

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-10	Appendix 1	13 36	<ul style="list-style-type: none"> • Added New Edit Codes 356,357 and 358 • Updated Edit Code 738
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	5	5 10 12	<ul style="list-style-type: none"> • Updated Physical Address for Allendale County Office • Replaced Jasper County DSS with Jasper County DHHS • Replaced Orangeburg County DSS with Orangeburg County DHHS
01-01-10	Appendix 1	49	Updated Edit Code 932
12-01-09	1	8 25	<ul style="list-style-type: none"> • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package • Updated Timely Filing for Submitting Claims section
12-01-09	3	1-3 21-31	<ul style="list-style-type: none"> • Updated Claim Filing Timeliness section • Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09	5	8	Updated the Dorchester County office street address
12-01-09	Appendix 1	- - 18, 19 20	<ul style="list-style-type: none"> • Replaced CARC 17 with CARC 16 • Updated CARC A1 • Updated codes 509 and 510 • Added code 533
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4 4-6 26	<ul style="list-style-type: none"> • Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) • Updated SC Medicaid Healthy Connections language throughout section • Updated South Carolina Medicaid Bulletins and Newsletters • Changed heading to Medicare Cost Sharing

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Date	Section	Page(s)	Change
10-01-09	5	10 11 12	<ul style="list-style-type: none"> • Updated physical address for Jasper County office • Updated telephone number for Lexington County office • Updated zip codes for Orangeburg County office
10-01-09	Appendix 1	3 60	<ul style="list-style-type: none"> • Updated edit code 065 • Updated edit code 852
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	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"> • Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 • Updated Absolute Total Care entries as following: <ul style="list-style-type: none"> ○ Changed the company's name to Absolute Total Care ○ Replaced the beneficiary card samples ○ Corrected contact information
08-01-09	5	14	Updated telephone number for York County office
08-01-09	Appendix 1	3	Updated edit code 062
08-01-09	Appendix 2	-	Updated carrier code list
07-01-09	2	2 2, 5, 44-46 7, 8 43, 44, 45 46 87	<ul style="list-style-type: none"> • Deleted Procedural and Diagnostic Coding verbiage • Updated/added subheadings throughout sections • Updated and moved Evaluation and Re-evaluation subsection • Changed Division of Family Services to Behavioral Health Services • Updated and moved Children Behavior Health Training Requirements subsection • Updated and moved MAPPS subsection

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07-01-09	4	9 7 9	Moved the following charts: <ul style="list-style-type: none"> • Medicaid Adolescent Pregnancy Prevention Services (MAPPS) • Nursing Services For Children Under 21 • Special Needs Transportation
07-01-09	5	6, 12 8 9	<ul style="list-style-type: none"> • Updated address for Bamberg and Orangeburg County offices • Updated office zip code for Darlington County • Updated telephone number for Fairfield County office
06-01-09	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"> • Updated to reflect managed care policies and procedures effective May 1, 2009 • Updated the Eligibility subsection • Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection • Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection • Updated the Medicaid Program Integrity subsection
05-01-09	5	13	Updated telephone number for Union County office
05-01-09	Appendix 1	43	Deleted edit code 694
05-01-09	Appendix 2	-	Updated list of carrier codes
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009
04-01-09	1	2, 3, 8	Updated hyperlinks
04-01-09	3	6-8, 19, 25, 34, 37	Updated hyperlinks

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Date	Section	Page(s)	Change
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"> • Updated hyperlink • Corrected Dorchester County's Orangeburg Road telephone number • Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
03-01-09	Appendix 1	43 72	<ul style="list-style-type: none"> • Added new edit codes 693 and 694 • Changed edit code 945 Resolution to input "26" modifier in field 18
03-01-09	Managed Care 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
02-01-09	Appendix 2	-	Updated list of carrier codes
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09	5	11	Updated Lee County office address

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Date	Section	Page(s)	Change
12-01-08	2	2 21, 25, 31, 34	<p>Added “Signature and date of signature on evaluations and re-evaluations are mandated requirements” to the General Information section.</p> <ul style="list-style-type: none"> • 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.
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"> • Added Re-evaluation section, revised first bullet • Added re-evaluation to first bullet • Updated verbiage for number 3 in CSN
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"> • Updated the address for Lake City • Updated the phone number for Sumter County office
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
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

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Date	Section	Page(s)	Change
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"> • Added new edit code 529 • Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692
06-01-08	TPL Supplement	-	Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4
05-01-08	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
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	

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Date	Section	Page(s)	Change
		12 29	Updated reference to Medicaid card name <ul style="list-style-type: none"> • Changed references to location of forms from Section 5 to Forms section • Updated field numbers for occurrence codes on UB-04 • Replaced sample ADA form with more attractive version
03-01-08	1	3-5 7	<ul style="list-style-type: none"> • Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information. • Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable
03-01-08	3	7-20 All	<ul style="list-style-type: none"> • Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number). • Standardized formatting
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08	Appendix 1	59 70	<ul style="list-style-type: none"> • Added edit code 808 • Revised edit code 943 description and status (from warning to active)
03-01-08	TPL Supplement	9 21-22	<ul style="list-style-type: none"> • Added information on carrier code “CAS” for open casualty cases • Replaced Form 931 samples with new versions
02-01-08	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.
02-01-08	3	11 29, 31	

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Date	Section	Page(s)	Change
		46	Corrected instructions for field 10b <ul style="list-style-type: none"> • Standardized references to six-character legacy provider number • Corrected mailing address for refunds
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"> • Removed PhyTrust from the list of MHNs • Added Carolina Crescent to the list of MCOs
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"> • Updated telephone numbers for Florence and Kershaw counties • Updated Horry County address to 1601 11th Ave., 1st Floor
11-01-07	Appendix 1	All	<ul style="list-style-type: none"> • Corrected ECF field numbers throughout edit resolution instructions • Added new edit code 107
11-01-07	Appendix 2	All	Updated list of carrier codes
10-03-07	2 4	17, 20 6	Replaced GP modifier with HA modifier for procedure codes 97001 and 97003

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Date	Section	Page(s)	Change
10-01-07	1	1-2 3 4 12 15 25	<ul style="list-style-type: none"> • Removed PEP information • Added information about managed care enrollment broker and Managed Care Supplement • Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). • Clarified that “days” refers to business days • Clarified which sections of manual may contain PA information • Expanded provider list under Program Integrity
10-01-07	3	13, 46	<ul style="list-style-type: none"> • Removed PEP information • Added 90-day time limit for reversing refunds
10-01-07	Appendix 1	26 38-40, 43, 70	<ul style="list-style-type: none"> • Corrected description for edit code 502 • Added NPI warning edits 578-583, 692, 943
10-01-07	-	-	Added Managed Care Supplement
10-01-07	TPL Supplement	15-17	<ul style="list-style-type: none"> • Added 90-day time limit for reversing refunds • Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare
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"> • Removed GP modifier from Individual Physical Therapy • Updated unit of service and frequency for Group Speech Therapy
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

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

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Date	Section	Page(s)	Change
04-01-07	Appendix 2	-	Updated list of carrier codes
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

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Date	Section	Page(s)	Change
09-01-06	Appendix 1	10,11,13 15,17,18 22, 23, 24 26, 27 ,28 29, 30, 31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50 52, 58, 60 61, 62, 63 66, 67	<ul style="list-style-type: none"> • Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949 • Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749 • Updated resolutions for edit codes 761, 764, 765 768, 769, 771, 772, 773, 774 • Added new edit codes 518, 724 • Deleted edit code 777
08-01-06	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"> • Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to www.dhhs.state.sc.us • Changed the Internet Explorer version required for the Web Tool to 6.0 • Added TPL indicators to the ECF field 4 description • Added Injury Code indicators to the ECF field 5 description • Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts

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Date	Section	Page(s)	Change
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
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 www.scdhhshipaa.org to www.scmedicaidprovider.org
11-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	5	5-14	Updated list of DHHS county offices

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Date	Section	Page(s)	Change
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
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"> • Added description of new Web Tool features • Removed instruction to attach EOB to paper claims • Change MIVS zip code to 29211-9804 (from 29201)
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