

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
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| 04-01-24 | 3 | 3 | Added policy for coverage of mild obstructive sleep apnea (OSA) with FDA approved device eXiteOSA |
| 03-20-24 | Admin & Billing Manual | Various Pages | “Remittance advice is accessible for three years after payment date via Web Tool” was added to the following sections: South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool), Trading Partner Agreement, Duplicate Remittance Advice and Remittance Advice sections. |
| 02-13-24 | Appendix 2 | | Updated Carrier Codes (effective 1-1-24) |
| 01-01-24 | 1 Admin. & Billing Manual | 5 | Added language to clarify that providers delivering services via telehealth may not be subject to the SCMSA location requirement. |
| 01-01-24 | 1 Admin. & Billing Manual | 7 | Updated the definition of Medical necessity to align with State Law and regulations. |
| 01-01-24 | 1 Admin. & Billing Manual | 24-31 | Updated Health records retention policy from five (5) years to four (4) years from the last payment date, with exception of nursing homes and hospitals that must retain such records for six (6) years. Updated health record documentation policy related to signature, date, and progress notes requirements. |
| 01-01-24 | 1 Admin. & Billing Manual | 32 | Removed the examples of beneficiary information protected under HIPAA in the Safeguarding Beneficiary Information section. |
| 01-01-24 | 1 Admin. & Billing Manual | 39 | Removed the 3 years limitations for claims filing timeline for members with retroactive eligibility. |
| 01-01-24 | 1 Admin. & Billing Manual | 49 | Added language to clarify that the claims reconsideration process must be exhausted before a provider requests an administrative hearing. |

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| 10-17-23 | Appendix 2 | | <ul style="list-style-type: none"> Updated Carrier Codes |
| 10-01-23 | 3 | 20 | Eliminated “licensed doctor of medicine” and added “provider” effective 10/1/2023. |
| 10-01-23 | 3 | 15 | Eliminated phrase “for the patient whether or not by the physician’s order”. Added the word “needed”. Effective 10/1/2023. |
| 10-01-23 | 3 | 12 | Eliminated phrase “for specific patient who will receive the wound VAC” effective 10/1/2023. |
| 10-01-23 | 3 | 11 | Changed “physician, physician assistant, nurse practitioner” to “provider” effective 10/1/2023. |
| 10-01-23 | 3 | 7,8 | Changed “Endocrinologist, physician, physician assistant, nurse practitioner” to “provider” effective 10/1/2023. |
| 10-01-23 | 3 | 10 | Changed “physician, nurse practitioner or physician assistant” to “provider” effective 10/1/2023. |
| 10-01-23 | Throughout manual | multiple | Changed “physician” and “attending physician” nomenclature to “provider” effective 10/1/2023. |
| 10-01-23 | 3 | 6 | Clarified language on coverage of apnea monitoring effective 10/1/2023. |
| 10-01-23 | 3 | 4 | <ul style="list-style-type: none"> Added language on coverage of Bath Items effective under DME beginning 10/1/2023. |
| 07-31-23 | 3 | 4 | <ul style="list-style-type: none"> Removed language on coverage of Bath Items as this is not effective under DME until 10/1/23. The coverage will be added back to the manual prior to the 10/1/23 effective date. |
| 07-01-23 | Appendix 2 | | <ul style="list-style-type: none"> Updated Carrier Codes |
| 05-11-23 | 2 | 3 | <ul style="list-style-type: none"> Added fingerprint-based criminal background check requirement for high-risk providers. |
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| | 3 | 33 | <ul style="list-style-type: none"> • Added bath terms to covered services section. Moved from non-covered section on pg. 34 • Removed bath items from non-covered services section. Moved to covered services section (pg.5) |
| 05-11-23 | Admin. and Billing manual | 7 10, 11 | <ul style="list-style-type: none"> • Added to Provider Enrollment requirements that providers must “Be located within the South Carolina Medical Service Area (SCMSA), which is defined as the State of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina State border as detailed in South Carolina Code of Laws, Section 44-6-110.” <p>Added section related to clinical trials.</p> |
| 05-11-23 | Appendix 3 | 1,2 | Added language referencing ARPA requirements around COVID-19 copayments |
| 05-01-23 | Appendix 2 | | Updated Carrier Codes |
| 01-01-23 | Appendix 2 | | Updated Carrier Codes |
| 10-01-22 | Appendix 2 | | Updated Carrier Codes |
| 08-01-22 | Appendix 2 | | Updated Carrier Codes |
| 05-01-22 | Appendix 2 | | Updated Carrier Codes |
| 02-01-22 | Admin. & Billing Manual | 23 | Added the following paragraph: “When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided.” |
| 01-01-22 | Appendix 2 | | Updated Carrier Codes |
| 01-01-22 | TPL | 3 | Under “Cost Avoidance vs. Pay & Chase”, Medicaid no longer covers Pay & Chase for prenatal claims and |

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| | | | claims related to child enforcement policies; therefore, this information was removed. |
| 01-01-22 | Admin. & Billing Manual | 31 | Under “Health Insurance”, Maternal Health was deleted and (after 100 days) was added. |
| 11-01-21 | Appendix 2 | | Updated Carrier Codes |
| 10-01-21 | Appendix 1 | | Added Edit Codes 607 & 608 to the Appendix |
| 10-01-21 | 1,2,3 | | Updated DME definition per 42 CFR §440.70(b)(3) |
| 09-01-21 | Forms | | The Electronic Funds Transfer (EFT) was removed. |
| 08-01-21 | Appendix 2 | | Updated Carried Codes that were effective 6-1-21. |
| 07-01-21 | Manual Homepage | | Updated Managed Care Supplement |
| 07-01-21 | Admin. & Billing Manual | 50,51 | Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS. |
| 07-01-21 | Section 1 | 1 | Added language to support the removal of all non-covered DME codes, which states:” Information on which codes require prior authorization and which codes require a MCMN be attached to the CMS-1500 claim form is found on the DME fee schedule. |
| 04-20-21 | Appendix 2 | | Updated Carrier Codes |
| 04-01-21 | 4 | | Added E1012 on the list of codes that require prior authorization. |
| 01-21-21 | Appendix 2 | | Updated Carrier Codes |
| 12-15-20 | 2 | 2 | Added “Provider Enrollment” as Section 2. |
| 11-1-20 | Appendix 2 | | Updated Carrier Codes |

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| 10-15-20 | | 5 | Updated policy language in the Provider Administrative and Billing Manual regarding “Claims for Medicaid Reimbursement.” |
| 9-18-20 | | | Updated the TPL supplement document |
| 9-18-20 | | 25 | Provider Administrative & Billing Manual. Updated the “Disclosure of Information by Provider” |
| 07-15-20 | Appendix 1 | | Added new edits 291 and 791. |
| 06-30-20 | Appendix 2 | | Updated Carrier Codes |
| 05-01-20 | Appendix 2 | | Updated Carrier Codes |
| 05-01-20 | | | A link was added to the homepage of each individual manual to access “Co-Payments.” |
| 03-30-20 | | | As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks. |
| 10-31-19 | Appendix 1 | 62 | Added new edit code 882 |
| 08-29-19 | Appendix 2 | | Updated Carrier Codes. A link was added to each guide’s homepage to access the carrier codes. |
| 08-23-19 | Appendix 1 | 66 | Updated resolution for edit code 901 |
| 08-14-19 | | | For consistency with CMS State regulations, any reference to the word “guides” has been replaced with “manuals.” |
| 08-01-19 | Forms | | Uploaded New Electronic Funds Transfer (EFT) Form |
| 07-02-19 | Appendix 1 | 33 | Updated CARC for edit code 636 |
| 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 |

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| 07-01-19 | 2 | 4 | Added Continuous Glucose Monitoring (CMG) |
| 04-01-19 | 1 | 35 | Updated Prepayment Reviews |
| 04-01-19 | Appendix 1 | 56 | Updated edit codes 906 and 907 |
| 03-01-19 | Appendix 2 | - | Updated carrier codes |
| 01-01-19 | 4 | 1 | Added HCPCS code A5514 |
| 12-01-18 | 4 | 24 | Added HCPCS code Q0508 |
| 12-01-18 | Appendix 2 | - | Updated carrier codes |
| 11-01-18 | Forms | - | Updated Claim Reconsideration Form |
| 11-01-18 | Appendix 1 | 55-56 | Updated edit codes 906 and 907 |
| 10-01-18 | Appendix 1 | 44, 55-56, 64-65 | Updated edit codes 820, 906, 907, and 977 |
| 08-06-18 | 1 | 25 | Updated Premium Payment Project |
| 08-06-18 | TPL Supplement | 17-18 | Updated TPL Resources |
| 08-01-18 | Appendix 2 | - | Updated carrier codes |
| 08-01-18 | Managed Care Supplement | - | Updated entire section |
| 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 | 4 | Updated ICD-Code |
| 05-01-18 | Forms | - | Updated Claim Reconsideration Form |
| 05-01-18 | Appendix 2 | - | Updated carrier codes |
| 02-01-18 | 2 | 8 | Updated Intensive Care Unit (ICU) or Special Neonatal Transport (A0434, A0390), formerly |

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| | | | Intensive Care Unit (ICU) or Special Neonatal Transport (X0401, A0390) |
| 02-01-18 | 4 | 1 | Updated Specialized Transport |
| 02-01-18 | Forms | - | Updated Health Insurance Information Referral Form (DHHS Form 931) |
| 02-01-18 | Appendix 2 | - | Updated carrier codes |
| 12-01-17 | Forms | - | Updated Claim Reconsideration Form |
| 11-01-17 | Appendix 2 | - | Updated carrier codes |
| 10-01-17 | Appendix 1 | 3 | Added new edit code 063 |
| 09-01-17 | Forms | - | Updated Claims Reconsideration, Duplicate Remittance Advice Request forms and Electronic Funds Transfer (EFT) Authorization Agreement forms |
| 08-01-17 | Appendix 2 | - | Updated carrier codes |
| 06-01-17 | 2 | i 8 11 | <ul style="list-style-type: none"> • Replaced procedure code X0402 with A0390 in the following sections: <ul style="list-style-type: none"> o Table of Contents o Intensive Care Unit (ICU) or Special Neonatal Transport (X0401, A0390), formerly Intensive Care Unit (ICU) or Special Neonatal Transport (X0401, X0402) • Updated Transportation of Self-Administered Oxygen Dependent Beneficiaries |
| 06-01-17 | 3 | 7 16 | <ul style="list-style-type: none"> • Updated Modifiers • Updated CMS-1500 instructions for field 24D |
| 06-01-17 | 4 | 1 3 | <ul style="list-style-type: none"> • Updated Specialized Transport • Updated Modifiers |
| 06-01-17 | Forms | - | Updated Claim Reconsideration Form |
| 06-01-17 | Appendix 2 | - | Updated carrier codes |
| 05-01-17 | Appendix 1 | - | Updated Provider Service Center Hours of Operation |

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| 03-01-17 | Forms | - | Updated Claim Reconsideration Form |
| 02-01-17 | Appendix 2 | - | Updated carrier codes |
| 01-01-17 | 2 | 8 11 | <ul style="list-style-type: none"> • Updated Intensive Care Unit (ICU) or Special Neonatal Transport (X0401, X0402) • Updated Transportation of Self-Administered Oxygen Dependent Beneficiaries |
| 01-01-17 | 3 | 7 | <ul style="list-style-type: none"> • Updated Modifiers |
| 12-01-16 | 2 | 8 11 | <ul style="list-style-type: none"> • Updated Intensive Care Unit (ICU) or Special Neonatal Transport (A0390) • Updated Transportation of Self-Administered Oxygen Dependent Beneficiaries |
| 12-01-16 | 3 | 7 | <ul style="list-style-type: none"> • Updated Diagnostic Codes • Updated Modifiers |
| 12-01-16 | Forms | - | Updated Claim Reconsideration Form |
| 11-07-16 | 4 | 1 | Updated to reflect Proposed Public Notice for Rotary Air Ambulance dated August 31, 2016 |
| 11-01-16 | Appendix 2 | - | Updated carrier codes |
| 10-01-16 | 1 | 5 6 | Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section |
| 09-01-16 | Appendix 1 | 67 | Updated edit code 979 |
| 09-01-16 | Appendix 2 | - | Updated carrier codes |
| 08-01-16 | 1 | 2, 4, 5, 24, 27 | Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards |
| 08-01-16 | Appendix 1 | 22, 23, 66 | Updated edit codes 527, 532, and 965 |
| 07-01-16 | Appendix 1 | 3, 65 | Updated edit codes 062 and 974 |
| 06-01-16 | 5 | - 1 | <ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated Administration section |

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| | | 3 | <ul style="list-style-type: none"> • Updated Procurement of Forms section |
| 06-01-16 | Appendix 1 | 44 3, 14, 29, 30, 63 | Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958 |
| 05-01-16 | Appendix 1 | 6, 63, 67 | Updated edit codes 150, 953, 989, 990 |
| 05-01-16 | Appendix 2 | - | Updated carrier codes |
| 04-01-16 | Managed Care Supplement | 18-19 | Replaced sample MCO cards |
| 03-01-16 | 3 | 7 7-8 16 | <ul style="list-style-type: none"> • Updated Modifiers • Added Indicators • Updated field 24D Unshaded |
| 03-01-16 | 4 | i 3 | <ul style="list-style-type: none"> • Changed section name to Procedure and Waiting Time Codes • Updated Modifier and Indicator Codes (formerly Modifier Codes) |
| 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: <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 |
| 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 |

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| 12-01-15 | Cover | - | December 1, 2015 - Replaced manual cover |
| 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 | Appendix 1 | 1 1 All 4, 20, 23, 27, 43 | <ul style="list-style-type: none"> • Updated general instructions • Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 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 | i | Updated Table of Contents to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System. |
| 09-01-15 | 3 | 6-7 14 22-23 | <ul style="list-style-type: none"> • 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 Diagnostic Codes o CMS-1500 Claim From Completion Instructions, field 21 • Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool |
| 09-01-15 | Appendix 1 | 5, 14 | <ul style="list-style-type: none"> • Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System |
| 08-01-15 | 5 | 4-5 | Removed “Enhanced” from header |
| 07-01-15 | Appendix 3 | 1-2 | Updated Copayment Schedule |

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| 03-13-15 | 3 | 13 23 | <ul style="list-style-type: none"> • Updated CMS-1500 Claim Form Completion Instructions • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool) |
| 03-01-15 | Appendix 2 | | Updated carrier codes |
| 01-01-15 | Forms | | Updated Claim Reconsideration form |
| 12-01-14 | 1 | 9, 10 | Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals |
| 12-01-14 | 3 | 3-4 27-29 | 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 |
| 07-01-14 | 4 | 1 | Updated Procedure Codes section |
| 07-01-14 | Appendix 1 | 15 | Updated resolution for edit code 349, 369, 509 |
| 06-01-14 | Appendix 1 | 3, 12 | Updated resolutions for edit codes 079, 227, and 239 |
| 06-01-14 | Appendix 2 | All | Updated carrier codes |
| 05-06-14 | 2 | 10 | 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 |

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| 05-01-14 | 2 | 3-4 12 | <ul style="list-style-type: none"> • Updated South Carolina Medical Service Area (SCMSA) section • Updated Ambulance Services section |
| 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 | 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 | 1 12 | <ul style="list-style-type: none"> • Added fee schedule hyperlink • Updated Managed Care Organizations Transportation Services |
| 04-01-14 | 3 | 1-29 5-19 20 22-23 | <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 • Updated Trading Partner Agreement • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool) |
| 04-01-14 | 5 | 12 | Updated Horry County address |

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| 04-01-14 | Forms | | <ul style="list-style-type: none"> • Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms • Removed note on CMS-1500 (02/12) version claim form • Removed CMS-1500 (08/05) version claim form (s) • Removed Sample Edit Correction Form • Updated Sample Remittance Advice |
| 04-01-14 | Appendix 1 | 35 - | <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 | 3 | 8 | Updated Modifiers section |
| 02-01-14 | Cover | - | January 1, 2014 - Replaced manual cover |
| 02-01-14 | 5 | 11 | Updated Florence County office telephone number |
| 01-01-14 | 1 | 1, 2, 11 6, 23, 25 | Updated to reflect the following bulletins: <ul style="list-style-type: none"> • Managed Care Organizational Changes dated November 15, 2013 • Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 |

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| | | 1-2 4 6 26 29-30 32 32 | 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 | 1, 12 | Updated to reflect the following bulletins: Managed Care Organizational Changes dated November 15, 2013 |
| 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 • 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 | 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"> • Added CMS-1500 (02/12) version claim form • Added note to CMS-1500 (05/85) version claim form • Updated Duplicate Remittance Advice Request and EFT Authorization Agreement form |
| 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 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 |

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| | | | <ul style="list-style-type: none"> 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 | 14 | Updated Orangeburg mailing address zip codes |
| 11-01-13 | 5 | 15 | Updated York County mailing address |
| 11-01-13 | MC Supplement | 18 | Replaced BlueChoice MCO Medicaid card |
| 10-01-13 | 5 | 14 15 | <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 | 10 13 15 | <ul style="list-style-type: none"> Updated Darlington County zip code Updated Laurens County phone number Updated York County office address |
| 08-01-13 | 5 | 15 | <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 |

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| 07-01-13 | 5 | 10 14 | <ul style="list-style-type: none"> • Updated Colleton County office telephone number • Deleted Newberry County PO Box address |
| 06-01-13 | 5 | 15 | <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 | 5 | 12 | Deleted Jasper County PO Box address |
| 03-01-13 | Appendix 1 | i 2, 38, 70 38, 54, 70 | <p>Deleted Change Log</p> <p>Changed edit code description reference from DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953</p> <p>Updated resolutions for edit codes 714, 851, and 953</p> |
| 03-01-13 | Managed Care Supplement | 7 | Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations |
| 02-01-13 | 1 | 18 | Updated URL address for the National Correct Coding Initiative (NCCI) |
| 01-01-13 | 5 | 9 11 | <ul style="list-style-type: none"> • Added Chester county Zip+4 code • Updated Greenville PO Box address |
| 01-01-13 | Appendix 1 | - | Added Change Log for section changes |

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|----------|----------------|--|---|
| 12-03-12 | 1 | 6 7-8 27-32 33-41 | <ul style="list-style-type: none"> • Updated web addresses for provider information and provider training • Revised heading and language to reflect new provider enrollment requirements • Updated Program Integrity language (entire section) • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section) |
| 12-03-12 | 3 | 13 21, 34, 37 25-26 | <ul style="list-style-type: none"> • Updated fields 17, 17b to add requirement for referring or ordering provider NPI • Updated provider information web addresses • Updated Electronic Funds Transfer (EFT) |
| 12-01-12 | 5 | 4 13 | <ul style="list-style-type: none"> • Updated URL for provider information • Updated McCormick county office telephone number |
| 12-01-12 | Appendix 1 | 24, 26, 27, 32, 33 19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61, | <ul style="list-style-type: none"> • Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 • Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926 |
| 12-01-12 | TPL Supplement | 8, 9, 17 | Updated URLs 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 |
| 09-01-12 | CCR | 1 | Added August 1 update for section 2 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|--|
| 09-01-12 | 4 | - | Corrected formatting |
| 09-01-12 | 5 | - | Corrected formatting |
| 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 | 12 | Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 |
| 08-01-12 | 3 | 1, 7, 19, 23, 24, 32, 36 | Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 |
| 08-01-12 | 5 | 1 5 7 | <ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed fax request information for SCDHHS forms • Added SCDHHS forms online order information • Updated telephone number for Greenville county office |
| 08-01-12 | Forms | - | <ul style="list-style-type: none"> • Deleted forms 140 and 142 • Updated Duplicate Remittance Advice Request Form |
| 08-01-12 | Appendix 1 | - 1, 24, 60, 65, 66- 67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48 | <ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 • Added edit codes 349, 590, 978, 990, 991-995 • Deleted edit codes 166, 205, 573, 574, 593, 596 • Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798 |
| 08-01-12 | Managed Care Supplement | 1-2 7 | <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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|----------------------|---|
| | | 11 17 19 | <ul style="list-style-type: none"> • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to “Medicaid” to BlueChoice HealthPlan |
| 08-01-12 | TPL Supplement | 5, 6, 10,17, 24 | Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 |
| 07-01-12 | Appendix 1 | 16, 48 45 | <ul style="list-style-type: none"> • Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839 |
| 07-01-12 | Appendix 2 | - | Updated carrier codes |
| 05-01-12 | 3 | 6 | Updated place of service key 42 |
| 05-01-12 | Appendix 1 | 62 | Updated edit code 975 |
| 04-01-12 | 1 | 4 | Replaced South Carolina Healthy Connections card |
| 04-01-12 | 5 | 13 14 | <ul style="list-style-type: none"> • Updated address for Marion County • Updated phone number for Newberry County |
| 02-07-12 | Cover | - | Manual cover updated January 1, 2012 |
| 02-07-12 | Appendix 1 | 18 24 30 | <ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642 |
| 02-01-12 | 3 | 19 22 | <ul style="list-style-type: none"> • Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction |
| 02-01-12 | 5 | 11 | Updated the Fairfield county office number |
| 02-01-12 | Appendix 1 | 18 30 42 49 | <ul style="list-style-type: none"> • Updated edit code 402 • Updated edit code 637 • Updated edit code 766 • Updated edit code 867 |
| 01-01-12 | 1 | 2-5, 20, 24 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|----------------------------------|--|
| 01-01-12 | 3 | - 23 | <ul style="list-style-type: none"> • Updated hyperlinks throughout section • Updated EFT information |
| 01-01-12 | 5 | 1 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | Appendix 1 | 62 - | <ul style="list-style-type: none"> • Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document |
| 01-01-12 | Managed Care Supplement | 9 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | TPL Supplement | 2 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 11-01-11 | 1 | 24 | Updated TPL contact information |
| 11-01-11 | 3 | 31, 34, 40-42 | Updated TPL contact information |
| 11-01-11 | TPL Supplement | 6, 15 12 3, 17, 19 | <ul style="list-style-type: none"> • Changed Medicare timely filing requirement to two years and six months • Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code • Deleted sample legacy number from UB-04 TPL Fields table • Updated TPL contact information |
| 10-01-11 | Appendix 1 | 14, 29 47 | <ul style="list-style-type: none"> • Added edit codes 334 and 584 • Updated edit code 845 |
| 09-01-11 | 1 | 19 | Deleted information regarding National Correct Coding Initiative |
| 09-01-11 | 5 | 15 | Updated zip code for Spartanburg County office |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|----------------|---|
| 09-01-11 | Appendix 1 | 15, 29, 30 | Added edit code 361, 591, 596 and 605 |
| 08-22-11 | 2 | - | Updated section to reflect new emergency transportation language and policy. |
| 08-22-11 | 3 | 2 | Added a note regarding the 945 form to Retroactive Eligibility |
| 08-22-11 | 4 | - | Updated Procedure Code fees |
| 08-22-11 | 5 | 5 | Updated Non-Ambulance Medical Transportation Brokers list |
| 08-22-11 | Forms | - | Removed DHEC form 216 |
| 08-01-11 | 3 | - | Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments |
| 08-01-11 | Appendix 1 | 8 | Updated edit codes 165 and 166 |
| 08-01-11 | Appendix 3 | 1 | Updated the copayment schedule per the bulletin effective July 11, 2011 |
| 08-01-11 | Managed Care Supplement | 1, 5 | Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011 |
| 07-01-11 | 5 | 15 | Deleted PO Box address for the Spartanburg County Office |
| 07-01-11 | Forms | | Updated the Health Insurance Information Referral Form |
| 07-01-11 | Appendix 1 | 12 43 56 | <ul style="list-style-type: none"> • Updated resolution for edit code 300 • Added edit codes 840 and 841 • Updated Provider Enrollment Contact information in edit codes 941 and 944 |
| 07-01-11 | Appendix 3 | 1 | Updated the copayment schedule per the bulletin effective July 8, 2011 |
| 06-01-11 | 5 | 7 | Corrected Abbeville County PO Box Zip+4 Code |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|-------------------|---|
| 05-01-11 | 1 | 8, 11 | Added language prohibiting payment to institutions or entities located outside of the United States |
| 05-01-11 | Appendix 1 | 43 | Updated edit code 796 |
| 04-01-11 | 5 | 8 | Updated telephone number for Beaufort County |
| 04-01-11 | Forms | - | Updated Electronic Funds Transfer Form |
| 04-01-11 | Appendix 3 | - | Updated copay amounts to reflect bulletin dated 3-16-11 |
| 03-01-11 | 1 | 7, 9 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 3 | 18, 23 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 5 | 4 7 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County |
| 03-01-11 | Appendix 1 | - 67 | Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description |
| 03-01-11 | Appendix 2 | - | Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10 |
| 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 | Appendix 1 | 3 | Added edit codes 079 and 080 |
| 01-01-11 | 1 | 7 19-20 | <ul style="list-style-type: none"> • Updated the South Carolina Medicaid Web-based Claims Submission Tool section • Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits |
| 01-01-11 | 3 | 18, 21, 22, 24 | <ul style="list-style-type: none"> • Updated electronic remittance package information |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|--|---|
| | | 16, 29-30 21 | <ul style="list-style-type: none"> • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package |
| 01-01-11 | 5 | 15 | Added toll-free telephone number for Saluda county |
| 01-01-11 | Forms | - | Added Duplicate Remittance Request Form |
| 01-01-11 | Appendix 1 | 9 | Added edit codes 165 and 166 |
| 01-01-11 | TPL Supplement | 8, 10 8 10 13 15 15 | <ul style="list-style-type: none"> • Removed references to Dental claims • Removed language to contact program areas for missing carrier codes • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list • Updated Retro Medicare section to include the following: <ul style="list-style-type: none"> ◦ Changed the timely filing requirement from 90 days of the invoice to 30 days ◦ Added SCDHHS TPL recovery language • Updated the Retro Health and Pay & Chase section |
| 12-01-10 | Cover | - | Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)” |
| 12-01-10 | Appendices | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |
| 12-01-10 | Supplements | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |
| 11-01-10 | Appendix 1 | 8 16 32 | <ul style="list-style-type: none"> • Edit code 202: added information to Resolution section • Edit codes 421 and 424 deleted |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|---|
| | | 51 52 | <ul style="list-style-type: none"> • 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 | 13 | Correct McCormick county office street address |
| 10-01-10 | Managed Care Supplement | - 1 2 3 4 5 6 13 17 | <ul style="list-style-type: none"> • Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted "Medicaid Managed" from "Current Medicaid Managed Care Organizations" heading and following paragraph |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|--------------------|--|
| 09-01-10 | 3 | 19, 36 | 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"> • Companion Guides • Claim-Level Adjustments |
| 09-01-10 | 5 | 7 10 13 | <ul style="list-style-type: none"> • Removed County Commissioner’s Building from the Aiken County address • Deleted Dorchester County physical address telephone number • Removed Highway 28 N from the McCormick County address |
| 09-01-10 | Appendix 1 | 9 - | <ul style="list-style-type: none"> • Added edit code 225 • Removed all references to the ADA Claim in the Resolution column |
| 09-01-10 | TPL Supplement | 12 13 18 | <ul style="list-style-type: none"> • Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information • Updated the Web-Submitted Claims section with the exception to Dental claims • Updated the TPL Resources section to include the DentaQuest contact information for TPL questions |
| 08-01-10 | 5 | 7, 11, 13-15 8 | <ul style="list-style-type: none"> • Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties • Updated the address for Barnwell County • Updated the telephone number for Beaufort County |
| 08-01-10 | Appendix 1 | 20 51, 52 59 | <ul style="list-style-type: none"> • Deleted edit code 520 • Deleted Provider Enrollment e-mail address from codes 941 and 944 • Changed resolution for edit code 994 |
| 07-01-10 | 5 | - | Updated telephone numbers and zip codes for multiple county offices |
| 07-01-10 | Appendix 1 | 32 35 | <ul style="list-style-type: none"> • Updated edit code 714 • Updated edit code 738 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|------------------------------------|--|
| 07-01-10 | Appendix 2 | 21, 22, 25, 63, 89 | Changed First Health to Magellan Medicaid Administration |
| 06-01-10 | Managed Care Supplement | 1 3 17 20, 23, 25 | <ul style="list-style-type: none"> • Updated Managed Care Overview section • Updated Manage Care Organization (MCO), Core Benefits section • Updated the Managed Care Disenrollment Process, Overview section • Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change |
| 05-01-10 | 4 | 2 | Updated language to Procedure Code A0429 |
| 05-01-10 | 5 | 1 | <ul style="list-style-type: none"> • Removed references to blank form at the end of this section • Replaced references to blank form in the Forms section of this manual |
| 03-01-10 | Cover | - | Replaced manual cover |
| 03-01-10 | Change Control Record | 1 | Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09 |
| 03-01-10 | 3 | 3, 18 | Removed modem as an electronic claims transmission method |
| 02-01-10 | Appendix 1 | 13 36 | <ul style="list-style-type: none"> • Added New Edit Codes 356,357 and 358 • Updated Edit Code 738 |
| 02-01-10 | Appendix 2 | All | Updated Carrier Code List |
| 01-01-10 | 5 | 7 12 14 | <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 |
| 01-01-10 | Appendix 1 | 49 | Updated Edit Code 932 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|------------------------|---|
| 12-01-09 | 1 | 8 | <ul style="list-style-type: none"> • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package |
| | | 25 | <ul style="list-style-type: none"> • Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009 |
| 12-01-09 | 3 | 1-2 18-24 | <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 | 10 | Updated the Dorchester County office street address |
| 12-01-09 | Appendix 1 | - - 18, 19 20 | <ul style="list-style-type: none"> • Replaced CARC 17 with CARC 16 • Updated CARC A1 • Updated codes 509 and 510 • Added code 533 |
| 11-01-09 | Appendix 2 | All | Updated carrier code list |
| 10-01-09 | 1 | 3-4 | <ul style="list-style-type: none"> • Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) |
| | | 4-6 | <ul style="list-style-type: none"> • Updated SC Medicaid Healthy Connections language throughout section |
| | | 8 | <ul style="list-style-type: none"> • Updated South Carolina Medicaid Bulletins and Newsletters Section |
| | | 26 | <ul style="list-style-type: none"> • Changed heading to Medicare Cost Sharing |
| 10-01-09 | 5 | 12 | <ul style="list-style-type: none"> • Updated physical address for Jasper County office |
| | | 13 | <ul style="list-style-type: none"> • Updated telephone number for Lexington County office |
| | | 14 | <ul style="list-style-type: none"> • 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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|------------------------|--|
| 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"> o Changed the company's name to Absolute Total Care o Replaced the beneficiary card samples o Corrected contact information |
| 08-01-09 | 5 | 16 | 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 | 7, 10 9, 11 10 | <ul style="list-style-type: none"> • Updated DHEC Run Report subsection • Updated Basic Life Support (BLS) Transport Service (A0428, A0429) and BLS Return Trip • Updated DHHS 216 Form subsection |
| 07-01-09 | 5 | 8, 14 10 11 | <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 |
| 07-01-09 | Forms | - | Updated the DHHS Form 216, Medicaid Ambulance Authorization Form |
| 06-01-09 | TPL Supplement | 19 | Updated Department of Insurance Web site address |
| 05-01-09 | 1 | 1-6, 11 2 3 5 | <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 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|-----------------------------|---|
| | | 28-33 | <ul style="list-style-type: none"> Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection Updated the Medicaid Program Integrity subsection |
| 05-01-09 | 5 | 15 | Updated telephone number for Union County office |
| 05-01-09 | Appendix 1 | 43 | Deleted edit code 694 |
| 05-01-09 | Appendix 2 | - | Updated list of carrier codes |
| 05-01-09 | Managed Care Supplement | - | Updated supplement to include general policies and procedures effective May 1, 2009 |
| 04-01-09 | 1 | 2, 3, 8 | Updated hyperlinks |
| 04-01-09 | 3 | 6-8, 20, 33, 36 | Updated hyperlinks |
| 04-01-09 | 5 | 13 | Updated telephone number for Lexington County office |
| 03-01-09 | 5 | 3-4 10 7, 13-15 | <ul style="list-style-type: none"> Updated hyperlinks Corrected Dorchester County's Orangeburg Road telephone number Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties |
| 03-01-09 | Appendix 1 | 43 72 | <ul style="list-style-type: none"> Added new edit codes 693 and 694 Changed edit code 945 Resolution to input "26" modifier in field 18 |
| 03-01-09 | Managed Care Supplement | 1, 7, 10, 17, 23, 25-30, 35 | Updated hyperlinks |
| 03-01-09 | TPL Supplement | 8, 9, 19 | Updated hyperlinks |
| 02-01-09 | 5 | 7 | Updated Allendale County office PO Box zip code |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|-------------|----------------|----------------|--|
| 02-01-09 | Forms | - | Updated Authorization Agreement for Electronic Funds Transfer (EFT) form |
| 02-01-09 | Appendix 2 | - | Updated list of carrier codes |