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Date	Section	Page(s)	Change
07-01-26	Appendix 1	35,36	Edit Codes 611-615 were added in reference to Referring/Ordering NPI.
07-01-26	1-Admin. & Billing Manual	13	Updated policy for ORP provider enrollment requirements and claims billing requirements with ORP provider's NPI
07-01-26	Title page	0	Title changed to better reflect provider type manual is focused on (Licensed Independent Practitioner Behavioral Health Services Manual).
07-01-26	Table of Contents (TOC)	1	Reorganized TOC to reflect new manual template; addition of two new sections, Billing Guidance (7) and Benefit Criteria and Limitations (9). Procedure Codes now included at end of the manual.
07-01-26	Section 1: Program Overview	2	Link to procedure codes removed.
07-01-26	Section 2: Covered Populations	3	Added categories for eligible Medicaid members in groups that align with the Medicaid State Plan authority.
07-01-26	Section 3: Eligible Providers	5-14	• Removed detailed supervision language, instead streamlining and referring provider to follow guidelines as per LLR for non-independently licensed individuals in supervision. • Added language prohibiting providers from using NPI for non-enrolled, terminated, or excluded providers (except non-enrolled and under Board-approved supervision). • Added language on disclosing criminal history during enrollment and that disclosure will not automatically result in denial; reviewed on case-by-case basis. • Updated/clarified language around linking individuals to group practices, adding requirement for notarized letter from individual before being allowed to link

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Date	Section	Page(s)	Change
			• Added additional requirements for maintenance of LIP credentials for solo practices and business requirements for LIP groups. • Includes practice policy requirements for individuals and groups.
07-01-26	Section 4: Covered Services and Definitions	15-24	• Added definitions for covered services, provider, EPSDT, medically reasonable and necessary, and state plan services. • Added information on organization of manual services into four main categories; added definition of each category. • Added more extensive telehealth policy with federal definitions and regulations. • Aligned non-covered services with RBHS manual. • Service-specific medical necessity criteria organized into concise table
07-01-26	Section 5: Utilization Management	25-28	• Expanded guidance on PA to include clarity that the billing provider is issues the PA, not the group practice. • Providers are referred to Provider Admin. and Billing manual for additional information on UM.
07-01-26	Section 6: Reporting/Documentation	29-45	• Added language on using the correct CPT or HCPCS codes. • Clarified that documentation must be in medical record prior to submitting claims, and referenced requirements as per 42 CFR 482.24. • Expanded consent to treat language to include reference to SC state code and how to obtain consent in an emergency • Added reference to SUD clinical records and more stringent federal law • Expanded to include confirming ongoing medical necessity through CSNs and PS. • Service specific documentation requirements expanded to include examples, SMART goals, and updated practices. • Added clarification to PTE/PTA not intended to be initial service and emphasized providers obtaining previous evals and other records.

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Date	Section	Page(s)	Change
			• Added documentation of evidence-based safety plan for crisis intervention • Added specific requirements for discharge summaries. • Added concise table of IPO reformulation and addenda. • Added numbered elements required for CSNs and provided examples where relevant. • Added language on assessing suicide risk
07-01-26	Section 7: Billing Guidance	46-49	• New section added to clarify claim type, modifiers, service unit contact time, use of z-codes, POS codes, and charge limits/reimbursements.
07-01-26	Section 8: Benefit Criteria and Limitations	50-64	• Updated examples of screening for BHS. • Expanded service definition of psychological testing • Added clarification to PTE/PTA not intended to be initial service and emphasized providers obtaining previous evals and other records. • Added clarification regarding educational testing as not allowable. • Expanded service definitions for core treatment services and crisis management services to reflect current best practices. • Updated procedure codes table with added clarity on service limitations is included at the end of the section.
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.

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Date	Section	Page(s)	Change
01-01-26	Appendix 2		Updated Carrier Codes
12-22-25	Procedure Codes		The rate column has been removed from the LIP's Procedure Codes. The LIP's Procedure Codes are now automated and the rates are included as scheduled.
11-01-25	Appendix 1		For Edit Code 636: Co-payments are no longer subject to cost-sharing. It reads as follows: **For dates of service up to 6/30/2024**, 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. **For dates of service on or after 07/01/2024,** covered services are no longer subject to cost-sharing. The payment amount is the allowed Medicaid amount and is considered payment in full.
11-01-25	Admin. & Billing Manual	Section 1 Pg. 15	Removed language regarding the reimbursement of interns practicing under the supervision of a licensed professional. Interns have an enrollment pathway. Also, the requirements for Ordering and Rendering Physicians were removed as the list is outdated and to comply with PERM Audit findings. An updated list will be provided, when available.
10-27-25	Appendix 2		Updated Carrier Codes
07-01-25	Appendix 2		Updated Carrier Codes
07-01-25	Admin & Billing Manual Section 1	4-5	• Changed citation for the definition of SCMSA to State Regulations. • Added language about proof of residency requirement for certain provider types. • Added definition of In-State and Out-of-State providers and licensure requirements. • Clarified enrollment of out of state providers as permitted or required by state or federal law.

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Date	Section	Page(s)	Change
07-01-25	Section 3- Eligble Providers	5	Clarified language about provider location within SCMSA in alignment with the Admin and Billing manual.
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.
01-28-25	Appendix 2		Updated Carrier Codes that were effective 01-01-25.
01-01-25	Cover Page		Updated cover page date
01-01-25	Section 4: Covered Services and Definitions	14-18	Expanded existing telehealth policy to a telehealth overview policy that includes definitions, eligible providers, places of service, and telehealth criteria.
01-01-25	Procedure Codes	5	Removed CPT 98966-98968
11-01-24	Appendix 1		Codes were updated as of October 1, 2024 Edit Code 719- •**Claim Status: REJECT**-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 the applicable provider manual for the specific documentation requirements. •**Claim Status: SUSPEND**-The service/procedure has to be reviewed by Medicaid prior to payment. No further action by the provider is necessary. Edit Code 560- 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. **UB CLAIM**: Enter the correct revenue code (Field 42) for that line.

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Date	Section	Page(s)	Change
11-01-24	Appendix 2		October updates to Carrier Codes
07-01-24	Procedure Codes	Various pages	The following codes had rate increases: 90791, 90832, 90834, 90837, 90846, 90847, 90853, H0031, H0032, H2011
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 Medical Necessity definition to cite with the South Carolina code of Regulations 126-425 (A)(9).
07-01-24	Admin & Billing Manual. Section 1	24-27	Health Record Retention: Updated policy regarding the retention of records for Medicaid purposes only; other state or federal rules may require longer retention periods. Health Record Documentation: Clarified policy related to health records date and signature requirements, documenting progress notes and services billed.
07-01-24	Admin & Billing Manual. Section 1	54	Updated Appeals section to emphasize that Providers must exhaust the claim reconsideration process (when applicable) before requesting an appeal. The reconsideration denial must be submitted with the appeal request.
07-01-24	Admin & Billing Manual. Section 2	55-56	Beneficiary Co-Payment was revised to read Beneficiary Cost Sharing. Added language that services are covered without cost sharing. Removed references to Medicaid copayment and cost sharing throughout the manual. Removed Copayment Exclusions.

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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.

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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.
11-01-23	3	7,8	Provider Enrollment Chapter updated to provide information on "high risk" providers.
11-01-23	3	13	Information added related to business closures and 18-month inactivity rule.
10-17-23	Appendix 2		Updated Carrier Codes
07-01-23	Appendix 2		Updated Carrier Codes
05-11-23	Procedure Codes	1,2,3 3	Added telehealth modifier for appropriate codes. Added audio-only telehealth codes.
05-11-23	4	13	Added behavioral health telehealth services and provider types available.
05-11-23	Admin. and Billing manual	7 10, 11	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." 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

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Date	Section	Page(s)	Change
03-01-23	Procedure Codes	4	Updated Code H2011(Crisis Management) - Master's Degree level, to $19.39 per 15-minute session to be in line with Fee schedule. • Updated Code H0031 (Diagnostic Assessment)-Master's Degree level, to $76.97 for 12 encounters per year to be in line with Fee schedule.
01-01-23	Appendix 2		Updated Carrier Codes
01-01-23	4		Procedure Codes section updated to capture changes to Psychological Testing/Evaluation.
01-01-23	6	30	• CPT code 96130 has been added for PTE; and, • 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.
10-01-22	Appendix 2		Updated Carrier Codes
08-01-22	Appendix 2		Updated Carrier Codes
07-01-22	4	15	The LIP's manual has updated policy language for the Child and Adolescent Level of Care/ Service Intensity Utilization System (CALOCUS-CASII) assessment tool.
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

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Date	Section	Page(s)	Change
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
10-01-21	4	18	"Individual transportation provider" was updated to "individualized plan of care" (one instance)
09-01-21	Forms		The Electronic Forms Transfer (EFT) was removed.
09-01-21	4		Updated Procedure Codes that were effective 7-1-19.
08-01-21	Appendix 2		Updated Carried Codes that were effective 6-1-21.
07-01-21	Manual Homepage		Updated Managed Care Supplement
07-01-21	Admin. & Billing Manual	50,51	Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS.
03-30-21			Cleaned up the following language: "Billable places of service" now says "service location". Removed the following language: "Transferring Regional Associations", "Age-appropriate Functional Assessments" and "Program Services"
03-01-21			A link to the DC:0-5 Crosswalk was added to the manual homepage.
01-21-21	Appendix 2		Updated Carrier Codes
11-1-20	Appendix 2		Updated Carrier Codes

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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.
12-16-19	6		Clarified that there must be clinical justification if no signature by beneficiary on the IPOC.
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

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Date	Section	Page(s)	Change
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
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Change Control Record	1, 2	• Updated Forms section change descriptions for dates 01-01-18 and 03-01-18 • Updated Webpage change description for date 03-01-18
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	3	31-32 32	• Updated Retro Health Insurance • Updated Retro Medicare
07-01-18	4	1	Updated maximum billable units for procedure code H2011

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Date	Section	Page(s)	Change
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	• 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 • Updated CARC for 786 • Updated Resolution for 906 and 907
07-01-18	TPL Supplement	15-16 17	• Updated Retro Health and Pay & Chase • Updated TPL Resources
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
03-01-18	Forms	-	Updated SCDHHS letterhead on Fax Cover Sheet and LIPS Limit Exception Request Form
03-01-18	Webpage	-	Updated SCDHHS letterhead on Exception Fax Cover Sheet and Limit Exception Request
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	5	1	Updated Correspondence and Inquiries
01-01-18	Forms	-	Updated SCDHHS letterhead on Fax Cover Sheet and LIPS Limit Exception Request Form
01-01-18	Webpage	-	Replaced Updated SCDHHS letterhead on Exception Fax Cover Sheet and Limit Exception Request
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms

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Date	Section	Page(s)	Change
08-01-17	5	4	Corrected formatting
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	3	-	Corrected formatting
07-01-17	Forms	-	Updated Fax Cover Sheet and LIPS Limit Exception Request 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	Forms	-	Updated Fax Cover Sheet and LIPS Limit Exception Request Form
03-01-17	2	40, 41	Updated Services Rendered Under Licensed Independent Social Worker-Clinical Practice section
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
01-01-17	Change Control Record	1	Deleted Place of Service Key from Section 3, date 12-01-16
01-01-17	2	20 38	• Updated Clinical Service Notes • Added Service Limit Exception for Fee for Service Beneficiaries
01-01-17	4	1	• Updated Procedure Codes
01-01-17	Forms	-	• Added LIPS Exception Fax Cover Sheet • Added LIPS Limit Exception Request Form
12-01-16	3	7	• Updated Diagnostic Codes
12-01-16	Forms	-	Updated Claim Reconsideration Form

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Date	Section	Page(s)	Change
11-01-16	2	21	Updated Billing Information/Location of Service
11-01-16	3	7 8	Updated Modifiers Updated Place of Service Key
11-01-16	4	1	Added Modifier Key
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5-6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	Appendix 1	67	Updated edit code 979
09-01-16	Appendix 2	-	Updated carrier codes
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	5	- 1 3	• Updated hyperlinks throughout section • Updated Administration section • Updated Procurement of Forms section
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	2	10 32	• Updated Eligibility for Services • Updated Psychological Testing and Evaluation

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Date	Section	Page(s)	Change
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: • South Carolina Medicaid Program o Program Description o SC Healthy Connections Medicaid Card(s) • Records/Documentation Requirements o General Information o Signature Policy • Medicaid Program Integrity o Program Integrity • Appeals
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	2	6-7	Revised LIP Enrollment Guidelines
01-01-16	4	1	Updated procedure codes table
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	Appendix 1	19, 44-47	Revised edit code 507, 821, 837, 838, 839
10-01-15	1	7 10	• Updated to add SCDHHS alerts • Updated Provider Participation
10-01-15	Appendix 1	1 1 All	• Updated general instructions • Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System o Added note to general instructions o Replaced ICD-9 with ICD-CM throughout section

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Date	Section	Page(s)	Change
		4, 20, 23, 27, 43	• Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792
09-01-15	2	12,13 33,34	• Added ICD-10-CM language to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System • Updated Family Psychotherapy Section
09-01-15	3	6-7 13-14 21	• Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System: o Diagnostic Codes o CMS-1500 Claim From Completion Instructions, field 21 • Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool
09-01-15	Appendix 1	5, 14	• 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
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
06-01-15	2	26-27 27 29	Updated the following sections: • Comprehensive Assessment – Initial and Follow-up • CALOCUS Assessment — PRTF and Community Support Services (formerly CALOCUS Assessment — PRTF) • Service Documentation
03-13-15	3	12-13 22	• Updated CMS-1500 Claim Form Completion Instructions • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-01-15	Appendix 2		Updated carrier codes

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Date	Section	Page(s)	Change
02-01-15	2	18-24 26-29	Updated the following sections: • Program Requirements • Program Services • Core Treatment – Psychotherapy and Counseling Services
02-01-15	4	1,2	Updated procedure codes table
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	2-4 25-26	Added the following policies: • Copayment • Claim Reconsideration
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
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	Appendix 1	3, 31, 36, 48-49, 61 46	• Updated edit code 079, 637, 719, 820, 821, 908, 909 • Added new edit code 790
09-01-14	2	2 5 7 9	Updated the following sections: • Overview • Provider Qualifications • Managed Care Organizations • Requirements for Participation in Rehabilitative Behavioral Health Services

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Date	Section	Page(s)	Change
		10 16 20 26 28-29 29 32	• Eligibility for Services • Out of Home Placement • Clinical Service Notes (CSNs) • Comprehensive Assessment – Initial And Follow-Up • Psychological Testing and Evaluation • Service Documentation for Psychological Testing and Evaluation • Service Documentation for Family Psychotherapy
09-01-14	4	1 2	• Updated Psychological Testing/Evaluation • Added billing language for Service Plan Development
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	• Deleted edit codes 845 and 969 • Updated edit codes 537, 837-839, 843, 844, and 892
07-01-14	2	 4-29 32-36	• Updated the following sections: o Program Requirements o Program Services
07-01-14	4	1,2	Updated Procedure Codes for Physician and Self-Referrals
07-01-14	Forms	-	Removed DHHS Form 254
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

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Date	Section	Page(s)	Change
05-01-14	5	1 5	• Replaced reference to county office listing with the Where To Go for Help web address • Removed DHHS county office listing
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	1	6, 23, 25 29-31 32 33 37 39 41-44	• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated the following sections: o Program Integrity o Recovery Audit Contractor o Beneficiary Oversight o Fraud o Referrals to the Medicaid Fraud Control Unit o Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)
04-01-14	3	1-33 6-17 18 20	• Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version • Updated Trading Partner Agreement • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
04-01-14	5	10	Updated Horry County address
04-01-14	Forms		• Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms • Removed note on CMS-1500 (02/12) version claim form • Removed CMS-1500 (08/05) version claim form(s) • Removed Sample Edit Correction Form • Updated Sample Remittance Advice

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Date	Section	Page(s)	Change
04-01-14	Appendix 1	35 -	• Added edit code 527 • Entire section: o Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form o Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version
04-01-14	TPL Supplement	5 6-8 9-10 10-11 13-14 15-16 22-23 30-31	• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form: o Timely Filing Requirements o Reasonable Effort o Nursing Facility Claims o Professional, Institutional, and Dental Claims o Rejected Claims o Recovery o Sample Forms – Reasonable Effort o Sample Forms – ECF (deleted)
03-01-14	2	29-30	Updated Psychological Testing and Evaluation section
03-01-14	4	1-5	Updated the following sections: • Procedure Codes for Physician and Self-Referrals • Procedure Codes Requiring State Agency Referral • Procedure Codes with Rates
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	5	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25	Updated to reflect the following bulletins: • Managed Care Organizational Changes dated November 15, 2013 • Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 Updated the following sections:

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		1-2 4 6 26 29-30 32 32	• Eligibility Determination • South Carolina Health Connections Medicaid card • South Carolina Web-based Claims Submissions Tool • Retroactive Eligibility • Program Integrity • Recovery Audit Contractor • Beneficiary Explanation of Medical Benefits Program
01-01-14	2		Updated entire section to reflect policy effective January 1, 2014
01-01-14	3	-	Updated entire section to reflect the following bulletins: • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013
01-01-14	4	1-4	Updated Procedure Codes for Physician and self-Referrals and PROCEDURE CODES requiring state agency referral sections
01-01-14	5	 1 3-4	Updated the following sections • Correspondence and Inquiries • Procurement of Forms
01-01-14	Forms		• Added CMS-1500 (02/12) version claim form • Added note to CMS-1500 (05/85) version claim form • Added SCDHHS LIP Prior Authorization Request and SCDHHS Behavioral Health Referral and Feedback forms • Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms
01-01-14	Appendix 1		Updated to reflect the following bulletins:

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Date	Section	Page(s)	Change
			• Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		• Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014
12-01-13	5	12	Updated Orangeburg mailing address zip codes
12-01-13	Forms	-	Updated the following documents: • DHHS Form 254 • Medical Necessity Statement for Rehabilitative Services • LIPS Referral Form
11-01-13	5	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	5	12 13	• Updated Orangeburg office and mailing address • Updated York County office address
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	• Updated CARCs/RARCs throughout section • Added edit codes 110 and 725 • Deleted edit code 961 • Revised edit codes 720, 749, 750, 758, and 759
10-01-13	MC Supplement	20	• Added WellCare MCO Medicaid card and contact information
09-01-13	5	8 10 13	• Updated Darlington County zip code • Updated Laurens County phone number • Updated York County office address

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Date	Section	Page(s)	Change
08-01-13	5	13	• Updated York County physical address
08-01-13	Appendix 1	1 50, 51 72	• Updated resolution for edit code 007 • Updated RARC and resolution for edit codes 820 and 821 • Deleted edit codes 954, 955, and 956
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	5	8 11	• Updated Colleton County office telephone number • Deleted Newberry County PO Box address
06-01-13	5	12	• Updated Richland county office telephone number
06-01-13	Forms	-	• Updated LIPS Referral Form • Updated LIPS Authorization Form
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	• Updated resolutions for edit codes 107, 219, 339 673, 720 • Deleted edit code 577
04-01-13	1	6	Corrected the URL for MedicaideLearning.com
04-01-13	Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	• Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 • Updated CARCs for edit codes 460, 544, 569 • Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 • Added edit codes 820, 821 • Updated edit code 935, 938, 939
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	2	7,10	Changed references to mental retardation) intellectual disabilities or related disabilities)
03-01-13	4	-	Updated modifiers and units of service throughout document
03-01-13	5	10	Deleted Jasper County PO Box address

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Date	Section	Page(s)	Change
03-01-13	Appendix 1	i 2, 38, 70 38, 54, 70	Deleted Change Log Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953 Updated resolutions for edit codes 714, 851, and 953
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
03-01-13	Appendices and Supplement	-	Added a cover page
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
02-01-13	Forms	-	Revised DHHS Form 254
01-16-13	4	1-2	• Deleted reference to reimbursement rates • Deleted procedure code 90804, Individual Therapy w/Client • Added procedure codes for Individual Psychotherapy, face to face
01-11-12	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	Forms	-	Replaced Form 254 sample
01-01-13	5	7 9	• Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32	• Updated web addresses for provider information and provider training • Revised heading and language to reflect new provider enrollment requirements • Updated Program Integrity language (entire section)

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		33-41	• Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	6 10 18, 32, 34 22-23	• Updated National Provider Identifier and Medicaid Provider Number • Updated fields 17, 17b to add requirement for referring or ordering provider NPI • Updated provider information web addresses • Updated Electronic Funds Transfer (EFT)
12-01-12	5	4 11	• Updated web address for provider information • Updated McCormick county office telephone number
12-01-12	Appendix 1	24, 26, 27, 32, 33 19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 • Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926
12-01-12	TPL Supplement	8, 9, 17	Updated web addresses for provider information and provider training
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-03-12	2	5	Replaced hyperlink for LIP pre-enrollment orientation
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-12	2	44	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 27, 30, 34 6, 17, 22	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks
08-01-12	5	1 5 7	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed fax request information for SCDHHS forms • Added SCDHHS forms online order information • Updated telephone number for Greenville county office
08-01-12	Forms	-	• Deleted forms 140 and 142 • Updated Duplicate Remittance Advice Request Form
08-01-12	Appendix 1	- 1, 24, 60, 65, 66-67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 • Added edit codes 349, 590, 978, 990, 991-995 • Deleted edit codes 166, 205, 573, 574, 593, 596 • Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12	Managed Care Supplement	1-2 7 11 17 19	• Changed Division of Care Management to Bureau of Managed Care • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to “Medicaid” to BlueChoice HealthPlan
08-01-12	TPL Supplement	5, 6, 10,17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-12	2	 8-12 13-14 16 19-21 3 7 15 42 11 13 13, 14 15 15 -	• Updated QIO information to reflect Medicaid Bulletin dated May 15, 2012 in the following sections: o Medical Necessity (entire section) o Quality Improvement Organization – Physician Referrals (entire section) o Retroactive Coverage o Clinical Records and Documentation Requirements (entire section) • Updated policy in the following sections: o Program Requirements o Eligibility for Services o State Agency Referrals/Prior Authorization (PA) o Licensed Independent Social Work- Clinical Practice Supervision • Document heading changes: o "QIO MNS Confirmation" to "MNS Confirmation" o "Quality Improvement Organization" to "Quality Improvement Organization – Physician Referrals" o Added subheadings "Physicians Responsibilities" and "QIO Responsibilities" o "Referral Process/Prior Authorization (PA) – DHHS Form 254" to "State Agency Referrals/Prior Authorization (PA)" o Added subheading "DHHS Form 254" • Editorial changes throughout document
07-01-12	4	1 2	• Updated Procedure Codes Requiring Physician Referral and Prior Authorization to reflect Medicaid Bulletin dated May 15, 2012 • Updated Procedure Codes Requiring State Agency Referral
07-01-12	Appendix 1	16, 48 45	• Deleted edit codes 386 and 868 • Added edit codes 837, 838, 839
07-01-12	Appendix 2	-	Updated carrier codes

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Date	Section	Page(s)	Change
06-01-12	2	10, 11, 13-16, 19, 20, 26	Updated QIO and 254 Form information
06-01-12	4	All	Updated QIO information and rates
06-01-12	Forms	-	• Updated the Medical Necessity Statement • Updated the LIPS Referral Form • Updated the LIPS Authorization Form
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	• Updated address for Marion County • Updated phone number for Newberry County
04-01-12	Forms	-	• Added Form 130 • Removed Mental Health form • Removed LMSW form
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	• Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642
02-01-12	3	19 22	• Added a note regarding The Web Tool • Updated the Remittance Advice -835 Transaction
02-01-12	5	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42 49	• Updated edit code 402 • Updated edit code 636, 637, and 642 • Updated edit code 766 • Updated edit code 867
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-12	2	8, 44	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
01-01-12	3	- 22	• Updated hyperlinks throughout section • Updated EFT information
01-01-12	5	1	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
01-01-12	Appendix 1	62 -	• Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	3	33, 40, 41	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12 3, 17, 19	• Changed Medicare timely filing requirement to two years and six months • Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code • Deleted sample legacy number from UB-04 TPL Fields table • Updated TPL contact information
10-01-11	Appendix 1	14, 29 47	• Added edit codes 334 and 584 • Updated edit code 845
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative

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Date	Section	Page(s)	Change
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	Appendix 1	8	Updated edit codes 165 and 166
08-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 11, 2011
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11	5	13	Deleted PO Box address for the Spartanburg County Office
07-01-11	Forms	-	• Updated Authorization Form • Added Mental Health Form • Added LMSW Registration Form
07-01-11	Appendix 1	12 43 56	• Updated resolution for edit code 300 • Added edit codes 840 and 841 • Updated Provider Enrollment Contact information in edit codes 941 and 944
07-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 8, 2011
06-01-11	5	5	Corrected Abbeville County PO Box Zip+4 Code
06-01-11	Forms	-	Removed Referral Request for Out of State Therapeutic Treatment Services form
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

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Date	Section	Page(s)	Change
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
04-01-11	Appendix 3	-	Updated copay amounts to reflect bulletin dated 3-16-11
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	18, 22, 23	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	• Changed the name of the Provider Outreach Web site to Provider Enrollment and Education • Updated the descriptions for Form130s
02-01-11	Appendix 1	3	Added edit codes 079 and 080
01-01-11	1	7 19-20	• Updated the South Carolina Medicaid Web-based Claims Submission Tool section • Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits
01-01-11	3	18, 21, 23, 24 15, 29 22	• Updated electronic remittance package information • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims • Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package
01-01-11	5	13	Added toll-free telephone number for Saluda county

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Date	Section	Page(s)	Change
01-01-11	Forms	-	• Added the Duplicate Remittance Request Form • Updated the LIPS Referral form • Updated the LIPS Authorization 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	• Removed references to Dental claims • Removed language to contact program areas for missing carrier codes • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list • Updated Retro Medicare section to include the following: o Changed the timely filing requirement from 90 days of the invoice to 30 days o Added SCDHHS TPL recovery language • Updated the Retro Health and Pay & Chase section
12-01-10	Cover	-	Replaced "Medicaid Provider Manual" with "South Carolina Healthy Connections (Medicaid)"
12-01-10	Appendices	-	Replaced "South Carolina Medicaid" with "South Carolina Healthy Connections (Medicaid)" in the headers
12-01-10	Supplements	-	Replaced "South Carolina Medicaid" with "South Carolina Healthy Connections (Medicaid)" in the headers
11-01-10	Appendix 1	8 16 32 51 52	• Edit code 202: added information to Resolution section • Edit codes 421 and 424 deleted • Edit code 733 information updated in Resolution section: "Adjust the net charge in field" changed from 26 to 29 • Deleted edit code 959 • Deleted edit codes 962 and 963

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Date	Section	Page(s)	Change
11-01-10	TPL Supplement	3, 8, 13-14, 18-19 6, 15-17	• Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest • Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle
10-01-10	1	- 1 7 10	• Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Program Description section • Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest • Updated Freedom of Choice section
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	- 1 2 3 4 5 6 13 17	• Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph
09-01-10	3	 19 19-20 36	Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest: • Companion Guides • South Carolina Medicaid Web-based Claims Submission Tool • Claim-Level Adjustments

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Date	Section	Page(s)	Change
09-01-10	5	5 8 11	• Removed County Commissioner's Building from the Aiken County address • Deleted Dorchester County physical address telephone number • Removed Highway 28 N from the McCormick County address
09-01-10	Appendix 1	9 -	• Added edit code 225 • Removed all references to the ADA Claim in the Resolution column
09-01-10	TPL Supplement	12 13 18	• Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information • Updated the Web-Submitted Claims section with the exception to Dental claims • Updated the TPL Resources section to include the DentaQuest contact information for TPL questions
08-17-10	Cover	-	Corrected cover date
08-01-10	2	 2 3, 4 6 7 8 9 12 14 32	Updated the following sections: • Rehabilitative Services Overview • Private Organizations • New Provider Enrollment for Private Organizations • Private Organization Requirements • Reporting Changes • Closure for a RBHS Provider • Contents of the SCDHHS Medical Necessity Statement (MNS) • Medical Necessity • Billable Code/Location of Service
08-01-10	3	7-8	Updated modifiers
08-01-10	4	1-8	Updated modifiers
08-01-10	5	5, 9, 11-13 6	• Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties • Updated the address for Barnwell County

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Date	Section	Page(s)	Change
			• Updated the telephone number for Beaufort County
08-01-10	Forms	-	• Updated DHHS Form 254 • Corrected signature lines of Medical Necessity Statement for: o Printed name of Physician and phone # o Name of LIP, fax # of LIP, and NPI of referred LIP
08-01-10	Appendix 1	20 51, 52 59	• Deleted edit code 520 • Deleted Provider Enrollment e-mail address from codes 941 and 944 • Changed resolution for edit code 994
07-01-10	5	-	Updated telephone numbers and zip codes for multiple county offices
07-01-10	Appendix 1	32 35	• Updated edit code 714 • Updated edit code 738
07-01-10	Appendix 2	21, 22, 25, 63, 89	Changed First Health to Magellan Medicaid Administration