated injection code for Implanon
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, 291, 339, 528
04-01-08		TPL Supplement	2 3, 8, 15 12 29	<ul style="list-style-type: none"> • Updated reference to Medicaid card name • Changed references to location of forms from Section 5 to Forms section • Updated field numbers for occurrence codes on UB-04 • Replaced sample ADA form with more attractive version
03-01-08		1	3-5 7	<ul style="list-style-type: none"> • Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information • Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable
03-01-08		3	7-8	<ul style="list-style-type: none"> • Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number).

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			All	<ul style="list-style-type: none"> Standardized formatting
03-01-08		Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08		Appendix 1	59 70	<ul style="list-style-type: none"> Added edit code 808 Revised edit code 943 description and status (from warning to active)
03-01-08		TPL Supplement	9 21-22	<ul style="list-style-type: none"> Added information on carrier code "CAS" for open casualty cases Replaced Form 931 samples with new versions
02-01-08		4	40-46	Corrected Section heading
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		2	7	Updated deductible and coinsurance information
01-01-08		3	55	Updated Administrative Days rates
01-01-08		4	2	Updated Outpatient Fee Schedule
01-01-08		5	10	Updated address for Lancaster County office
01-01-08		Managed Care Supplement	1 3	<ul style="list-style-type: none"> Removed PhyTrust from the list of MHNs Added Carolina Crescent to the list of MCOs
12-01-07		4	19	Corrected effective date of DRG schedule
12-01-07		5	8, 10, 12	<ul style="list-style-type: none"> Updated addresses for Edgefield, Lancaster and Oconee County offices Updated zip code for Kershaw County

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
11-01-07		2	24	Removed Newborn Hearing Screening Information
11-01-07		3	39-48	Updated reimbursement payment calculations to October 1, 2007 versions
11-01-07		4	1-2 19-38 39-46	<ul style="list-style-type: none"> • Replaced outpatient fee schedule with updated version • Replaced DRG listing with updated version • Added new DRG per diem rates
11-01-07		5	9, 10 10	<ul style="list-style-type: none"> • Updated telephone numbers for Florence and Kershaw counties • Updated Horry County address to 1601 11th Ave., 1st Floor
11-01-07		Forms	-	Replaced old Sterilization Consent Form with new version
11-01-07		Appendix 1	All	<ul style="list-style-type: none"> • Corrected ECF field numbers throughout edit resolution instructions • Added new edit code 107
11-01-07		Appendix 2	All	Updated list of carrier codes
10-01-07		1	1-2 3 4 12 15 25	<ul style="list-style-type: none"> • Removed PEP information • Added information about managed care enrollment broker and Managed Care Supplement • Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). • Clarified that “days” refers to business days • Clarified which sections of manual may contain PA information • Expanded provider list under Program Integrity
10-01-07		2	24-26, 30-31 46-48	<ul style="list-style-type: none"> • Added information about newborn hearing screenings and Implanon™ • Updated organ transplantation information

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
			58 71-76	<ul style="list-style-type: none"> • Added PET scan guidelines • Removed PEP information from Managed Care section
10-01-07		3	4 10 26, 36, 38	<ul style="list-style-type: none"> • Added 90-day time limit from reversing refunds • Added new section on Questionable Admission • Removed PEP information
10-01-07		Appendix 1	26 38-40, 43, 70	<ul style="list-style-type: none"> • Corrected description for edit code 502 • Added NPI warning edits 578-583, 692, 943
10-01-07		-	-	Added Managed Care Supplement
10-01-07		TPL Supplement	15-17	<ul style="list-style-type: none"> • Added 90-day time limit for reversing refunds • Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare
07-01-07		1	All	Revised policies and procedures throughout section
07-01-07		2	-	<ul style="list-style-type: none"> • Updated QIO information for Qualis Health • Added Family Planning services section • Updated Family Planning Waiver information
07-01-07		3	-	<ul style="list-style-type: none"> • Updated form instructions for UB-04 • Added NPI information
07-01-07		4	-	<ul style="list-style-type: none"> • Add Family Planning Waiver codes • Updated lists of codes requiring support documentation and prior authorization
07-01-07		5	-	<ul style="list-style-type: none"> • Split forms and exhibits to create new Forms section • Updated sources for UB-04

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
07-01-07		Forms	-	<ul style="list-style-type: none"> Updated DHHS forms to add National Provider Identifier field and change CCME to Qualis Health Insert new blank UB-04 Updated ECF and remits to new versions Updated DHHS Form 218
07-01-07		Appendix 2	-	Updated list of carrier codes
06-01-07		Appendix 1	-	Updated list of edit codes
06-01-07		TPL Supplement	All	<ul style="list-style-type: none"> Updated all sample forms and claims with new versions Updated form completion instructions to match new form versions
05-01-07		Appendix 1	-	Updated list of edit codes
04-01-07		5	8	Updated phone number for Darlington county office
04-01-07		Appendix 1	-	Updated list of edit codes
04-01-07		Appendix 2	-	Updated list of carrier codes
03-01-07		2	79	Removed Healthy Options Program section
03-01-07		3	54	Changed Administrative days rate to \$136.99
03-01-07		5	6	Updated Barnwell county office address
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

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
01-01-07		2	7	Updated deductible and coinsurance information
01-01-07		2	7	Removed “as of January 2004” from manual
01-01-07		3	53	Changed Medicaid rate for administrative days and sub-acute
01-01-07		4	2	Corrected procedure code chart
01-01-07		Appendix 1	9, 14	Added Edit Codes 202, 203, 204, 301
01-01-07		Appendix 2	-	Updated list of carrier codes
12-01-06		2	7	Updated deductible and coinsurance information
12-01-06		2	37	Removed bullet under “Treatment Rendered Outside the SC Medical Area”
12-01-06		3	13	Added verbiage in Medicare/Medicaid Dual Eligibility section
12-01-06		3	13, 14	Updated Medicare Part A Billing section
12-01-06		4	1	Changed website to www.scdhhs.gov under Outpatient Fee Schedule, Reimbursement types 1 and 5
12-01-06		4	2, 12	Updated list of revenue codes
12-01-06		4	19	Updated DRG list
11-01-06		5	-	Updated county office addresses
10-01-06		5	-	Updated county office addresses
10-01-06		Appendix 2	-	Updated list of carrier codes
09-01-06		5	-	Updated county office addresses

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
09-01-06		Appendix 1	10,11,13 15,17,18 22, 23, 24 26, 27, 28 29, 30, 31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50 52, 58, 60 61, 62, 63 66 ,67	<ul style="list-style-type: none"> • Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949 • Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749 • Updated resolutions for edit codes 761, 764, 765 768, 769, 771, 772, 773, 774 • Added new edit codes 518, 724 • Deleted edit code 777
08-01-06		-	-	Added TPL Supplement
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
07-01-06		4	39-42	Updated procedure codes to reflect 2006 CPT updates
05-01-06		Appendix 1	52	Updated resolution for edit code 852
05-01-06		3	All	Changed all occurrences of “item” to “field” in reference to UB-92 claim form
04-01-06		Appendix 1	43	Updated resolution for edit code 735

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
04-01-06		Appendix 2	-	Updated list of carrier codes
04-01-06		2, 3	-	Updated deductible, coinsurance, and blood deductible information and other policies in accordance with Medicaid Bulletins dated February 6 and March 7, 2006.
04-01-06		4	19-39	Updated DRG list
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		2, 4, 5	-	Changed “Carolina Medical Review” to “The Carolinas Center for Medical Excellence” throughout manual; updated CCME address, phone, and fax number.
01-01-06		5	21	Updated Authorization Agreement for Electronic Funds Transfer
01-01-06		5	44, 45	Removed Form 204 – Pregnancy/Newborn Risk Assessment – from manual
01-01-06		5	27	Updated ESRD Enrollment Form
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

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
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	5, 7	Changed verb tense under Procedural Coding and Diagnostic Codes
11-01-05		3	3	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05		3	3	Changed Web site from www.scdhhshipaa.org to www.scmedicaidprovider.org
11-01-05		5	5-14	Updated list of DHHS county offices
10-01-05		5	5-14	Updated list of DHHS county offices
10-01-05		Appendices	-	Made each appendix a separate file; moved Change Control Record out of appendices to a separate file
10-01-05		4	5, 8	Corrected revenue code descriptions
10-01-05		3	3 23-38	<ul style="list-style-type: none"> • Removed references to PAID system • Made small corrections to revenue coding and reimbursement types
10-01-05		2	15, 18, 21 24, 27, 55 56, 57, 70 75	<ul style="list-style-type: none"> • Corrected minor errors, clarified inpatient/outpatient distinction • Added section on Collection of Blood and Arterial Puncture
09-01-05		Appendix 2	All	Updated lists of carrier codes
09-01-05		Appendix 1	38, 64	Added edit codes 577 and 900

CHANGE CONTROL RECORD

Date	Attachment Type	Section	Page(s)	Change
08-01-05		Appendix 1	62	Added edit code 868
07-01-05		Appendix 2	All	Updated lists of carrier codes.