

**CHANGE CONTROL RECORD**

Date	Section	Page(s)	Change
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
12-01-25	Cover Page		Updated cover page date
12-01-25	Section 5: Utilization Management	11	Updated contact information for Prime Specialty for PAD drugs
12-01-25	Section 7: Billing Guidance	16	Added 340B Program policy language  <b>This policy has been redacted and will be reinstated on April 1st, 2026 in accordance with Medicaid Bulletin #26-004.</b>
11-01-25	Appendix 1		For Edit Code 636: Co-payments are no longer subject to cost-sharing. It reads as follows:  <b>For dates of service up to 6/30/2024</b> , 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.  <b>For dates of service on or after 07/01/2024</b> , covered services are no longer subject to cost-sharing. The payment amount is the allowed Medicaid amount and is considered payment in full.
11-01-25	Admin. & Billing Manual	Section 1 Pg. 15	Removed language regarding the reimbursement of interns practicing under the supervision of a licensed professional. Interns have an enrollment pathway.  Also, the requirements for Ordering and Rendering Physicians were removed as the list is outdated and to comply with PERM Audit findings. An updated list will be provided, when available.

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Date	Section	Page(s)	Change
10-27-25	Appendix 2		Updated Carrier Codes
07-01-25	Appendix 2		Updated Carrier Codes
07-01-25	Admin & Billing Manual Section 1	4-5	<ul style="list-style-type: none"> <li>• Changed citation for the definition of SCMSA to State Regulations.</li> <li>• Added language about proof of residency requirement for certain provider types.</li> <li>• Added definition of In-State and Out-of-State providers and licensure requirements.</li> <li>• Clarified enrollment of out of state providers as permitted or required by state or federal law.</li> </ul>
05-01-25	Appendix 1		Update to Edit Codes 721, 722 and 989.
05-01-25	Appendix 2		Updated Carrier Codes that were effective 04-01-25.
04-01-25	Section 7	17	Removed code incorrectly included in table.
01-28-25	Appendix 2		Updated Carrier Codes that were effective 01-01-25.
01-01-25	Cover Page		Updated cover page date
01-01-25	Section 3: Eligible Providers	5	Updated the list of qualified providers who can perform services in an FQHC to only providers who can enroll in Medicaid
01-01-25	Section 4: Covered Services and Definitions	7	Updated State plan Services telehealth language for clarity
01-01-25	Section 7: Billing Guidance	14	Updated telehealth billing language for clarity

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Date	Section	Page(s)	Change
01-01-25	Section 7: Billing Guidance	16	<p>Updated language in the Maternal Encounter policy to include policy criteria language.</p> <p>Updated language in the Medical Encounter policy to include policy criteria language.</p>
01-01-25	Section 7: Billing Guidance	17	<p>Updated language in the Cancer Treatment or HIV Encounter policy to include policy criteria language.</p> <p>Updated language in the Behavioral Health Encounter policy to include policy criteria language.</p>
01-01-25	Section 7: Billing Guidance	18	Updated language in the EPSDT Screening Encounter policy to include policy criteria and telehealth language.
01-01-25	Section 7: Billing Guidance	19-20	Updated language in the Family Planning encounter table to include a criteria column to add clarity to policy
01-01-25	Section 7: Billing Guidance	20-23	Expanded existing telehealth policy to a telehealth overview policy that includes definitions, eligible providers, places of service, and telehealth criteria.
01-01-25	Section 7: Billing Guidance	24	<p>Updated telehealth language in the special clinic services table to match current policy</p> <p>Updated the “PHE Limited Telehealth codes” to “Evaluation and Management via Telehealth.” Added clarifying policy language for these specific E/M telehealth codes. Replaced the deleted codes 99441-99443 with 98012-98016.</p>
11-01-24	Appendix 1		<p>Codes were updated as of October 1, 2024 Edit Code 719-</p> <p>•<b>Claim Status: REJECT</b>-Check the prior authorization number, procedure code(s) and modifier(s) to ensure that the information on the claim matches the information on the prior approval letter. Attach appropriate documentation to the claim for review and consideration for payment.</p>

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			<p>Refer to the applicable provider manual for the specific documentation requirements.</p> <p>•<b>Claim Status: SUSPEND</b>-The service/procedure has to be reviewed by Medicaid prior to payment. No further action by the provider is necessary.</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"/> <b>UB CLAIM:</b> Enter the correct revenue code (Field 42) for that line.</p>
11-01-24	Appendix 2		October updates to Carrier Codes
10-01-24	Section 5: Utilization Management	10	Magellan name change to Prime Therapeutics
10-01-24	Section 7: Billing Guidance	21	Removed Covid Testing and added Covid-19 vaccine code 91304 on the Special Clinic Services table.
10-01-24	Section 7: Billing Guidance	16-17	Corrected typo for procedure code 59430 and deleted a non-valid code (96101)
09-01-24	Manual	N/A	FQHC Provider Manual created
09-01-24	Forms		Forms section of FQHC Provider Manual created