

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-29-24	Admin & Billing Manual	14-22	The omission of the application fee and hardship waiver request for Revalidation of Enrollment.
04-01-24	Appendix 2		Updated Carrier Codes
03-20-24	Admin & Billing Manual	Various Pages	“Remittance advice is accessible for three years after payment date via Web Tool” was added to the following sections: South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool), Trading Partner Agreement, Duplicate Remittance Advice and Remittance Advice sections.
02-13-24	Appendix 2		Updated Carrier Codes (effective 1-1-24)
01-01-24	1 Admin. & Billing Manual	5	Added language to clarify that providers delivering services via telehealth may not be subject to the SCMSA location requirement.
01-01-24	1 Admin. & Billing Manual	7	Updated the definition of Medical necessity to align with State Law and regulations.
01-01-24	1 Admin. & Billing Manual	24-31	Updated Health records retention policy from five (5) years to four (4) years from the last payment date, with exception of nursing homes and hospitals that must retain such records for six (6) years. Updated health record documentation policy related to signature, date, and progress notes requirements.
01-01-24	1 Admin. & Billing Manual	32	Removed the examples of beneficiary information protected under HIPAA in the Safeguarding Beneficiary Information section.
01-01-24	1 Admin. & Billing Manual	39	Removed the 3 years limitations for claims filing timeline for members with retroactive eligibility.

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-24	1 Admin. & Billing Manual	49	Added language to clarify that the claims reconsideration process must be exhausted before a provider requests an administrative hearing.
10-17-23	Appendix 2		<ul style="list-style-type: none"> <li>• Updated Carrier Codes</li> </ul>
07-01-23	Appendix 2		<ul style="list-style-type: none"> <li>• Updated Carrier Codes</li> </ul>
05-11-23	Admin. And Billing manual	7          10, 11	<ul style="list-style-type: none"> <li>• Added to Provider Enrollment requirements that providers must “Be located within the South Carolina Medical Service Area (SCMSA), which is defined as the State of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina State border as detailed in South Carolina Code of Laws, Section 44-6-110.”</li> </ul> <p>Added section related to clinical trials.</p>
05-11-23	Appendix 3	1,2	Added language referencing ARPA requirements around COVID-19 copayments
05-01-23	Appendix 2		Updated Carrier Codes
02-01-23	4		Added Procedure Code 92526, Oral Function Therapy.
01-01-23	Appendix 2		Updated Carrier Codes
01-01-23	13	75	<ul style="list-style-type: none"> <li>• Discharge criteria has been added.</li> <li>• Progress summaries must now include any barriers to progress and the reason why there was a failure to provide the recommended services and frequencies, when applicable; and,</li> <li>• Evidenced-based practices that are used during services will be required to be documented in a clinical service note.</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-21-22	4	11	Individualized Health Plan (IHP) was included as an acceptable plan to which allowable service will be re-imbursed by Medicaid when included in IHP.
10-21-22	6	29	Updated policy to state that Clinical Service Notes (CSN's) completed by a Licensed Practical Nurse are not required to be co-signed by a Registered Nurse (RN).
10-21-22	4	17	A re-evaluation completed by a speech language therapist (SLT), must be signed by a licensed speech language pathologist (SLP). *Note: This change is effective November 1, 2022
10-21-22	4	17	An Individualized Education Program (IEP), signed by a SLT, must be co-signed by a licensed SLP. *Note: This change is effective November 1, 2022
10-01-22	Appendix 2		Updated Carrier Codes
08-01-22	Appendix 2		Updated Carrier Codes
07-01-22	Entire Manual	Various	The LEA manual was split into two sections: Rehabilitation Services and RBHS. In the new RBHS section of the LEA manual, full descriptions were added to make the LEA manual more comprehensive. Full RBHS details were given for the following topics: Program Overview; Covered Populations; Eligible Providers/ Provider Qualifications; Covered Services and Definitions; Utilization Management; Reporting and Documentation for IPOC, 90 Day Program Summary, Clinical Service Notes, and Service Specification Documentation Requirements; Billing Guidance to include Service specific billing guidance.
05-01-22	Appendix 2		Updated Carrier Codes
03-01-22	Entire Manual		Corrected mentions of State Department of Education (SDE) to South Carolina Department of Education (SCDE) throughout the manual.

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-22	Entire Manual		Added the use of acronyms for clarity throughout the manual.
03-01-22	Eligible Providers	8	Moved “RBHS Provider Referral Process” to Referrals in Reporting/Documentation.
03-01-22	Eligible Providers	8	Moved “SC Motor Vehicle Driving Record” to section after Special Needs Transportation Program.
03-01-22	Eligible Providers	8	Added “email” to method of contact by a supervisor based on LLR regulations.
03-01-22	Eligible Providers	9	Updated “readily available” definition to be either in person or by telecommunications or by electronic means to match definition in Nurse Practice Act.
03-01-22	Eligible Providers	11	Moved providers who render O & M services to OT Services definition.
03-01-22	Covered Services and Definitions	21	Removed duplicate language for “Progress Summary Notes.”
03-01-22	Covered Services and Definitions	21	Removed repetitive language from Speech-Language Pathology Services definition.
02-01-22	Admin. & Billing Manual	23	Added the following paragraph: “When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided.”
01-01-22	Appendix 2		Updated Carrier Codes
01-01-22	TPL	3	Under “Cost Avoidance vs. Pay & Chase”, Medicaid no longer covers Pay & Chase for prenatal claims and claims related to child enforcement policies; therefore, this information was removed.
01-01-22	Admin. & Billing Manual	31	Under “Health Insurance”, Maternal Health was deleted and (after 100 days) was added.

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-21	Appendix 2		Updated Carrier Codes
11-01-21	4		The frequency was corrected for PT and OT re-evaluations to show 2 every 12 months.
10-01-21	Appendix 1		Added Edit Codes 607 & 608 to the Appendix
10-01-21	4,6	20,36	Added <i>at least</i> to the sentence: The progress summary is a written note outlining the child's progress that must be completed by the physical therapy practitioner <i>at least</i> every three months from the start date of treatment.
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.
08-01-21	1	23	Added Speech Language Therapist back to the manual, as approved to perform re-evaluations.
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
04-01-21	4		Removal of individual code description language.
01-21-21	Appendix 2		Updated Carrier Codes
1-11-21		11	"Intern" changed to "intern."
1-11-21		24	Clarification for who can perform a speech reevaluation. "Speech-language pathologist/therapist" changed to "speech-language pathologist."
11-1-20	Appendix 2		Updated Carrier Codes

## CHANGE CONTROL RECORD

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

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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
01-04-19	Change Control Record	1	Corrected the following Section 2 entry for date 01-01-19: <ul style="list-style-type: none"> <li>• Physical Therapy Evaluation procedure code from 97064-GP to 97164-GP</li> </ul>
01-01-19	2	21 22 24 25 29 30	Updated procedure code descriptions in the following sections: <ul style="list-style-type: none"> <li>• Physical Therapy Evaluation, procedure code 97164-GP</li> <li>• Individual and Group Physical Therapy, procedure code Individual 97110-GP</li> <li>• Occupational Therapy Evaluation, procedure code Individual 97168-GO</li> <li>• Individual and Group Occupational Therapy, procedure code Individual 97530-GO</li> <li>• Individual Speech Therapy, procedure code 92507</li> <li>• Group Speech Therapy, procedure code 92508</li> </ul>
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	2	41	Updated South Carolina Medicaid School-Based Administrative Claiming
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Change Control Record	2	<ul style="list-style-type: none"> <li>• Updated Forms section change descriptions for dates 01-01-18 and 03-01-18</li> <li>• Updated Webpage change description for date 03-01-18</li> </ul>
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	2	128	Added Service Limit Exception for Fee for Service Beneficiaries
07-01-18	3	32 32-33	<ul style="list-style-type: none"> <li>• Updated Retro Health Insurance</li> <li>• Updated Retro Medicare</li> </ul>
07-10-18	4	11-14	<ul style="list-style-type: none"> <li>• Updated the Frequency Limits column heading for the following sections:               <ul style="list-style-type: none"> <li>○ Behavioral Health Screening</li> <li>○ Service Plan Development</li> <li>○ Psychotherapy Services</li> <li>○ Crisis Management</li> <li>○ Community Support Services</li> </ul> </li> <li>• Updated the frequency limits for procedure code H2011</li> </ul>
07-01-18	Forms	-	Added LEA RBHS Exceptions Fax Cover Sheet and LEA RBHS Request for Service Limit Exception— Local Education Agencies
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> <li>• Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952</li> <li>• Updated CARC for 786</li> <li>• Updated Resolution for 906 and 907</li> </ul>
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> <li>• Updated Retro Health and Pay &amp; Chase</li> <li>• TPL Resources</li> </ul>
07-01-18	Webpage	-	Added LEA RBHS Exceptions Fax Cover Sheet and LEA RBHS Request for Service Limit Exception— Local Education Agencies



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-18	2	5	Updated Procedural and Diagnostic Coding
05-01-18	Change Control Record	-	Incorrect manual updated date in Section 4 version 09/01/16
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
03-01-18	Change Control Record	39	Added entry for 12/01/14, Section 4
03-01-18	4	9	Updates Nursing Services For Children Under 21
03-01-18	Forms	-	Updated SCDHHS letterhead on LEA RBHS Referral
03-01-18	Webpage	-	Updated SCDHHS letterhead on LEA RBHS Referral
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	3	-	Corrected formatting
01-01-18	5	1	Updated Correspondence and Inquiries
01-01-18	Forms	-	Updated SCDHHS letterhead on LEA RBHS Referral
01-01-18	Webpage	-	Updated SCDHHS letterhead on RBHS Referral Form for LEA
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

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-17	2	43-50	Moved Telemedicine policy
09-01-17	Forms	-	<ul style="list-style-type: none"> <li>• Updated forms:               <ul style="list-style-type: none"> <li>○ Claims Reconsideration,</li> <li>○ Duplicate Remittance Advice Request</li> <li>○ Electronic Funds Transfer (EFT) Authorization Agreement forms</li> <li>○ MAPPS Case Plan</li> <li>○ MAPPS Screening</li> </ul> </li> <li>• Deleted Sample Attestation Letter</li> </ul>
08-01-17	5	4	Corrected formatting
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	Forms	-	Updated LEA RBHS Referral Form
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
04-01-17	2	27 30	Updated the following sections: <ul style="list-style-type: none"> <li>• Physical Therapy Evaluation</li> <li>• Occupational Therapy Evaluation</li> </ul>
04-01-17	4	4-9	Updated Physical and Occupational Therapy Services Table
04-01-17	Forms	-	Updated the following forms: <ul style="list-style-type: none"> <li>• RBHS Provider Enrollment for LEA</li> <li>• Rehabilitative Services – Program Update Form</li> <li>• LEA RBHS Referral Form</li> <li>• Parent/Caregiver/Guardian Agreement to Participate in Community Support Services</li> </ul>
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	4	1,4-9	Updated Procedure Codes Section
02-01-17	Appendix 2	-	Updated carrier codes

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Date	Section	Page(s)	Change
01-01-17	2	11 27 30	Updated the following sections: <ul style="list-style-type: none"> <li>• Telemedicine, Covered Services</li> <li>• Physical Therapy Evaluation</li> <li>• Occupational Therapy Evaluation</li> </ul>
01-01-17	3	30	Updated Third-Party Liability (TPL)
01-01-17	4	4 4-5	Updated the following sections: <ul style="list-style-type: none"> <li>• Physical Therapy Evaluation</li> <li>• Occupational Therapy Evaluation</li> </ul>
12-01-16	3	7 8	<ul style="list-style-type: none"> <li>• Updated Diagnostic Codes</li> <li>• Updated Place of Service Key</li> </ul>
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5-6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	4	13-14	Updated the following sections: <ul style="list-style-type: none"> <li>• Behavior Modification – deleted modifier HM</li> <li>• Psychosocial Rehabilitation Services – deleted H2017 Group modifiers</li> <li>• Family Support – deleted modifier HM</li> </ul>
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	50-135 141	Updated the following Sections: <ul style="list-style-type: none"> <li>• Rehabilitative Behavioral Health Services</li> <li>• Special Needs Transportation</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-16	Forms	-	Added RBHS Referral Form and LEA RBHS Parent/Caregiver/Guardian Agreement to Participate in Community Support Services
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	5	- 1 3	<ul style="list-style-type: none"> <li>Updated hyperlinks throughout section</li> <li>Updated Administration section</li> <li>Updated Procurement of Forms section</li> </ul>
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	2	9 49-129	Updated the following Sections: <ul style="list-style-type: none"> <li>General Information</li> <li>Rehabilitative Behavioral Health Services</li> </ul>
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: <ul style="list-style-type: none"> <li>South Carolina Medicaid Program <ul style="list-style-type: none"> <li>Program Description</li> <li>SC Healthy Connections Medicaid Card(s)</li> </ul> </li> <li>Records/Documentation Requirements <ul style="list-style-type: none"> <li>General Information</li> <li>Signature Policy</li> </ul> </li> <li>Medicaid Program Integrity <ul style="list-style-type: none"> <li>Program Integrity</li> </ul> </li> <li>Appeals</li> </ul>
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	2	8-14	<ul style="list-style-type: none"> <li>• Added Telemedicine policy</li> </ul>
11-01-15	Appendix 1	19, 44-47	<ul style="list-style-type: none"> <li>• Revised edit code 507, 821, 837, 838, 839</li> </ul>
10-01-15	1	7 10	<ul style="list-style-type: none"> <li>• Updated to add SCDHHS alerts</li> <li>• Updated Provider Participation</li> </ul>
10-01-15	Appendix 1	1  1 All  4, 20, 23, 27, 43	<ul style="list-style-type: none"> <li>• Updated general instructions</li> <li>• Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System               <ul style="list-style-type: none"> <li>o Added note to general instructions</li> <li>o Replaced ICD-9 with ICD-CM throughout section</li> </ul> </li> <li>• Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792</li> </ul>
09-01-15	2	5,6 49	<p>Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System</p> <ul style="list-style-type: none"> <li>o Procedural Diagnostic Coding</li> <li>o Eligibility for Rehabilitative Services</li> </ul>
09-01-15	3	6-7 13-14  21	<ul style="list-style-type: none"> <li>• Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System:               <ul style="list-style-type: none"> <li>o Diagnostic Codes</li> <li>o CMS-1500 Claim From Completion Instructions, field 21</li> </ul> </li> <li>• Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool</li> </ul>
09-01-15	Appendix 1	5, 14	<ul style="list-style-type: none"> <li>• Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System</li> </ul>

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Date	Section	Page(s)	Change
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
05-01-15	2	5	<ul style="list-style-type: none"> <li>• Updated Procedural and Diagnostic Coding</li> </ul>
03-13-15	3	14-15 25	<ul style="list-style-type: none"> <li>• Updated CMS-1500 Claim Form Completion Instructions</li> <li>• Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
03-03-15	2	43-103	Updated Rehabilitative Behavioral Health Services section
03-01-15	4	9-14	Updated the following tables: <ul style="list-style-type: none"> <li>• Psychological Testing and Evaluation Services</li> <li>• Assessment Services</li> <li>• Psychotherapy Services</li> <li>• Crisis Management</li> <li>• Community Support Services</li> </ul>
03-01-15	Appendix 2		Updated carrier codes
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	3-4 25-26	Added the following policies: <ul style="list-style-type: none"> <li>• Copayment</li> <li>• Claim Reconsideration</li> </ul>
12-01-14	4	9	Updated Psychological Testing and Evaluation Services
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Added to manual

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Date	Section	Page(s)	Change
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	2	43-49 49 90-94	<ul style="list-style-type: none"> <li>• Deleted School-Based Psychological Testing and Evaluation</li> <li>• Added language to Rehabilitative Behavioral Health Services introductory paragraph</li> <li>• Updated Psychological Testing Evaluation section</li> </ul>
11-01-14	4	8 9 9-13	<ul style="list-style-type: none"> <li>• Deleted School-Based Psychological Testing and Evaluation</li> <li>• Updated Psychological Testing and Evaluation Services</li> <li>• Updated the following services to remove Licensed Psycho-Educational Specialist w/Ph.D.               <ul style="list-style-type: none"> <li>o Assessment Services</li> <li>o Behavioral Health Screening</li> <li>o Service Plan Development</li> <li>o Psychotherapy Services</li> <li>o Crisis Management</li> <li>o Community Support Services</li> </ul> </li> </ul>
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	Forms		Deleted Form 255
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 45	<ul style="list-style-type: none"> <li>• Updated edit code 079, 637, 719, 820, 821, 908, 909</li> <li>• Added new edit code 790</li> </ul>
09-01-14	2	4 44-48	Updated the following sections: <ul style="list-style-type: none"> <li>• Covered Services</li> <li>• School-based Psychological Testing and Evaluation</li> </ul>
09-01-01	4	8 9	Updated the following tables: <ul style="list-style-type: none"> <li>• School-based Psychological Testing and Evaluation</li> <li>• RBHS Psychological Testing and Evaluation</li> </ul>

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Date	Section	Page(s)	Change
09-01-14	5	1	Remove language related to the county office listing
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	Appendix 1	51, 69 24, 48-51, 58	<ul style="list-style-type: none"> <li>• Deleted edit codes 845 and 969</li> <li>• Updated edit codes 537, 837-839, 843, 844, and 892</li> </ul>
07-01-14	2	49-117	Updated Rehabilitative Behavioral Health Services section.
07-01-14	4	9-14	Updated Rehabilitative Behavioral Health Services
07-01-1	Forms	-	<ul style="list-style-type: none"> <li>• Removed DHHS Form 254</li> <li>• Removed Medical Necessity Statement for Rehabilitative Services</li> </ul>
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	2	43-45  47-108	Updated the following sections: <ul style="list-style-type: none"> <li>• School Based Psychological Evaluation and Testing</li> <li>• Rehabilitative Behavioral Health Services</li> </ul>
05-01-14	5	1  5	<ul style="list-style-type: none"> <li>• Replaced reference to county office listing with the Where To Go for Help web address</li> <li>• Removed DHHS county office listing</li> </ul>
05-01-14	Forms		Updated Rehabilitative Services – Provider Update Form



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05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	1	6, 23, 25  29-31 32 33 37 39  41-44	<ul style="list-style-type: none"> <li>• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>• Updated the following sections:               <ul style="list-style-type: none"> <li>○ Program Integrity</li> <li>○ Recovery Audit Contractor</li> <li>○ Beneficiary Oversight</li> <li>○ Fraud</li> <li>○ Referrals to the Medicaid Fraud Control Unit</li> <li>○ Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)</li> </ul> </li> </ul>
04-01-14	3	1-41  7- 20  20 22	<ul style="list-style-type: none"> <li>• Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>• Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> <li>• Updated Trading Partner Agreement</li> <li>• Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
04-01-14	5	10	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> <li>• Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms</li> <li>• Removed note on CMS-1500 (02/12) version claim form</li> <li>• Removed CMS-1500 (08/05) version claim form (s)</li> <li>• Removed Sample Edit Correction Form</li> <li>• Updated Sample Remittance Advice</li> </ul>
04-01-14	Appendix 1	35 -	<ul style="list-style-type: none"> <li>• Added edit code 527</li> <li>• Entire section:</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>o Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>o Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> </ul>
04-01-14	TPL Supplement		Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form
03-01-14	4	14	Updated Special Needs Transportation Services
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	2	28-29	Updated Speech Evaluation
02-01-14	4	6	Updated Speech Language Pathology Services
02-01-14	5	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25 1-2 4 6 26 29-30 32 32	Updated to reflect the following bulletins: <ul style="list-style-type: none"> <li>• Managed Care Organizational Changes dated November 15, 2013</li> <li>• Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013</li> </ul> Updated the following sections: <ul style="list-style-type: none"> <li>• Eligibility Determination</li> <li>• South Carolina Health Connections Medicaid card</li> <li>• South Carolina Web-based Claims Submissions Tool</li> <li>• Retroactive Eligibility</li> <li>• Program Integrity</li> <li>• Recovery Audit Contractor</li> <li>• Beneficiary Explanation of Medical Benefits Program</li> </ul>
01-01-14	3	-	Updated entire section to reflect the following bulletins:

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>• Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>• Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>• Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	5	1 3-4	Updated the following sections <ul style="list-style-type: none"> <li>• Correspondence and Inquiries</li> <li>• Procurement of Forms</li> </ul>
01-01-14	Forms		<ul style="list-style-type: none"> <li>• Added CMS-1500 (02/12) version claim form</li> <li>• Added note to CMS-1500 (05/85) version claim form</li> <li>• Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms</li> <li>• Replaced logo on X form (Add for program-specific forms)</li> </ul>
01-01-14	Appendix 1		Updated to reflect the following bulletins: <ul style="list-style-type: none"> <li>• Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>• Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>• Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		<ul style="list-style-type: none"> <li>• Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> </ul>
12-01-13	2	43-114	<ul style="list-style-type: none"> <li>• Updated and rearranged School-Based Psychological Evaluation and Testing and Rehabilitative Behavioral Health Services sections</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
12-01-13	4	8-13	<ul style="list-style-type: none"> <li>• Updated Rehabilitative Behavioral Health Services section</li> </ul>
12-01-13	5	13	Updated Orangeburg County mailing address zip codes
12-01-13	Forms	-	<ul style="list-style-type: none"> <li>• Added Rehabilitative Services – Provider Enrollment Form</li> <li>• Updated the following documents:               <ul style="list-style-type: none"> <li>o DHHS Form 254</li> <li>o RBHS Enrollment-LEA form</li> <li>o Medical Necessity Statement</li> <li>o Sample Attestation Letter</li> </ul> </li> </ul>
11-01-13	MC Supplement	18	<ul style="list-style-type: none"> <li>• Replaced BlueChoice MCO Medicaid card</li> </ul>
10-01-13	5	12 13	<ul style="list-style-type: none"> <li>• Updated Orangeburg office and mailing address</li> <li>• Updated York County office address</li> </ul>
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	<ul style="list-style-type: none"> <li>• Updated CARCs/RARCs throughout section</li> <li>• Added edit codes 110 and 725</li> <li>• Deleted edit code 961</li> <li>• Revised edit codes 720, 749, 750, 758, and 759</li> </ul>
10-01-13	MC Supplement	20	<ul style="list-style-type: none"> <li>• Added WellCare MCO Medicaid card and contact information</li> </ul>
09-01-13	5	8 10 13	<ul style="list-style-type: none"> <li>• Updated Darlington County zip code</li> <li>• Updated Laurens County phone number</li> <li>• Updated York County office address</li> </ul>
08-01-13	5	13	<ul style="list-style-type: none"> <li>• Updated York County physical address</li> </ul>
08-01-13	Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> <li>• Updated resolution for edit code 007</li> <li>• Updated RARC and resolution for edit codes 820 and 821</li> <li>• Deleted edit codes 954, 955, and 956</li> </ul>
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	5	8	<ul style="list-style-type: none"> <li>• Updated Colleton County office telephone number</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		11	<ul style="list-style-type: none"> <li>Deleted Newberry County PO Box address</li> </ul>
06-01-13	5	12	<ul style="list-style-type: none"> <li>Updated Richland county office telephone number</li> </ul>
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> <li>Updated resolutions for edit codes 107, 219, 339, 673, 720</li> <li>Deleted edit code 577</li> </ul>
04-01-13	1	6	Corrected the URL for <a href="http://MedicaideLearning.com">MedicaideLearning.com</a>
04-01-13	4	10-11	Updated Individual Psychotherapy frequency and limits
04-01-13	Appendix 1	2  20, 25, 28 4, 39, 52, 53, 57, 59 73  50, 51 67, 69	<ul style="list-style-type: none"> <li>Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052</li> <li>Updated CARCs for edit codes 460, 544, 569</li> <li>Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960</li> <li>Added edit codes 820, 821</li> <li>Updated edit code 935, 938, 939</li> </ul>
04-01-13	Appendix 2	-	Updated carrier code list
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
02-01-13	Forms	-	<ul style="list-style-type: none"> <li>Updated MAPPS Individual or Group Session Form</li> <li>Updated DHHS Form 254</li> </ul>
01-16-13	4	11	Deleted Individual Therapy service, procedure code 90804
01-11-13	Forms	-	Corrected procedure code for Diagnostic Assessment without medical- initial on Form 254
01-04-13	Forms	-	Corrected procedure codes for Individual Psychotherapy on Form 254
01-01-13	4	9-10	Added Individual Psychotherapy procedure codes, frequencies, and limits to RBHS table

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-13	5	7 9	<ul style="list-style-type: none"> <li>• Added Chester county Zip+4 code</li> <li>• Updated Greenville PO Box address</li> </ul>
01-01-13	Forms	-	Updated Form 254 sample
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	<ul style="list-style-type: none"> <li>• Updated web addresses for provider information and provider training</li> <li>• Revised heading and language to reflect new provider enrollment requirements</li> <li>• Updated Program Integrity language (entire section)</li> <li>• Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)</li> </ul>
12-03-12	3	8 12 19, 35, 38 25-26	<ul style="list-style-type: none"> <li>• Updated National Provider Identifier and Medicaid Provider Number</li> <li>• Updated fields 17, 17b to add requirement for referring or ordering provider NPI</li> <li>• Updated provider information web addresses</li> <li>• Updated Electronic Funds Transfer (EFT)</li> </ul>
12-01-12	2	11 49 50 53 58 78 79 80	<p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>• Referrals</li> <li>• Reporting Changes</li> <li>• Eligibility for Rehabilitative Services</li> <li>• Licensed Practitioners of the Healing Arts (LPHAs)</li> <li>• Medicaid RBHS Staff Qualification</li> <li>• Follow-up Comprehensive Assessment</li> <li>• Clinical Documentation</li> <li>• Psychological Testing/Evaluation</li> </ul>
12-01-12	5	4 11	<ul style="list-style-type: none"> <li>• Updated web address for provider information</li> <li>• Updated McCormick county office telephone number</li> </ul>
12-01-12	Appendix 1	24, 26, 27, 32, 33	<ul style="list-style-type: none"> <li>• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	<ul style="list-style-type: none"> <li>• Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926</li> </ul>
12-01-12	TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	2	-	Corrected even page headers
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	2	2, 29, 37, 41, 48, 101, 102	Updated all contact information for program areas/representatives to the PSC per Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 25, 29, 32, 37, 8, 19, 24	<ul style="list-style-type: none"> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Updated hyperlinks</li> </ul>
08-01-12	5	1  5  7	<ul style="list-style-type: none"> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Removed fax request information for SCDHHS forms</li> <li>• Added SCDHHS forms online order information</li> <li>• Updated telephone number for Greenville county office</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-12	Forms	-	<ul style="list-style-type: none"> <li>• Deleted forms 140 and 142</li> <li>• Updated Duplicate Remittance Advice Request Form and RBHS Provider Enrollment for LEA</li> </ul>
08-01-12	Appendix 1	- 1, 24, 60, 65, 66- 67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	<ul style="list-style-type: none"> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987</li> <li>• Added edit codes 349, 590, 978, 990, 991-995</li> <li>• Deleted edit codes 166, 205, 573, 574, 593, 596</li> <li>• Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798</li> </ul>
08-01-12	Managed Care Supplement	1-2  7  11  17  19	<ul style="list-style-type: none"> <li>• Changed Division of Care Management to Bureau of Managed Care</li> <li>• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>• Removed language limiting enrollment to 2500 members</li> <li>• Update contact information for Palmetto Physician Connections</li> <li>• Added to “Medicaid” to BlueChoice HealthPlan</li> </ul>
08-01-12	TPL Supplement	5, 6, 10,17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 1	16, 48 45	<ul style="list-style-type: none"> <li>• Deleted edit codes 386 and 868</li> <li>• Added edit codes 837, 838, 839</li> </ul>
07-01-12	Appendix 2	-	Updated carrier codes
05-01-12	Appendix 1	62	Updated edit code 975
04-01-12	1	4	Replaced South Carolina Healthy Connections card
04-01-12	5	11 12	<ul style="list-style-type: none"> <li>• Updated address for Marion County</li> <li>• Updated phone number for Newberry County</li> </ul>
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18	<ul style="list-style-type: none"> <li>• Updated edit code 402</li> </ul>



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		24 30	<ul style="list-style-type: none"> <li>• Updated edit code 544</li> <li>• Updated edit code 636, 637, and 642</li> </ul>
02-01-12	3	21 24	<ul style="list-style-type: none"> <li>• Added a note regarding The Web Tool</li> <li>• Updated the Remittance Advice -835 Transaction</li> </ul>
02-01-12	5	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42 49	<ul style="list-style-type: none"> <li>• Updated edit code 402</li> <li>• Updated edit code 636, 637, and 642</li> <li>• Updated edit code 766</li> <li>• Updated edit code 867</li> </ul>
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	- 25	<ul style="list-style-type: none"> <li>• Updated hyperlinks throughout section</li> <li>• Updated EFT information</li> </ul>
01-01-12	5	1	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	Appendix 1	62 -	<ul style="list-style-type: none"> <li>• Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11</li> <li>• Updated CARCs and RARCs throughout the document</li> </ul>
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	2	21, 24, 28	Added Supervision Requirements
11-01-11	3	37, 45	Updated TPL contact information

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-11	TPL Supplement	6, 15  12  3, 17, 19	<ul style="list-style-type: none"> <li>• Changed Medicare timely filing requirement to two years and six months</li> <li>• Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code</li> <li>• Deleted sample legacy number from UB-04 TPL Fields table</li> <li>• Updated TPL contact information</li> </ul>
10-01-11	Appendix 1	14, 29 47	<ul style="list-style-type: none"> <li>• Added edit codes 334 and 584</li> <li>• Updated edit code 845</li> </ul>
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	5	13	Updated zip code for Spartanburg County office
09-01-11	Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11	4	-	Updated payment rates to reflect current billing policies
08-01-11	Appendix 1	8	Updated edit codes 165 and 166
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11	5	13	Deleted PO Box address for the Spartanburg County Office
07-01-11	Appendix 1	12 43 56	<ul style="list-style-type: none"> <li>• Updated resolution for edit code 300</li> <li>• Added edit codes 840 and 841</li> <li>• Updated Provider Enrollment Contact information in edit codes 941 and 944</li> </ul>
06-01-11	2	12	Updated first sentence in Release of Information section

## CHANGE CONTROL RECORD

Date	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	Appendix 1	43	Updated edit code 796
04-01-11	5	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	19, 25, 26	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	5	4 5	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County
03-01-11	Appendix 1	- 67	Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description
03-01-11	Appendix 2	-	Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10
03-01-11	TPL Supplement	17 24, 25	<ul style="list-style-type: none"> <li>• Changed the name of the Provider Outreach Web site to Provider Enrollment and Education</li> <li>• Updated the descriptions for Form130s</li> </ul>
02-01-11	Appendix 1	3	Added edit codes 079 and 080
01-01-11	1	7 19-20	<ul style="list-style-type: none"> <li>• Updated the South Carolina Medicaid Web-based Claims Submission Tool section</li> <li>• Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits</li> </ul>
01-01-11	2	47-74	Corrected formatting

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-11	3	19, 23, 25, 26, 27 17, 31  24	<ul style="list-style-type: none"> <li>• Updated electronic remittance package information</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package</li> </ul>
01-01-11	5	13	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166
01-01-11	TPL Supplement	8, 10 8  10  13  15  15	<ul style="list-style-type: none"> <li>• Removed references to Dental claims</li> <li>• Removed language to contact program areas for missing carrier codes</li> <li>• Added reference to CMS-1500 for correcting edit code 151 on the ECF</li> <li>• Added edit code 165 to other TPL-related insurance edit codes list</li> <li>• Updated Retro Medicare section to include the following:               <ul style="list-style-type: none"> <li>o Changed the timely filing requirement from 90 days of the invoice to 30 days</li> <li>o Added SCDHHS TPL recovery language</li> </ul> </li> <li>• Updated the Retro Health and Pay &amp; Chase section</li> </ul>
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	2	14 21 23-24  43 43	<p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>• Documentation section:               <ul style="list-style-type: none"> <li>o Progress Summary Notes</li> <li>o Physical Therapist Assistant</li> <li>o Occupational Therapy Assistant</li> </ul> </li> <li>• School-based Psychological Evaluation Testing section:               <ul style="list-style-type: none"> <li>o Program Description</li> <li>o Program Staff Qualifications</li> </ul> </li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		55	<ul style="list-style-type: none"> <li>Added note to Prior authorization – DHHS Form 254 section after last paragraph</li> </ul>
	4	7	Added School-Based Psychological Evaluation and Testing chart
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	2	14 21 23	<ul style="list-style-type: none"> <li>Updated Progress Summary Notes</li> <li>Updated Physical Therapist Assistant paragraph</li> <li>Updated Occupational Therapist Assistant paragraph</li> </ul>
11-01-10	Appendix 1	8 16 32  51 52	<ul style="list-style-type: none"> <li>Edit code 202: added information to Resolution section</li> <li>Edit codes 421 and 424 deleted</li> <li>Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29</li> <li>Deleted edit code 959</li> <li>Deleted edit codes 962 and 963</li> </ul>
11-01-10	TPL Supplement	3, 8, 13-14, 18-19  6, 15-17	<ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle</li> </ul>
10-01-10	Change Control Record	1-2          2	<ul style="list-style-type: none"> <li>Corrected the following Section 2 entries for date 09-01-10               <ul style="list-style-type: none"> <li>Replaced pages 45-63 with page 40</li> <li>Replace page 64 with page 41</li> <li>Replace page 66 with page 43 and added “Under Psychological Testing and Evaluation Services section” to change description</li> </ul> </li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>Deleted page 9 from the Section 4 entry, dated 09-01-10</li> </ul>
10-01-10	1	-  1 7  10	<ul style="list-style-type: none"> <li>Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>Updated Program Description section</li> <li>Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest</li> <li>Updated Freedom of Choice section</li> </ul>
10-01-10	2	13 43  43	<ul style="list-style-type: none"> <li>Updated Individual Treatment Plan section</li> <li>Renamed Psychological Evaluation and Testing to School-Based Psychological Evaluation and testing</li> <li>Added SC State Medicaid Plan referenced in first paragraph of Program Description</li> <li>Moved the Rehabilitative Behavioral Health Services from the School-based Psychological Evaluation section and updated to reflect the new Behavior Health Services policies and procedures for LEAs</li> </ul>
10-01-10	3	7 7 14	<ul style="list-style-type: none"> <li>Added reference to section for modifier</li> <li>Updated the Place of Service codes</li> <li>Updated field 24D Unshaded*</li> </ul>
10-01-10	4	8-12	Updated the Rehabilitative Behavioral Health Services procedure codes section
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Forms	-	<ul style="list-style-type: none"> <li>Added the following forms: <ul style="list-style-type: none"> <li>RBHS Provider Enrollment for LEA</li> <li>Sample Attestation Letter</li> <li>Medical Necessity Statement for Rehabilitative Services</li> </ul> </li> <li>Deleted the following forms:</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>o Medical Necessity State for Children’s Behavioral Health Services</li> <li>o Medical Necessity Statement for Therapeutic Behavioral Services</li> <li>o Assessment for Therapeutic Behavioral Services (two pages)</li> <li>o Weekly Progress Summary Notes for Therapeutic Behavioral Services</li> <li>o Individual Treatment Plan for Therapeutic Behavioral Services</li> <li>o Consumer Satisfaction Survey</li> <li>• Updated DHHS Form 254</li> </ul>
10-01-10	Managed Care Supplement	<p style="text-align: center;">-</p> <p style="text-align: center;">1</p> <p style="text-align: center;">2</p> <p style="text-align: center;">3</p> <p style="text-align: center;">4</p> <p style="text-align: center;">5</p> <p style="text-align: center;">6</p> <p style="text-align: center;">13</p> <p style="text-align: center;">17</p>	<ul style="list-style-type: none"> <li>• Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program</li> <li>• Updated Managed Care Overview</li> <li>• Updated Managed Care Organizations and Core Benefits paragraphs</li> <li>• Updated MCO Program ID card paragraph</li> <li>• Updated MHN Program ID card paragraph</li> <li>• Updated Core Benefits</li> <li>• Updated Exempt Services</li> <li>• Updated Overview</li> <li>• Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph</li> </ul>
09-01-10	2	<p style="text-align: center;">12</p> <p style="text-align: center;">15</p> <p style="text-align: center;">17</p> <p style="text-align: center;">18</p> <p style="text-align: center;">20</p> <p style="text-align: center;">21</p>	<ul style="list-style-type: none"> <li>• Added heading Individual Treatment plan and accompanying paragraphs; added Treatment Plan Review and accompanying review</li> <li>• Updated Program Descriptions</li> <li>• Updated Hearing Aids section and address</li> <li>• Added Tympanometry (impedance testing), Acoustic reflex testing; threshold, and Electrocochleography headings after code numbers</li> <li>• Updated Documentation section</li> <li>• Updated Physical Therapist section and Physical Therapy Evaluation heading 97001-GP</li> <li>• Updated Documentation section</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		22 23 24 25 30 32 40 41 43	<ul style="list-style-type: none"> <li>• Deleted Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections</li> <li>• Updated Occupational Therapist section</li> <li>• Added heading after 97003-GO in Occupational Therapy Evaluation</li> <li>• Updated Documentation section</li> <li>• Deleted Individual Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections</li> <li>• Updated Documentation section. Deleted Individual Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections</li> <li>• Updated Documentation section</li> <li>• Deleted Individual Treatment Plan, Treatment Plan Review, and Progress Summary Notes sections</li> <li>• Deleted ALL sections under Children’s Behavioral Services</li> <li>• Changed Psychological Services heading to Psychological Testing and Evaluation Services</li> <li>• Updated Program Description and Program Staff</li> <li>• Under Psychological Testing and Evaluation Services section, added Rehabilitative Behavioral Health Services section and accompanying information</li> </ul>
09-01-10	2	66-69	<ul style="list-style-type: none"> <li>• Deleted the following sections: Emergency Safety Interventions (Seclusion and Restraint), Ordering and Initiation, Notification of Rights, Policies, and Procedures at Admission, Documentation, Monitoring/Termination, and Training Requirements</li> </ul>
09-01-10	3	20 20 39	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"> <li>• Companion Guides</li> <li>• South Carolina Medicaid Web-based Claims Submission Tool</li> <li>• Claim-Level Adjustments</li> </ul>
09-01-10	4	8	<ul style="list-style-type: none"> <li>• Deleted Behavioral Health Services table</li> </ul>



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>• Added information after Psychological Testing/Evaluation table regarding Rehabilitative Behavioral Health Services</li> </ul>
09-01-10	5	5 8 11	<ul style="list-style-type: none"> <li>• Removed County Commissioner's Building from the Aiken County address</li> <li>• Deleted Dorchester County physical address telephone number</li> <li>• Removed Highway 28 N from the McCormick County address</li> </ul>
09-01-10	Appendix 1	9 -	<ul style="list-style-type: none"> <li>• Added edit code 225</li> <li>• Removed all references to the ADA Claim in the Resolution column</li> </ul>
09-01-10	TPL Supplement	12 13 18	<ul style="list-style-type: none"> <li>• Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information</li> <li>• Updated the Web-Submitted Claims section with the exception to Dental claims</li> <li>• Updated the TPL Resources section to include the DentaQuest contact information for TPL questions</li> </ul>
08-01-10	2	7, 12  12	<ul style="list-style-type: none"> <li>• Corrected formatting in following sections:               <ul style="list-style-type: none"> <li>○ Legibility section</li> <li>○ Referrals</li> <li>○ Release of Information</li> </ul> </li> <li>• Updated the following sections:               <ul style="list-style-type: none"> <li>○ Evaluations section</li> <li>○ Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)/Individual Treatment Plan(ITP)</li> </ul> </li> </ul>
08-01-10	5	5, 9, 11-13 6	<ul style="list-style-type: none"> <li>• Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties</li> <li>• Updated the address for Barnwell County</li> <li>• Updated the telephone number for Beaufort County</li> </ul>
08-01-10	Appendix 1	20 51, 52	<ul style="list-style-type: none"> <li>• Deleted edit code 520</li> <li>• Deleted Provider Enrollment e-mail address from codes 941 and 944</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		59	<ul style="list-style-type: none"> <li>• Changed resolution for edit code 994</li> </ul>
07-01-10	2	1 11	Updated the following sections: <ul style="list-style-type: none"> <li>• Individuals with Disabilities Education Act (IDEA) and Medicaid</li> <li>• Clinical Records, Referrals</li> </ul>
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	<ul style="list-style-type: none"> <li>• Updated edit code 714</li> <li>• Updated edit code 738</li> </ul>
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration
06-01-10	2	6 9 10-11 12	Updated the following sections: <ul style="list-style-type: none"> <li>• Clinical Records</li> <li>• Records Maintenance</li> <li>• Beneficiary Requirements</li> <li>• Referrals</li> <li>• Individual Education Program (IEP) or Individual Family Service Plan (IFSP)/Individual Treatment Plan (ITP)</li> </ul>
06-01-10	Managed Care Supplement	1 3 17 20, 23, 25	<ul style="list-style-type: none"> <li>• Updated Managed Care Overview section</li> <li>• Updated Manage Care Organization (MCO), Core Benefits section</li> <li>• Updated the Managed Care Disenrollment Process, Overview section</li> <li>• Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change</li> </ul>
04-01-10	2	1 4 6 9 13	<ul style="list-style-type: none"> <li>• Updated General Information section</li> <li>• Updated Covered Services section</li> <li>• Updated General Information, Documentation Requirements section</li> <li>• Updated School-Based Rehabilitative Therapy Services, Documentation section</li> <li>• Deleted School-Based Rehabilitative Therapy Services, Training Requirements section</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-10	Cover	-	Replaced the manual cover
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to section 1 and section 3 entries dated 12-01-09
03-01-10	3	5, 20	Removed modem as an electronic claims transmission method
02-01-10	Appendix 1	13 36	<ul style="list-style-type: none"> <li>• Added New Edit Codes 356,357 and 358</li> <li>• Updated Edit Code 738</li> </ul>
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	5	5  10  12	<ul style="list-style-type: none"> <li>• Updated Physical Address for Allendale County Office</li> <li>• Replaced Jasper County DSS with Jasper County DHHS</li> <li>• Replaced Orangeburg County DSS with Orangeburg County DHHS</li> </ul>
01-01-10	Appendix 1	49	Updated Edit Code 932
12-01-09	1	8  25	<ul style="list-style-type: none"> <li>• Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> <li>• Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009</li> </ul>
12-01-09	3	1-3 21-31	<ul style="list-style-type: none"> <li>• Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009</li> <li>• Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package</li> </ul>
12-01-09	5	8	Updated the Dorchester County office street address
12-01-09	Appendix 1	- - 18, 19	<ul style="list-style-type: none"> <li>• Replaced CARC 17 with CARC 16</li> <li>• Updated CARC A1</li> <li>• Updated codes 509 and 510</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		20	<ul style="list-style-type: none"> <li>• Added code 533</li> </ul>
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"> <li>• Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs)</li> <li>• Updated SC Medicaid Healthy Connections language throughout section</li> <li>• Updated South Carolina Medicaid Bulletins and Newsletters</li> <li>• Changed heading to Medicare Cost Sharing</li> </ul>
10-01-09	5	10 11 12	<ul style="list-style-type: none"> <li>• Updated physical address for Jasper County office</li> <li>• Updated telephone number for Lexington County office</li> <li>• Updated zip codes for Orangeburg County office</li> </ul>
10-01-09	Appendix 1	3 60	<ul style="list-style-type: none"> <li>• Updated edit code 065</li> <li>• Updated edit code 852</li> </ul>
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	Forms	-	Updated Referral Form/Authorization for Services, Children's Behavioral Health Services Form (Form 254)
09-01-09	Managed Care Supplement	21 20, 25	<ul style="list-style-type: none"> <li>• Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009</li> <li>• Updated Absolute Total Care entries as following:               <ul style="list-style-type: none"> <li>○ Changed the company's name to Absolute Total Care</li> <li>○ Replaced the beneficiary card samples</li> <li>○ Corrected contact information</li> </ul> </li> </ul>
08-01-09	5	14	Updated telephone number for York County office
08-01-09	Appendix 1	3	Updated edit code 062

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-09	Appendix 2	-	Updated carrier code list
07-01-09	2	2 2, 5, 44-46 7, 8 43, 44, 45 46 87	<ul style="list-style-type: none"> <li>• Deleted Procedural and Diagnostic Coding verbiage</li> <li>• Updated/added subheadings throughout sections</li> <li>• Updated and moved Evaluation and Re-evaluation subsection</li> <li>• Changed Division of Family Services to Behavioral Health Services</li> <li>• Updated and moved Children Behavior Health Training Requirements subsection</li> <li>• Updated and moved MAPPS subsection</li> </ul>
07-01-09	4	9 7 9	<p>Moved the following charts:</p> <ul style="list-style-type: none"> <li>• Medicaid Adolescent Pregnancy Prevention Services (MAPPS)</li> <li>• Nursing Services For Children Under 21</li> <li>• Special Needs Transportation</li> </ul>
07-01-09	5	6, 12 8 9	<ul style="list-style-type: none"> <li>• Updated address for Bamberg and Orangeburg County offices</li> <li>• Updated office zip code for Darlington County</li> <li>• Updated telephone number for Fairfield County office</li> </ul>
06-01-09	TPL Supplement	19	Updated Department of Insurance Web site address
05-01-09	1	1-6, 11 2 3 5 28-33	<ul style="list-style-type: none"> <li>• Updated to reflect managed care policies and procedures effective May 1, 2009</li> <li>• Updated the Eligibility subsection</li> <li>• Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection</li> <li>• Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection</li> <li>• Updated the Medicaid Program Integrity subsection</li> </ul>
05-01-09	5	13	Updated telephone number for Union County office

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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, 19, 25, 34, 37	Updated hyperlinks
04-01-09	5	11	Updated telephone number for Lexington County office
03-01-09	2	85	Updated hyperlink
03-01-09	4	1	Deleted the MAPPS codes chart and added the MAPPS verbiage.
03-01-09	5	4 8 5, 11-13	<ul style="list-style-type: none"> <li>• Updated hyperlink</li> <li>• Corrected Dorchester County's Orangeburg Road telephone number</li> <li>• Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties</li> </ul>
03-01-09	Appendix 1	43 72	<ul style="list-style-type: none"> <li>• Added new edit codes 693 and 694</li> <li>• Changed edit code 945 Resolution to input "26"modifier in field 18</li> </ul>
03-01-09	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	5	Updated Allendale County office PO Box zip code
02-01-09	Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-09	Appendix 2	-	Updated list of carrier codes
01-01-09	1	8	Updated hyperlink for <a href="http://bulletin.scdhhs.gov">bulletin.scdhhs.gov</a>
01-01-09	5	11	Updated Lee County office address
12-01-08	2	2 21, 25, 31, 34	<ul style="list-style-type: none"> <li>Added “Signature and date of signature on evaluations and re-evaluations are mandated requirements” to the General Information section.</li> <li>Added the following statement to the Individual Treatment sections: “If the evaluation indicates treatment is needed for the beneficiary, the Medicaid provider of service must write his or her own Treatment Plan upon completion of the evaluation.</li> </ul>
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	2	2 5 8	<ul style="list-style-type: none"> <li>Added Re-evaluation section, revised first bullet</li> <li>Added re-evaluation to first bullet</li> <li>Updated verbiage for number 3 in CSN</li> </ul>
11-01-08	3	23, 25	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	3	27	Changed ECF field 1 to Prov/Xwalk ID
10-01-08	5	9, 13	<ul style="list-style-type: none"> <li>Updated the address for Lake City</li> <li>Updated the phone number for Sumter County office</li> </ul>
10-01-08	Forms	-	Revised ECF example to show update for field 1
10-01-08	Appendix 1	-	Updated edit codes 007, 059, 112, 219, 308, 339, 386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952
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

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-08	2	15	Added Acoustic Reflex Testing Information
08-01-08	4	3	Added Procedure Code 92568
08-01-08	5	7	Deleted PO Box for Chester County
08-01-08	Appendix 1	3	Updated Edit Code 062
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	8, 15, 17, 18, 23	Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers
06-01-08	5	12	Updated telephone number for Orangeburg county office
06-01-08	Form	-	Deleted sample claim form showing NPI and Medicaid Provider ID
06-01-08	Appendix 1	30, 39, 42	<ul style="list-style-type: none"> <li>• Added new edit code 529</li> <li>• Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692</li> </ul>
06-01-08	TPL Supplement	-	Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4
05-01-08	Managed Care Supplement	-	Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section
04-01-08	2	4-5	Added information about location of supervising entities
04-01-08	5	8	Updated address and phone number for Dorchester County office change



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-08	Appendix 1	4, 13, 20, 33	Added new edit codes 062, 219, 339, 528
04-01-08	TPL Supplement	2 3, 8, 15  12  29	Updated reference to Medicaid card name <ul style="list-style-type: none"> <li>• Changed references to location of forms from Section 5 to Forms section</li> <li>• Updated field numbers for occurrence codes on UB-04</li> <li>• Replaced sample ADA form with more attractive version</li> </ul>
03-01-08	1	3-5  7	<ul style="list-style-type: none"> <li>• Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information.</li> <li>• Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable</li> </ul>
03-01-08	3	7-20  All	<ul style="list-style-type: none"> <li>• Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number).</li> <li>• Standardized formatting</li> </ul>
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08	Appendix 1	59 70	<ul style="list-style-type: none"> <li>• Added edit code 808</li> <li>• Revised edit code 943 description and status (from warning to active)</li> </ul>
03-01-08	TPL Supplement	9  21-22	<ul style="list-style-type: none"> <li>• Added information on carrier code “CAS” for open casualty cases</li> <li>• Replaced Form 931 samples with new versions</li> </ul>
02-01-08	2	22, 27	Updated codes and descriptions for WHFO and Speech Re-evaluation in accordance with Medicaid Bulletin dated January 29, 2008.
02-01-08	4	7, 8	Updated codes and descriptions for WHFO and Speech Re-evaluation in accordance with Medicaid Bulletin dated January 29, 2008.

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-08	3	11 29, 31  46	<ul style="list-style-type: none"> <li>• Corrected instructions for field 10b</li> <li>• Standardized references to six-character legacy provider number</li> <li>• Corrected mailing address for refunds</li> </ul>
02-01-08	5	1	Removed “including Partners for Health” from first paragraph
02-01-08	Forms	-	Corrected mailing address for Medicaid Refunds Form 205
01-01-08	5	10	Updated address for Lancaster County office
01-01-08	Managed Care Supplement	1 3	<ul style="list-style-type: none"> <li>• Removed PhyTrust from the list of MHNs</li> <li>• Added Carolina Crescent to the list of MCOs</li> </ul>
11-19-07	2  4	12-28, 80-82 6-8	Updated policies and procedures in accordance with Medicaid Bulletin dated November 14, 2007.
11-01-07	2	1	Deleted “or autism” from first paragraph
11-01-07	5	9, 10  10	<ul style="list-style-type: none"> <li>• Updated telephone numbers for Florence and Kershaw counties</li> <li>• Updated Horry County address to 1601 11<sup>th</sup> Ave., 1<sup>st</sup> Floor</li> </ul>
11-01-07	Appendix 1	All	<ul style="list-style-type: none"> <li>• Corrected ECF field numbers throughout edit resolution instructions</li> <li>• Added new edit code 107</li> </ul>
11-01-07	Appendix 2	All	Updated list of carrier codes
10-03-07	2 4	17, 20 6	Replaced GP modifier with HA modifier for procedure codes 97001 and 97003
10-01-07	1	1-2 3  4	<ul style="list-style-type: none"> <li>• Removed PEP information</li> <li>• Added information about managed care enrollment broker and Managed Care Supplement</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		12 15 25	<ul style="list-style-type: none"> <li>• Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement).</li> <li>• Clarified that “days” refers to business days</li> <li>• Clarified which sections of manual may contain PA information</li> <li>• Expanded provider list under Program Integrity</li> </ul>
10-01-07	3	13, 46	<ul style="list-style-type: none"> <li>• Removed PEP information</li> <li>• Added 90-day time limit for reversing refunds</li> </ul>
10-01-07	Appendix 1	26 38-40, 43, 70	<ul style="list-style-type: none"> <li>• Corrected description for edit code 502</li> <li>• Added NPI warning edits 578-583, 692, 943</li> </ul>
10-01-07	-	-	Added Managed Care Supplement
10-01-07	TPL Supplement	15-17	<ul style="list-style-type: none"> <li>• Added 90-day time limit for reversing refunds</li> <li>• Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare</li> </ul>
09-01-07	Change Control Record	4	Corrected date of Medicaid Bulletin referenced in 02-16-06 updates to February 2, 2006.
09-01-07	2 4	17 6, 8	<ul style="list-style-type: none"> <li>• Removed GP modifier from Individual Physical Therapy</li> <li>• Updated unit of service and frequency for Group Speech Therapy</li> </ul>
08-13-07	2 and 4	-	Revised policies and procedures in accordance with Medicaid Bulletin dated August 13, 2007.
07-01-07	1	All	Revised policies and procedures throughout section
07-01-07	Forms	-	Updated DHHS Form 205
07-01-07	Appendix 2	-	Updated list of carrier codes
06-01-07	3	-	Removed Time Restricted Supplement

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-07	3	All	<ul style="list-style-type: none"> <li>• Updated form completion instructions for new CMS-1500 and Form 130 versions</li> <li>• Updated ECF and RA descriptions</li> <li>• Added information about National Provider Identifier</li> <li>• Replaced Reference to Forms 110 and 120 with Form 115</li> <li>• Clarified retroactive eligibility policy</li> <li>• Updated ECF correction instructions</li> <li>• Added CPT and HCPCS ordering information</li> <li>• Made minor editorial changes throughout section</li> </ul>
06-01-07	5	3-4 6-8 12 -	<ul style="list-style-type: none"> <li>• Revised “Procurement of Forms” to address new CMS-1500 version and updated vendor information</li> <li>• Added toll-free number for Berkeley, Charleston, and Darlington county offices</li> <li>• Updated phone number for Oconee County</li> <li>• Split forms and exhibits from Section 5 to create separate Forms section</li> </ul>
06-01-07	Forms	-	<ul style="list-style-type: none"> <li>• Updated DHHS forms to add National Provider Identifier field</li> <li>• Updated sample claims to new CMS-1500 version</li> <li>• Updated ECF and remits to new versions</li> <li>• Updated DHHS Form 254</li> </ul>
06-01-07	Appendix 1	-	Updated list of edit codes
06-01-07	TPL Supplement	All	<ul style="list-style-type: none"> <li>• Updated all sample forms and claims with new versions</li> <li>• Updated form completion instructions to match new form versions</li> </ul>
05-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	5	8	Updated phone number for Darlington county office
04-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	Appendix 2	-	Updated list of carrier codes

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-07	Time Restricted Supplement	-	Updated date for mandatory use of revised CMS-1500
03-01-07	5	6	Updated Barnwell county office address
03-01-07	Time Restricted Supplement	All	Removed all references to NDC quantity and unit
03-01-07	Appendix 1	-	Updated list of edit codes
02-01-07	TPL Supplement	31-32	Updated ECF Samples to show third payer line
01-01-07	3	-	Added Time Restricted Supplement
01-01-07	5	-	Added line "03" to sample ECF for the third payer declaration
01-01-07	Appendix 1	9, 14	Added Edit Codes 202, 203, 204, 301
01-01-07	Appendix 2	-	Updated list of carrier codes
11-01-06	5	-	Updated county office addresses
11-01-06	5	-	Updated Case Plan and Screening form for MAPPS
10-01-06	5	-	Updated county office addresses
10-01-06	Appendix 2	-	Updated list of carrier codes
09-01-06	5	-	Updated county office addresses
09-01-06	Appendix 1	10,11,13 15,17,18 22, 23, 24 26, 27 ,28 29, 30, 31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50	<ul style="list-style-type: none"> <li>• Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949</li> <li>• Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749</li> <li>• Updated resolutions for edit codes 761, 764, 765, 768, 769, 771, 772, 773, 774</li> <li>• Added new edit codes 518, 724</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		52, 58, 60 61, 62, 63 66, 67	<ul style="list-style-type: none"> <li>Deleted edit code 777</li> </ul>
08-01-06	2	23	Corrected to add modifier HA to code V5011
08-01-06	-	-	Added TPL Supplement
08-01-06	5	-	Updated Reasonable Effort Documentation form
07-24-06	2 4	21-23 4-5	Updated frequency limitations in accordance with Medicaid Bulletin dated July 24, 2006
07-01-06	Appendix 1	23, 60, 61	Updated resolution for edit code 504, 923, 940
07-01-06	Appendix 2	-	Updated list of carrier codes
05-01-06	Appendix 1	52	Updated resolution for edit code 852
04-01-06	Appendix 1	43	Updated resolution for edit code 735
04-01-06	Appendix 2	-	Updated list of carrier codes
03-01-06	3	16  18  23  23  38	<ul style="list-style-type: none"> <li>Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to <a href="http://www.dhhs.state.sc.us">www.dhhs.state.sc.us</a></li> <li>Changed the Internet Explorer version required for the Web Tool to 6.0</li> <li>Added TPL indicators to the ECF field 4 description</li> <li>Added Injury Code indicators to the ECF field 5 description</li> <li>Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts</li> </ul>
03-01-06	Appendix 1	62	Changed resolution for edit code 925
02-15-06	2	-	Updated in accordance with Medicaid Bulletin dated February 2, 2006
02-15-06	4	-	Updated in accordance with Medicaid Bulletin dated February 2, 2006

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-06	Appendix 1	41	Changed resolution for edit code 721
01-01-06	5	-	Updated Authorization Agreement for Electronic Funds Transfer
01-01-06	1	4 & 5	Removed SILVERxCARD sample and program description
01-01-06	Appendix 2	-	Updated list of carrier codes
01-01-06	Appendix 1	67	Added edit code 935
12-01-05	Appendix 1	70	Added edit code 949
11-01-05	1	6, 7	Removed “HIPAA” from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
11-01-05	3	6	Changed verb tense under Procedural Coding and Diagnostic Codes
11-01-05	3	13	Removed requirement for entering whole numbers for day or units in field 24G
11-01-05	3	17, 18, 33	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05	3	16	Changed Web site from <a href="http://www.scdhhshipaa.org">www.scdhhshipaa.org</a> to <a href="http://www.scmedicaidprovider.org">www.scmedicaidprovider.org</a>
11-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	Appendices	-	Made each appendix a separate file; moved Change Control Record out of appendices to a separate file.
09-01-05	2	25, 27, & 28	Corrected name of Department of Labor, Licensing and Regulation; fixed minor proofreading errors
09-01-05	Appendix 2	All	Updated lists of carrier codes

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-05	Appendix 1	38 & 64	Added edit codes 577 and 900
08-01-05	2	2	Added sentence that was accidentally deleted in July update: "Psychological Testing and Evaluation Services may be billed without the requirement of an IEP or IFSP."
08-01-05	Appendix 1	A1-62	Added edit code 868
07-01-05	3	2, 9, 11 17, 18, 28 29	<ul style="list-style-type: none"> <li>• Added description of new Web Tool features</li> <li>• Removed instruction to attach EOB to paper claims</li> <li>• Change MIVS zip code to 29211-9804 (from 29201)</li> </ul>
07-01-05	Appendix 2	-	Updated lists of carrier codes
07-01-05	2, 3, & 5	-	Updated in accordance with Medicaid Bulletin dated June 16, 2005