

CHANGE CONTROL RECORD

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	Admin. & Billing Manual	13	Updated policy for ORP provider enrollment requirements and claims billing requirements with ORP provider's NPI.
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
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 Also, the requirements for Ordering and Rendering Physicians were removed as the list is outdated and to comply with PERM Audit findings.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.

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-27-25	Appendix 2		Updated Carrier Codes
07-01-25	Appendix 2		Updated Carrier Codes
07-01-25	Admin & Billing Manual Section 1	4-5	• 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.
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.
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.

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-24	Appendix 2		October updates to Carrier Codes
07-01-24	Forms		Added 2 new forms: MTCM Referral form and MTCM Brief Screening.
07-01-24	8 Billing Guidance	40-43	With previous changes, Billing Guidance is now section 8. Updated and clarified language regarding Z-code diagnoses and MTCM Non-Billable Activities
07-01-24	7 Reporting/Do cumentation	34-39	With previous changes, Reporting/Documentation is now section 7. Updated and clarified language for documentation
07-01-24	6 Utilization Management	31-33	With previous changes, Utilization Management is now section 6. Added Prior Authorization requirement for private providers and defined
07-01-24	5 MTCM Billable Activities	29, 30	Updated and clarified language for billable activities
07-01-24	4 Eligible Providers	23-28	Updated and clarified language for providers and supervisors
07-01-24	4 Eligible Providers	23	Moved “Eligible Providers” section to become section 4
07-01-24	3 Scope of Services	15-21	Added the following: Intake and Screening; Assessment and Reassessment; MTCM Care Planning and Coordination; Progress Summaries; Implementation of the Care Plan; Referral and Linkage; Monitoring and Follow-up; Transition Planning; added back in “Need for Continuing Services” to this section.
07-01-24	3 Scope of Services	19	Changed name of service plan to Care Plan

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-24	3 Scope of Services	15	Change this section title from “Covered Providers” to “Scope of Services”
07-01-24	2 Covered Populations	8-14	Updated language in target populations
07-01-24	1 Program Overview	5, 6	Updated Medical Necessity, Prior Authorization, and Concurrent MTCM sections
07-01-24	2 Covered Populations	8	Added “Note” regarding target populations
07-01-24	1 Program Overview	4	Removed Need for Continuing Services section moving it to section 3) and Home and Community-Based Waivers section
07-01-24	1 Program Overview	4	Updated service definition and Freedom of Choice section
07-01-24	All	All	Changed “beneficiary” to “member.”
07-01-24	Contents	2	Changed name of section 5 to “MTCM Billable Activities”
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).

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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.
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.

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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.
11-01-23	3	16,17	Provider Enrollment Chapter updated to provide information on “high risk” providers and information added related to nosiness 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	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.”

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		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
01-01-23	Appendix 2		Updated Carrier Codes
10-01-22	Appendix 2		Updated Carrier Codes
08-01-22	Appendix 2		Updated Carrier Codes
05-01-22	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
03-30-21	6	26	Changes to the MTCM assessment requirements.
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		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	5		Updated paragraph re: “electronic visuals” to correct a code that was identified incorrectly.
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.

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-23-19	Appendix 1	66	Updated resolution for edit code 901
08-14-19			For consistency with CMS State regulations, any reference to the word “guides” has been replaced with “manuals.”
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms	-	Updated EFT form
07-01-19	1,3,5		Replaced with New Provider Administrative and Billing Guide
07-01-19	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
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	Updated Forms section to change descriptions for dates 01-01-18 and 03-01-18
10-01-18	5	1	Updated Administration
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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	3	6 31-32 32	- Updated CMS-1500 Form, Field 26 - Updated Retro Health Insurance - Updated Retro Medicare
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 - Updated SCDHHS letterhead on MTCM Prior Authorization 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	Forms	-	Updated SCDHHS letterhead on Fax Cover Sheet and MTCM Prior Authorization 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	5	4	Corrected formatting
07-01-17	Forms	-	Updated Fax Cover Sheet and MTCM Prior Authorization Request
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 Interim Medicaid Targeted Case Management Transition Form w/ Instructions • Fax Cover Sheet • MTCM Prior Authorization Request
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
12-01-16	3	7	• Updated Diagnostic Codes • Updated Place of Service Key
12-01-16	4	1	Updated Procedure Codes
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5-6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	ii, 29	Corrected header/heading
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Forms	-	Added Freedom of Choice - Spanish and MTC Parent Caregiver Guardian Agreement to Participate - Spanish
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 - Program Description - SC Healthy Connections Medicaid Card(s) - Records/Documentation Requirements - General Information - Signature Policy - Medicaid Program Integrity - Program Integrity - Appeals
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-16	Forms	-	- Revised MTCM Prior Authorization Request - Revised MTC Parent Caregiver Guardian Agreement to Participate - Added interactive features to Freedom of Choice form
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	2	9-10 27	- Revised Beneficiary Eligibility - Revised Prior Authorization Process (excludes State Agencies)
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	2	1 3-10 11 31 45-46 47-50 26-28 41 43	- Updated the following sections: - Overview - Entire section - Freedom of Choice - Coordination of Care - MTCM Billable Activities - MTC Non-Billable Activities - Added Prior Authorization Process (excludes State Agencies) - Added Beneficiary Advance Notice - Renamed Billing Frequency to Service Unit Contact Time and updated section
10-01-15	Forms		Added the following documents: - Fax Cover Sheet - MTCM Prior Authorization Request - MTC Parent Caregiver Guardian Agreement to Participate
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 - Added note to general instructions

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		4, 20, 23, 27, 43	- Replaced ICD-9 with ICD-CM throughout section - Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792
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: - Diagnostic Codes - CMS-1500 Claim Form 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	3	6-7	Updated Diagnostic Codes
03-13-15	3	12 21	- Updated CMS-1500 Claim Form Completion Instructions - Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-01-15	5	1	Updated Correspondence and Inquiries
03-01-15	Appendix 2		Updated carrier codes
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	2-4	Updated Copayment policy

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		25-26	Added Claim Reconsideration policy
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
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	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-03-14	2	All	Updated entire section
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	5	1 5	- Replaced reference to county office listing with the Where To Go for Help web address - Removed DHHS county office listing

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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: - Program Integrity - Recovery Audit Contractor - Beneficiary Oversight - Fraud - Referrals to the Medicaid Fraud Control Unit - Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)
04-01-14	2	3 6 7-8	- Updated the following sections: - Individuals with Intellectual and Related Disabilities - Individuals with Head and Spinal Cord Injuries and Similar Disorders - Deleted MTCM Screening/Precertification
04-01-14	3	1-30 6-17 17 19	- 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			- Removed CMS-1500 (08/05) version claim form(s) - Removed Sample Edit Correction Form - Updated Sample Remittance Advice
04-01-14	Appendix 1	35 -	- Added edit code 527 - Entire section: - 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
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: - Timely Filing Requirements - Reasonable Effort - Nursing Facility Claims - Professional, Institutional, and Dental Claims - Rejected Claims - Recovery - Sample Forms – Reasonable Effort - Sample Forms – ECF (deleted)
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	2	9 13 29 38 44 45 49	- Updated the following sections: - Freedom of Choice - Timeframes - Transitioning to a Community Setting (formerly Transitional Case Management) - MTCM Non-Billable Activities - Staff Qualifications - MTCM Training - Deleted Quality Assurance section
02-01-14	4	1	Deleted procedure code T2023
02-01-14	5	9	Updated Florence County office telephone number

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-14	1	1, 2, 11 6, 23, 25 1-2 4 6 26 29-30 32 32	Updated to reflect the following bulletins: - Managed Care Organizational Changes dated November 15, 2013 - Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 Updated the following sections: - 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	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	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 - Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms - Replaced logo on DHHS Form 259
01-01-14	Appendix 1		Updated to reflect the following bulletins: Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			- 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	2	- 1 3-8 10 12-19 20-27 30 32-33 34-35 36-38 39-41 42-43 44-45 46 48	- Change TCM to MTCM throughout document - Updated the following sections: - Philosophy - Coverage - Freedom of Choice - Service Description - Documentation Requirements - Transitional Case Management - Concurrent MTCM - Billing Frequency - MTCM Billable Activities - MTCM Non-Billable Activities - Provider Qualifications - Staff Qualifications - Provider Responsibilities - Added Quality Assurance
12-01-13	5	12	Updated Orangeburg mailing address zip codes
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	- Updated CARCs/RARCs throughout section - Added edit codes 110 and 725 - Deleted edit code 961

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		37, 42, 44	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	2	11	Revised MTCM Contact
09-01-13	5	8 10 13	- Updated Darlington County zip code - Updated Laurens County phone number - Updated York County office address
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	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 MedicaidLearning.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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	2	1 8 14 16 18 25-26 33-35 4, 33 13, 28, 29 33-35 12 -	• Updated the following sections: ◦ Philosophy ◦ Beneficiary Eligibility ◦ MTCM Covered Activities (formerly Allowable MTCM Activities) ◦ Provider Qualifications, bullet #3 ◦ Staff Qualifications ◦ Requirements ◦ Coordination of Care ◦ Activity Note, bullet # 5 • Changed references to MR/RD to ICF-IID (Intellectual Disabilities) • Change the frequency for MTCM contacts, reformulation, and periodic and progress summary reviews • Added MTMC to Non-Billable Activities heading • Deleted Care Planning heading • Changed Medicaid case manager/case management to Medicaid Targeted case manager/case management throughout document
03-01-13	5	10	Deleted Jasper County PO Box address
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)
01-01-13	2	- 3-8 11 17	• Change TCM to MTCM throughout document • Updated the following sections: ◦ Coverage (entire section) ◦ Frequency of MTCM Contacts ◦ Home and Community Based Services (HCBS) Waiver Programs

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		19 21 23-31 35-37 41 41	○ Provider Qualifications ○ Staff Qualifications ○ Documentation Requirements (entire section) ○ Non-Billable Activities • Deleted TCM Hierarchy Guidelines • Added Freedom of Choice
01-01-13	5	7 9	• Added Chester county Zip+4 code • Updated Greenville PO Box address
01-01-13	Forms	-	Added new forms: Interim Medicaid Targeted Case Management Transition and Freedom of Choice
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6 7-8 27-32 33-41	• 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) • Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)
12-03-12	3	10 5, 18, 40 23-24	• 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 URL 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,	• 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		49, 50, 55, 56, 57, 59, 60, 61,	
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 7, 32, 36 9, 23, 24	- 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	- 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	- 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
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
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
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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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
01-01-12	3	- 23	• 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	34, 40, 42	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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			- 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
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	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
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
05-01-11	Appendix 1	43	Updated edit code 796
04-01-11	5	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
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	17, 23, 24	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	2	34	Updated Activity Note section, first paragraph, bullet 1 and bullet 3
01-01-11	3	17, 21, 22, 24, 25 14. 30	Updated electronic remittance package information

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		22	- 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
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166\
01-01-11	TPL Supplement	8, 10 8 10 13 15 15	- 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: - Changed the timely filing requirement from 90 days of the invoice to 30 days - 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	Change Control Record	2	Corrected heading from Psychiatric Services to TCM

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-10	2	27	Corrected spacing in header between manual name and date
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
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	Change Control Record	1	Add Section 3 entry for 09-01-10
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	2	45	Changed DSS Adult Services/CLTC to DSS providing concurrent care
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	- 1	- 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		2 3 4 5 6 13 17	- 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	- 21 21-22 38	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
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	5	5, 9, 11-13	Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		6	• Updated the address for Barnwell County • Updated the telephone number for Beaufort County
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