

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-15-26	Appendix 2		Updated Carrier Codes
04-01-26	Admin. & Billing Manual	9	Added policy for compliance with Anti-kickback state and federal laws.
01-01-26	Appendix 1		Removal of Edit Code 974: This edit code was removed to comply with Program Area requirements. The MCO's are no longer responsible for this 90-day Payment. The service will be covered by FFS payments.
01-01-26	Appendix 2		Updated Carrier Codes
1/1/2026	1-Program Overview	1	Added paragraph on mail order pharmacy shipping medications
1/1/2026	1-Program Overview	2	Updated Single PDL statement to say On July 1 instead of effective July 1 since the date is now passed
1/1/2026	1-Program Overview	3 & 4	Updated links for Forms and NCPDP billing error listing
1/1/2026	3-Eligible Providers	15	Added link for compound billing guide
1/1/2026	3-Eligible Providers	16	Remove GLP1 language for weight loss
1/1/2026	5-Utilization Management	22	Remove GLP1 receptor Agonists language
1/1/2026	6-Reporting Documentation	27	Update to say "for" prescriptions
1/1/2026	8-Billing Guidance	35	Added DAW language can be faxed to pharmacy
1/1/2026	8-Billing Guidance	40	Added DAW language can be faxed to pharmacy
1/1/2026	8-Billing Guidance	42	Updated 340B language

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-25	Appendix 1		<p>For Edit Code 636: Co-payments are no longer subject to cost-sharing. It reads as follows:</p> <p><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.</p> <p><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.</p>
11-01-25	Admin. & Billing Manual	Section 1 Pg. 15	<p>Removed language regarding the reimbursement of interns practicing under the supervision of a licensed professional. Interns have an enrollment pathway.</p> <p>Also, the requirements for Ordering and Rendering Physicians were removed as the list is outdated and to comply with PERM Audit findings. An updated list will be provided, when available.</p>
10-27-25	Appendix 2		Updated Carrier Codes
10-01-25	8	42	Added Statement for 340B PAD billing
10-01-25	8	38	Added TPL 'note statement'
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>
06-01-25	4	16	Policy on Cell and Gene Therapy was added.

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	8	33-36	Removed percentage of reimbursement on WAC reimbursement.
04-01-25	8	36	Added sentence to the first paragraph under payment methodology.
04-01-25	8	37	Removed “note “paragraph under the WAC, SAC and AAC bullets.
01-28-25	Appendix 2		Updated Carrier Codes that were effective 01-01-25.
01-01-25	2	5	Updated Phone Number to Prime Therapeutics Beneficiary Call Center.
01-01-25	4	14	Updated Coverage Policy for Multi Ingredient Compounds
01-01-25	4	15	Updates within Non-Covered Services and Definitions
01-01-25	5	17	Updated phone number; and added “pharmacy” to second paragraph.
01-01-25	5	18,19, 21-22	Updated the trademark/registered symbols on drug names; removed Lipase inhibitor language
01-01-25	7	33	Added “pharmacy” to third paragraph under <b>Redispersing of Medications</b> . Updated the trademark/registered symbols on drug names.
11-01-24	Appendix 1		Codes were updated as of October 1, 2024 Edit Code 719- • <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. Refer to

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<p>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
11-01-24	2	8	Removed Medicare link for Part B and D coverage information s the link is no longer valid.
11-01-24	2	10	Added the word “rebated” to covered vitamins, minerals, and OTC that may be billed to SC Medicaid
11-01-24	4	16	Added section on Prescription Vitamins and Mineral Products
11-01-24	4	17	Added exclusion statement beside weight control products
11-01-24	4	17	Updated: CGMs may also be billed through the Pharmacy POS system using their enrolled pharmacy National Provider Identifier (NPI).
11-01-24	5	23	Added GLP-1 Receptor Agonists for weight management coverage
11-01/24	8	36	Added statement for DAW ‘9’ billing.
10-01-24	Various	Various	Magellan was purchased and the name changed to Prime Therapeutics State Government Solutions LLC (Prime) effective 10/1/24. This change was updated throughout the manual.

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-24	Appendix 1	34, 80	Removed edit codes 636 and 977
07-01-24	TPL Supplement	4	Removed reference to Medicaid copayments
07-01-24	Copayment Schedule		Removed Copayment Schedule from manual homepage.
07-01-24	Admin & Billing Manual. Section 1	7	Clarified policy on <b>Medical Necessity</b> definition to cite and align with the South Carolina code of Regulations 126-425 (A)(9).
07-01-24	Admin & Billing Manual. Section 1	24-27	<p><b>Health Record Retention:</b> Updated policy regarding the retention of records for Medicaid purposes only; other state or federal rules may require longer retention periods.</p> <p><b>Health Record Documentation:</b> Clarified policy related to health records date and signature requirements, documenting progress notes and services billed.</p>
07-01-24	Admin & Billing Manual. Section 1	54	<p><b>Appeals:</b> SCDHHS clarified its policy related to the appeals process. The appeal process is a formal process of last resort to resolve or settle a dispute. Providers must exhaust the claim reconsideration process (when applicable) before appealing and requesting an administrative hearing. If the claim reconsideration process is not applicable, providers must contact the Provider Service Center (PSC) or submit an online inquiry before requesting an administrative hearing.</p>
07-01-24	Admin & Billing Manual. Section 2	55-56	<p><b>Beneficiary Co-Payments was revised to read Beneficiary Cost Sharing.</b> This policy states that South Carolina Medicaid does not require any cost sharing from beneficiaries toward the cost of their care. Also, Copayment Exclusion and Claim Filing Information was removed.</p>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-24	1	2	Language was added to Scope of Coverage to say: The National Drug Code (NDC) number listed on the product's stock container or packaging is used for identification and claims filing. Language was also added to the "Single, State Directed Preferred Drug List (PDL). The paragraph on "Non-Formulary Program" was removed.
07-01-24	2	11	Removed any reference to the collection of Co-pays.
07-01-24	4	15-16	Removed DME diabetic supply listing and replaced it with single state directed PDL. Added RSV to list of covered immunizations. Under Non-Covered Services, added: Pharmaceuticals related to gender transition are not covered.
07-01-24	5	18	Added a sentence under Prior Authorization regarding locating the brand over generic list on the SCDHHS website.
07-01-24	8	34-42	Removed language from Upper Limits of Payment for "Certain Multiple Source Products", that states "is published in the manual on the website." Added language to The Provider's Usual and Customary Charge. Removed language concerning Co-Payment.
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)

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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.
10-17-23	Appendix 2		Updated Carrier Codes
10-01-23	2 – Covered Populations	10	Updated language in reference to Medicaid Hospice Services
10-01-23	3 – Eligible Providers	11	Added language for pharmacists as providers, Pharmacy Access Act
10-01-23	3 – Eligible Providers	12	Added language for pharmacy requirements in responding to surveys or information requests on behalf of HHS.
10-01-23	4 – Covered Services and Definitions	14	Remove statement referring Pharmacy providers to Provider Administrative and Billing Manual but added to refer pharmacy providers to the PBA's pharmacy point of sale manual.

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-23	4 – Covered Services and Definitions	14	Update paragraph for coverage of continuous glucose monitors.
10-01-23	4 – Covered Services and Definitions	14	Add statement of immunizations covered under the pharmacy benefit.
10-01-23	4 – Covered Services and Definitions	15	Remove statement of immunizing agents not covered under pharmacy benefit.
10-01-23	5 – Utilization Management	21	Remove hospice related language under other prior authorization protocols
10-01-23	5 – Utilization Management	21	Remove ‘by mail’ as prescriber PA request option for Magellan.
10-01-23	8 – Billing Guidance	38	Remove language on Makena as it is no longer on the market.
07-01-23	Appendix 2		Updated Carrier Codes
05-11-23	Admin. and Billing manual	7	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.”
		10, 11	Added section related to clinical trials.
05-11-23	Appendix 3	1,2	Added language referencing ARPA requirements around COVID-19 copayments
05-01-23	Appendix 2		Updated Carrier Codes

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-23	2	9	Removed all language in reference to waiver programs as the information is no longer pertinent to the existing manual.
03-01-23	4	15	Hemophilia Factor has been moved from a non-covered, to a covered service.
01-01-23	Appendix 2		Updated Carrier Codes
10-01-22	Appendix 2		Updated Carrier Codes
08-01-22	Appendix 2		Updated Carrier Codes
05-26-22	2	10	Clarification on Family Planning (FP) definition was made.
05-01-22	Appendix 2		Updated Carrier Codes
02-01-22	Admin. & Billing Manual	23	Added the following paragraph: “When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided.”
01-01-22	Appendix 2		Updated Carrier Codes
01-01-22	TPL	3	Under “Cost Avoidance vs. Pay & Chase”, Medicaid no longer covers Pay & Chase for prenatal claims and claims related to child enforcement policies; therefore, this information was removed.
01-01-22	Admin. & Billing Manual	31	Under “Health Insurance”, Maternal Health was deleted and (after 100 days) was added.
11-01-21	Appendix 2		Updated Carrier Codes
10-01-21	Appendix 1		Added Edit Codes 607 & 608 to the Appendix
09-01-21	Forms		The Electronic Funds Transfer (EFT) was removed.
08-01-21	Appendix 2		Updated Carried Codes that were effective 6-1-21.

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-21	Manual Homepage		Updated Managed Care Supplement
07-01-21	Admin. & Billing Manual	50,51	Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS.
04-20-21	Appendix 2		Updated Carrier Codes
01-21-21	Appendix 2		Updated Carrier Codes
11-1-20	Appendix 2		Updated Carrier Codes
10-15-20		5	Updated policy language in the Provider Administrative and Billing Manual regarding "Claims for Medicaid Reimbursement."
9-18-20			Updated the TPL supplement document
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."

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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
04-01-19	1	35	Updated Prepayment Reviews
11-01-18	3	10 11	<ul style="list-style-type: none"> <li>• Deleted Monthly Prescription Limit Override Procedures</li> <li>• Updated Pharmacy Claims for Dually Eligible Medicare Part B-Covered Beneficiaries</li> </ul>
11-01-18	Forms	-	Updated Claim Reconsideration Form
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"> <li>• Updated Retro Health and Pay &amp; Chase</li> <li>• Updated TPL Resources</li> </ul>
05-01-18	Forms	-	Updated Claim Reconsideration Form
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	2	5, 7 41	<ul style="list-style-type: none"> <li>• Updated the following sections: <ul style="list-style-type: none"> <li>○ General Exclusions</li> <li>○ Payment Methodology Information</li> </ul> </li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		42	<ul style="list-style-type: none"> <li>o Copayment</li> </ul>
09-01-17	Change Control Record	3	Updated entry for Prior Authorization Request - Antipsychotics (Children ≤ 6 Years)
09-01-17	Forms	-	<ul style="list-style-type: none"> <li>• Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms</li> <li>• Updated revisions dates on the Table of Contents for:               <ul style="list-style-type: none"> <li>o Growth Hormone Prior Authorization Request – Adult Treatment</li> <li>o Growth Hormone Prior Authorization Request – Pediatric Treatment</li> <li>o Prior Authorization Request - Antipsychotics (Children ≤ 6 Years)</li> <li>o Prior Authorization Request – Hepatitis B</li> </ul> </li> </ul>
07-01-17	2	23 23-24 24 31 31 43 49 50 50-51 51 54 57-58 66 66	<ul style="list-style-type: none"> <li>• Updated the following sections:               <ul style="list-style-type: none"> <li>o Medicaid Coverage of Tobacco Cessation Products</li> <li>o Long-Term Care Beneficiaries</li> <li>o Deductions for Non-Covered Medical Expenses</li> <li>o Eligibility</li> <li>o Prescription Limit</li> <li>o Copayment</li> <li>o Waiver Programs Operated by Division of Community Long Term Care</li> <li>o South Carolina Dept. of Disabilities and Special Needs Waiver Programs</li> <li>o Family Planning</li> <li>o Tuberculosis (TB) Program</li> <li>o Reimbursement Guidelines for Influenza, Rabies, and Pneumococcal Vaccines</li> <li>o Medicaid Coverage Of OTC Pharmaceuticals</li> <li>o Quantity of Medication</li> </ul> </li> <li>• Deleted Appropriate Utilization of Monthly Prescription Limit Override Process</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-17	Forms	-	Updated Claim Reconsideration Form
03-01-17	Forms	-	Updated Claim Reconsideration Form
12-01-16	Forms	-	Updated Claim Reconsideration Form
10-01-16	1	5-6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
10-01-16	2	48 56-57 57	Updated the following sections: <ul style="list-style-type: none"> <li>• Copayment</li> <li>• Family Planning</li> <li>• Tuberculosis (TB) Program</li> </ul>
10-01-16	3	14 16-17	Updated the following sections: <ul style="list-style-type: none"> <li>• Copayment</li> <li>• Claims Submission for Family Planning Beneficiaries</li> </ul>
10-01-16	4	3	Updated NCPDP error code 65
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
06-01-16	2	9	Updated Prior Authorization
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
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals:

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<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>
02-01-16	2	7	Updated General Exclusions
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	3	1 5	Revised Billing Media Information Revised Submission of Claims
01-01-16	Forms	-	Added Sample Universal Claim Form
12-01-15	Cover	-	Replaced manual cover
12-01-15	Forms	-	Changed the name of Antipsychotic PA form
10-01-15	1	7 10	Updated to add SCDHHS alerts Updated Provider Participation
10-01-15	Forms		Revised the following forms to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> <li>• Prior Authorization Request</li> <li>• Growth Hormone Prior Authorization Request – Adult Treatment</li> <li>• Growth Hormone Prior Authorization Request – Pediatric Treatment</li> <li>• Prior Authorization Request - Antipsychotics (Children ≤ 6 Years)</li> <li>• Prior Authorization Request – Hepatitis B</li> </ul>
09-01-15	2	57	Added ICD-10-CM language to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-15	3	16-17  29	<ul style="list-style-type: none"> <li>• Updated Claims Submission for Healthy Connections Checkup Beneficiaries to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System:</li> <li>• Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Web Tool) Enhancement SC Medicaid Web-based Claims Submission Tool</li> </ul>
07-01-15	2	23-24  34 48 57	<ul style="list-style-type: none"> <li>• Updated the following sections:               <ul style="list-style-type: none"> <li>◦ Medicaid Coverage of Tobacco Cessation Products</li> <li>◦ Prescription Limit</li> <li>◦ Copayment</li> </ul> </li> <li>• Added Tuberculosis (TB) Program</li> </ul>
07-01-15	3	14	Updated Copayment section to reflect Medicaid Bulletin dated May 26, 2015 – Pharmacy Co-Payments Waiver
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
03-13-15	3	30	Updated Web-Based Application
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	1-3 26-27	Added the following policies: <ul style="list-style-type: none"> <li>• Copayment</li> <li>• Claim Reconsideration</li> </ul>
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 3	1-2	Added to manual
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-14	2	75	Updated Refills policy
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	2	2	Updated General Exclusions to revise anti-hemophilia factor policy
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	<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>
09-03-14	2	i, 56-57	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
09-03-14	3	i, 12, 14	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
09-03-14	4	3	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	2	54 62	Updated the following sections: <ul style="list-style-type: none"> <li>• CMS’s Contingency Plan for Dual Eligibles</li> <li>• Pharmacy Services and Third Party Liability TPL</li> </ul>
08-01-14	3	15	Updated Claims Submission for Certain Physician-Injectable Products
08-01-14	5	1 2 3 6	Updated the following sections: <ul style="list-style-type: none"> <li>• Correspondence and Inquiries</li> <li>• Beneficiary Eligibility</li> <li>• Provider Enrollment Changes/Updates</li> <li>• Refunds</li> <li>• Program Manuals and Bulletins</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>• Universal Claim Form</li> </ul>
08-01-14	Forms	-	Added DHHS Form 205
07-09-14	2	5-6	<ul style="list-style-type: none"> <li>• Updated General Exclusion</li> </ul>
07-01-14	2	5 11 53 55 58	<ul style="list-style-type: none"> <li>• Updated the following sections:               <ul style="list-style-type: none"> <li>• General Exclusion</li> <li>• Prior Authorization</li> <li>• Medicaid and Certain PDP-Excluded Drug Categories</li> <li>• South Carolina Dept. of Disabilities and Special Needs Waiver Programs</li> <li>• Claims Submission for Certain Physician-Injectable Products</li> </ul> </li> </ul>
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	2	63	Updated Pharmacy Services and Third Party Liability language to refer providers to the Form section for HIIRF
05-01-14	3	26	Updated Claims Reversals to correct timely filing typo
05-01-14	5	1 7	<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>
04-01-14	Change Control Record	2	Deleted CMS-1500 changes from January 1, 2014 for sections 3 and Forms
04-01-14	1	6, 23, 25  29-31 32 33 37 39 41-44	<ul style="list-style-type: none"> <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> </ul> </li> </ul>

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Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>o Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)</li> </ul>
04-01-14	3	1-27  25 26-27	<ul style="list-style-type: none"> <li>• Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>• Updated Web-based Application</li> <li>• Updated Sample Remittance Advice</li> </ul>
04-01-14	5	12	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> <li>• Duplicate Remittance Advice Request form</li> </ul>
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"> <li>• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form:               <ul style="list-style-type: none"> <li>o Timely Filing Requirements</li> <li>o Reasonable Effort</li> <li>o Nursing Facility Claims</li> <li>o Professional, Institutional, and Dental Claims</li> <li>o Rejected Claims</li> <li>o Recovery</li> <li>o Sample Forms – Reasonable Effort</li> <li>o Sample Forms – ECF (deleted)</li> </ul> </li> </ul>
03-01-14	2	57	Updated Family Planning
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  1-2 4	<p>Updated to reflect the following bulletins:</p> <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> <p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>• Eligibility Determination</li> <li>• South Carolina Health Connections Medicaid card</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		6 26 29-30 32 32	<ul style="list-style-type: none"> <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: <ul style="list-style-type: none"> <li>• Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</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>• Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms</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>
12-20-13	2	57-58	Updated Claims Submission for Certain Physician-Injectable Products to include Makena™, 17 Alpha Hydroxyprogesterone Caproate
12-20-13	3	15	Updated Claims Submission for Certain Physician-Injectable Products to include Makena™, 17 Alpha Hydroxyprogesterone Caproate
12-01-13	5	14	Updated Orangeburg mailing address zip codes
11-01-13	5	16	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-13	5	14 16	<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	10 13 16	<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	2	54	<ul style="list-style-type: none"> <li>• Updated Family Planning Services</li> </ul>
08-01-13	3	7 15	<p>Updated the following language:</p> <ul style="list-style-type: none"> <li>• “Brand Medically Necessary” Designation</li> <li>• Claim Submission for Certain Physician-Injectable Products</li> </ul>
08-01-13	5	16	<ul style="list-style-type: none"> <li>• Updated York County physical address</li> </ul>
07-01-13	2	53 54	<ul style="list-style-type: none"> <li>• Updated Waiver Programs Operated by Division of Community Long Term Care language</li> <li>• Updated South Carolina Dept. of Disabilities and Special Needs Waiver Program language</li> </ul>
07-01-13	3	15	Revised language to include Abilify Maintena
07-01-13	5	10 14	<ul style="list-style-type: none"> <li>• Updated Colleton County office telephone number</li> <li>• Deleted Newberry County PO Box address</li> </ul>
06-01-13	5	14	<ul style="list-style-type: none"> <li>• Updated Richland county office telephone number</li> </ul>
05-01-13	2	12 5, 6, 12, 57	<ul style="list-style-type: none"> <li>• Updated Exceptions language</li> <li>• Revised language to include Abilify Maintena</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		53 54 55	<ul style="list-style-type: none"> <li>• Updated Waiver Programs Operated By Division of Community Long Term Care language</li> <li>• Updated South Carolina Dept. of Disabilities Special Needs Wavier Programs language</li> <li>• Updated Family Planning Services language</li> </ul>
05-01-13	3	1 14 14, 15 15	<ul style="list-style-type: none"> <li>• Updated Billing Media Information</li> <li>• Revised heading to Claims Submission for Family Planning Beneficiaries</li> <li>• Changed reference of FPW to Family Planning</li> <li>• Revised language to include Abilify Maintena</li> </ul>
05-01-13	4	3	Updated Possible Reasons For Encountering Error Code
04-01-13	1	6	Corrected the URL for <a href="http://MedicaideLearning.com">MedicaideLearning.com</a>
03-01-13	2	5, 6, 12	Revised language to include <u>Depo Provera</u>
03-01-13	3	3	Updated Magellan mailing address for cartridges and diskettes
03-01-13	5	14	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 to 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 12	<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	Appendix 1	-	Added Change Log for section changes

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	20-21	<ul style="list-style-type: none"> <li>• Updated Electronic Funds Transfer (EFT)</li> </ul>
12-01-12	5	5 13	<ul style="list-style-type: none"> <li>• Updated URL for provider information</li> <li>• Updated McCormick county office telephone number</li> </ul>
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"> <li>• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690</li> <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

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	56, 57	Updated program area contact information to reflect Medicaid Bulletin dated June 29
08-01-12	3	20	Updated hyperlink
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>
08-01-12	Forms	-	<ul style="list-style-type: none"> <li>• Deleted forms 140 and 142</li> <li>• Updated Duplicate Remittance Advice Request Form</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	<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> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		17 19	<ul style="list-style-type: none"> <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
04-01-12	1	4	Replaced South Carolina Healthy Connections card
04-01-12	2	24 47	<ul style="list-style-type: none"> <li>• Updated Medicaid Coverage of Tobacco Cessation Products</li> <li>• Updated Copayment</li> </ul>
04-01-12	3	3 16	<ul style="list-style-type: none"> <li>• Updated Submission of Claims</li> <li>• Updated Multi-ingredient Compound Claims</li> </ul>
04-01-12	5	5 12 13	<ul style="list-style-type: none"> <li>• Updated Universal Claim Form</li> <li>• Updated address for Marion County</li> <li>• Updated phone number for Newberry County</li> </ul>
03-01-12	2	40 43 45 50 56	<ul style="list-style-type: none"> <li>• Updated Upper Limits of Payment for Certain Multiple Source Products</li> <li>• Updated Prescription Code Origin</li> <li>• Updated Payment Methodology Information</li> <li>• Updated Medicaid Point-of-Sale Denial Response</li> <li>• Updated Claims Submission for Certain Physician-Injectable Products</li> </ul>
03-01-12	3	7 8 10-16 20	<ul style="list-style-type: none"> <li>• Updated Prescription Number</li> <li>• Updated Monthly Prescription Limit Override Procedures</li> <li>• Updated sections starting at Cost Avoidance Claims Processing until Date of Service is More than One Year Old</li> <li>• Added Web-Based Application and Electronic Funds Transfer (EFT)</li> </ul>
02-01-12	5	10	Updated the Fairfield county office number

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	2	7, 64 14 41, 47  52  56  31, 57-59, 61&62	<ul style="list-style-type: none"> <li>• Added spacers for metered dose inhalers to DME billables</li> <li>• Updated Prior Authorization section</li> <li>• Added WAC + 0.8% to Upper Limits of Payment for Certain Multiple Source Products and Payment Methodology Information</li> <li>• Updated South Carolina PDPs section to reflect the new annual enrollment period</li> <li>• Updated FPW to reflect current eligible beneficiaries</li> <li>• Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11</li> </ul>
01-01-12	3	10  12  14  18	<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>• Deleted Medical Home Network under Copayments</li> <li>• Added Risperdal Consta and Invega Sustenna to list of injectable products</li> <li>• Updated hyperlink</li> <li>• Updated EFT information</li> </ul>
01-01-12	5	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-1
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

## 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>
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	5	15	Updated zip code for Spartanburg County office
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
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	2	48	Deleted “Beneficiaries enrolled in Medical Homes Networks (SC Solutions) are exempt from copayments.”
07-01-11	5	15	Deleted PO Box address for the Spartanburg County Office
06-01-11	2	38, 78	Added language to prohibit automatic prescription refills
06-01-11	5	7	Corrected Abbeville County PO Box Zip+4 Code
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
05-01-11	2	3 48	<ul style="list-style-type: none"> <li>• Updated Scope of Coverage to include prohibiting payments to institution or entities located outside of the United States</li> <li>• Updated Copayment exemption to include Federally Recognized Indian Tribe</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
05-01-11	3	12	Updated Copayment exemption to include Federally Recognized Indian Tribe
04-01-11	2	3 48, 57 55 56 57	<ul style="list-style-type: none"> <li>• Corrected the name of the Magellan paper claims unit</li> <li>• Changed outpatient hospital copayment to reflect Medicaid Bulletin dated March 6, 2011 – Copayments</li> <li>• CMS’s Contingency Plan for Dual Eligibles, paragraph 2: Removed reference to GAPS or former SILVERxCARD member</li> <li>• Waiver Programs Operated by Division of Community Long Term Care paragraph 1: Removed language exempting CLTC waivers from collection of copayment on Medicaid-covered prescriptions</li> <li>• Family Planning Waiver (FPW), paragraph 4: Added STIs; paragraph 5: Deleted</li> </ul>
04-01-11	3	11-12	Changed outpatient hospital copayment to reflect Medicaid Bulletin dated March 6, 2011 – Copayments
04-01-11	5	8	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	17, 18	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	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	2	33	Changed the prescription limit overrides to three

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	3	17 18	<ul style="list-style-type: none"> <li>• Updated electronic remittance package information</li> <li>• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package</li> </ul>
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	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>◦ Changed the timely filing requirement from 90 days of the invoice to 30 days</li> <li>◦ 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 Forms	21 -	Added new Proton Pump Inhibitors form
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	3	15	<ul style="list-style-type: none"> <li>Updated “Patient Paid Amount Submitted” Field (ID-433-DX) section</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	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	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"> <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>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-10	5	7 11 13	<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	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	Change Control Record	1	Removed July 1 entries for Appendix 1 and Appendix 2
08-01-10	2	23 52	<ul style="list-style-type: none"> <li>• Updated to reflect Medicaid Bulletin dated July 19, 2010 — Prescription Limit</li> <li>• Removed Gap Assistance Pharmacy Program for Seniors (GAPS) section</li> </ul>
08-01-10	3	3	Corrected header
08-01-10	5	7, 11, 13-15 8	<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>
07-01-10	2	3 3, 4, 5, 9, 11, 14, 17- 19, 22- 24, 31, 32, 35- 38, 45, 47, 54,	<ul style="list-style-type: none"> <li>• Changed First Health Services Corporation to Magellan Medicaid Administration, Inc.</li> <li>• Changed First Health to Magellan Medicaid Administration</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		59, 60, 63, 64, 71, 75 33	<ul style="list-style-type: none"> <li>Updated Monthly Prescription Limit Override Criteria for Adult Beneficiaries section</li> </ul>
07-01-10	3	1, 3, 6- 11, 13-15 7	<ul style="list-style-type: none"> <li>Replaced all references to First Health Services with Magellan Medicaid Administration</li> <li>Added the 340B Providers section under the Special Billing Issues/Instructions section</li> </ul>
07-01-10	4	1	Replaced reference to First Health Services with Magellan Medicaid Administration
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Forms	-	<p>Updated the following forms to changed First health to Magellan Medicaid Administration:</p> <ul style="list-style-type: none"> <li>MedWatch</li> <li>Prior Authorization Request</li> <li>Growth Hormone – Adult Treatment</li> <li>Growth Hormone – Pediatric Treatment</li> <li>Prior Authorization Request – Adult Treatment</li> <li>Prior Authorization Request – Antipsychotics</li> <li>Prior Authorization Request – Hepatitis B</li> <li>Prior Authorization Request – Hepatitis C</li> </ul>
06-01-10	2	33 53 54 58  44	<ul style="list-style-type: none"> <li>Updated language in Monthly Prescription Limit Override Criteria for Adult Beneficiaries</li> <li>Updated verbiage under Medicare Part B Drugs</li> <li>Deleted duplicate paragraph at bottom of page</li> <li>Added medications Risperdal Consta and Invega Sustenna for Claims Submissions for Certain Physician-Injectable Products</li> <li>Added Prescription Origin Code</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> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change</li> </ul>
05-01-10	5	3	<ul style="list-style-type: none"> <li>Removed reference to sample form at the end of this section</li> <li>Replaced reference to sample form in the Forms section of this manual</li> </ul>
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 entry dated December 1, 2009
03-01-10	2	41 & 69 53-54 54 71 20 21-22	<ul style="list-style-type: none"> <li>Added effective date of February 17, 2010 pharmacists must use DAW code of 1 (changed from 6)</li> <li>Added policy and language pertaining to Contract X0001 done through LINET under section CMS'S Contingency Plan for Dual Eligibles</li> <li>Deleted section Additional Contingency Plan for Dual Eligibles</li> <li>Replaced MedWatch form</li> <li>Replaced Prior Authorization Request Form</li> <li>Replaced South Carolina Growth Hormone Prior Authorization Request Form</li> </ul>
03-01-10	3	3 6 6-7 7	<ul style="list-style-type: none"> <li>Updated Physical Address for FIRST HEALTH Services Corporation</li> <li>Added effective date of December 9, 2009 for requirement for providers to include prescribers NPI number when submitting claims</li> <li>Deleted language pertaining to FIRST HEALTH website information under the Prescriber Identification Numbers Section</li> <li>Changed DAW value from 6 to 1</li> </ul>
03-01-10	Forms	-	<ul style="list-style-type: none"> <li>Replaced MedWatch Form</li> <li>Replaced Prior Authorization Request Form</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>• Replaced South Carolina Medicaid Growth Hormone Prior Authorization Request Form</li> <li>• Added South Carolina Prior Authorization Request Form - Antipsychotics</li> <li>• Added South Carolina Prior Authorization Request Form – Hepatitis B</li> <li>• Added South Carolina Prior Authorization Request Form – Hepatitis C</li> <li>• Updated hyperlinks</li> </ul>
02-01-10	2	51 48	<ul style="list-style-type: none"> <li>• Under CMS’s Contingency Plan for Dual Eligibles heading, GAPS members are not included</li> <li>• Updated the Gap Assistance Pharmacy Program for Seniors (GAPS) section</li> </ul>
02-01-10	3	9	Under Beneficiary ID Number heading, changed the card name to South Carolina Healthy Connections
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	8 13 14	<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>
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	2	5-6 9, 11, 13 45 50	<ul style="list-style-type: none"> <li>• Updated the following sections: <ul style="list-style-type: none"> <li>○ General Exclusions</li> <li>○ Prior Authorization</li> <li>○ Copayment</li> </ul> </li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		60 70 55  57	<ul style="list-style-type: none"> <li>o Medicaid and Certain PDP-Excluded Drug Categories</li> <li>o Medicaid Coverage of OTC Pharmaceuticals</li> <li>o Quantity of Medication</li> <li>• Deleted Medically Fragile Children’s Program section</li> <li>• Updated Reimbursement Guidelines for Influenza, Rabies, and Pneumococcal to reflect Medicaid Bulletin dated August 14, 2009</li> </ul>
12-01-09	3	19-20	Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09	5	11	Updated the Dorchester County office street address
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	13 14 15	<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	Managed Care Supplement	21	<ul style="list-style-type: none"> <li>• Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		20, 25	<ul style="list-style-type: none"> <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	2	31	Under Quantity of Medication Limits/DOS Optimization Program, changed the maximum one-month supply from 34-day supply to 31-day supply
08-01-09	5	16	Updated telephone number for York County office
07-01-09	5	10, 14 10 11	<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	2	16-19	Corrected formatting
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	2	27 28, 45	<ul style="list-style-type: none"> <li>• Replaced reference to Partners for Health Medicaid card with new Healthy Connections card</li> <li>• Updated to reflect managed care policies and procedures effective May 1, 2009</li> </ul>
05-01-09	5	16	Updated telephone number for Union County office

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	11, 15, 19	Updated hyperlinks
04-01-09	5	13	Updated telephone number for Lexington County office
03-01-09	2	3, 8, 12, 31-35, 49-53, 61, 6, 52	<ul style="list-style-type: none"> <li>• Updated hyperlinks</li> <li>• Added general exclusion 13 (cough/cold medications)</li> <li>• Deleted cough and cold products from the Medicaid and Certain PDP-Excluded Drug Categories</li> </ul>
03-01-09	3	5	Changed 34-days' supply to 31-days'
03-01-09	5	1, 3, 5, 11, 11, 14-15	<ul style="list-style-type: none"> <li>• Changed Partners for Health to Healthy Connections</li> <li>• Update hyperlinks</li> <li>• Corrected Dorchester County's Orangeburg Rd telephone number</li> <li>• Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties</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	2	50-51	Updated GAPS information and deleted the PDPs participating in GAPS Chart
02-01-09	5	8	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
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09	5	13	Updated Lee County office address
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	3	21	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	5	11, 15	<ul style="list-style-type: none"> <li>• Updated address for Lake City</li> <li>• Updated address for Sumter County office</li> </ul>
09-01-08	5	9	Updated phone number for Berkeley County office
09-01-08	5	13	Updated phone number for Kershaw County office
08-01-08	2	56	Updated Family Planning Wavier information
08-01-08	3	6 16	<ul style="list-style-type: none"> <li>• Updated Prescriber Identification Number with NPI info</li> <li>• Added paragraph for Claims Submission for FPW Beneficiaries</li> </ul>
08-01-08	5	9	Deleted PO Box for Chester County
08-01-08	Appendix 1	3	Updated Edit Code 062
07-01-08	5	15	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	5	12	Updated telephone number for Orangeburg county office
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

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-08	TPL Supplement	2 3, 8, 15  12  29	<ul style="list-style-type: none"> <li>• Updated reference to Medicaid card name</li> <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 forms 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	Forms	-	Replaced Form 931 with new version dated January 2008
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	19  49-51 50-51	<ul style="list-style-type: none"> <li>• Updated policy on Medicaid Coverage of Tobacco Cessation Products</li> <li>• Removed references to SILVERxCARD</li> <li>• Updated GAPS information for 2008</li> </ul>
02-01-08	3	9	Updated NPI policy
01-01-08	5	13	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>
11-01-07	5	11, 12  12	<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>
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	2	38-39, 71 68	<ul style="list-style-type: none"> <li>• Added information about tamper-resistant prescription pads to reflect Medicaid Bulletin dated August 30, 2007.</li> <li>• Updated record retention information</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>
07-01-07	1	All	Revised policies and procedures throughout section
06-01-07	4	2 - 4	Updated NCPDP error code definitions
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>
06-01-07	2 & 3	-	<ul style="list-style-type: none"> <li>• Updated policies governing provider numbers to include National Provider Identifier</li> <li>• Changed references to location of forms from “Section 5” to “Forms section”</li> </ul>
06-01-07	Forms	-	Updated DHHS forms to add National Provider Identifier field.
06-01-07	5	9, 11 14 -	<ul style="list-style-type: none"> <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>
04-01-07	5	10	Updated phone number for Darlington county office

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-07	5	8	Updated Barnwell county office address
02-01-07	TPL Supplement	31-32	Updated ECF Samples to show third payer line
10-01-06	5	-	Updated county office addresses
09-01-06	2 & 3	All	Updated policies to reflect Medicaid Bulletins dated November 21, 2005; November 29, 2005; December 15, 2005; March 16, 2006; and June 21, 2006.
09-01-06	4	7	Deleted SILVERxCARD edit
09-01-06	5	-	<ul style="list-style-type: none"> <li>• Updated Web addresses</li> <li>• Updated county office addresses</li> </ul>
09-01-06	Appendix 1	All	Deleted Alternate Reimbursement Methodology (ARM) Program Appendix
08-01-06	-	-	Added TPL Supplement
01-01-06	1	4 & 5	Removed SILVERxCARD sample and program description
11-01-05	1	6, 7	Removed “HIPAA” from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
10-10-05	2 & 3	3-70 (Sec. 2); 5-7 (Sec. 3)	Updated policies to reflect bulletins dated April 15, June 3, July 11, and July 20, 2005, and ongoing implementation of PDL. Revised policy topics include multi-ingredient compounds, partial fill prescriptions, voluntary PDL for mental health drugs, H2RAs, OxyContin, NSAIDs, ED drugs, and proper billing procedures. Also added new PA request form for growth hormone.
10-10-05	5	20 3-5 7-15	<ul style="list-style-type: none"> <li>• Added new PA request form for growth hormone.</li> <li>• Updated links</li> <li>• Updated list of DHHS county offices</li> </ul>
10-01-05	5	7-15	Updated list of DHHS county offices

**CHANGE CONTROL RECORD**

<b>Date</b>	<b>Section</b>	<b>Page(s)</b>	<b>Change</b>
10-01-05	Appendix	-	Removed the Change Control Record from the appendix to a separate file