

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	1-Admin. & Billing Manual	13	Updated policy for ORP provider enrollment requirements and claims billing requirements with ORP provider's NPI.
07-01-26	Procedure Codes	26	Added 10 codes to the list of Procedure Codes Requiring Prior Authorization by Prime Therapeutics.
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.
03-01-26	Procedure Codes	18-21	Added six codes to the list of Procedure Codes Requiring Prior Authorization by Prime Therapeutics.
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
01-01-26	Procedure Codes	24	Removed two discontinued codes from the Procedure Codes Requiring Prior Authorization by QIO: Q5109 and Q4100
01-01-26	Procedure Codes	17	Removed one discontinued code from the Procedure Codes Requiring Prior Authorization by Prime Therapeutics: J1572
12-01-25	Cover Page		Updated cover page date
12-01-25	Section 3: Covered Services and Definitions	18	Updated new patient policy language for clarity.

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12-01-25	Section 3: Covered Services and Definitions	41-42	Added 340B Program policy language. *This policy has been redacted and will be reinstated on April 1st, 2026 in accordance with Medicaid Bulletin #26-004.
12-01-25	Section 3: Covered Services and Definitions	41-42	Updated the header to Physician Administered Drugs/Injections.
12-01-25	Section 3: Covered Services and Definitions	43-44	Updated Xolair policy language for clarity and to match updated FDA indications.
12-01-25	Section 3: Covered Services and Definitions	84-88	Updated Postpartum Care and Uncomplicated (Routine) Deliveries policy language for the clarification of the comprehensive postpartum exam and postpartum period.
12-01-25	Section 3: Covered Services and Definitions	96-97	Added CoCM and PTE under Psychiatric and Counseling Services
12-01-25	Section 3: Covered Services and Definitions	102	Moved Psychological testing policy under new Psychological Test and Evaluation Services (PTE) policy. Added a covered psychiatric and psychotherapy services header.
12-01-25	Section 3: Covered Services and Definitions	107-108	Table. Medicaid Collaborative Care Model (CoCM) Codes, Description, and Frequency updated for policy clarity.
12-01-25	Section 3: Covered	102-110	Added Psychiatric Physician Assistants as eligible to bill for Interactive Complexity, Medical Evaluation and Management Services,

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Date	Section	Page(s)	Change
	Services and Definitions		Psychotherapy for Crisis, Group Psychotherapy, Family Psychotherapy, Psychotherapy with Medical Evaluation and Management Services, Psychological Test and Evaluation Services (PTE), Environmental Intervention for Medical Management, and Psychiatric Diagnostic Evaluation.
12-01-25	Section 3: Covered Services and Definitions	130-132, 60	Updated all references to the disease TB to Tuberculosis to avoid confusion with the modifier TB, which is not associated with the disease.
12-01-25	Section 3: Covered Services and Definitions	132	Updated the Pharmacotherapy policy to include updated 340B policy language and remove references to the dispensing fee.
12-01-25	Section 5: Reporting/ Documentation	225, 208	Removed references to the Managed Care Supplement.
12-01-25	Section 6: Billing Guidance	272	Updated the DPH guidance link under the Newborn Metabolic Screening.
12-01-25	Section 6: Billing Guidance and Section 3: Covered Services and Definitions	288, 217, 125	Updated transplant policy language for clarity.
11-15-25	Procedure Codes	20	Added 18 new codes to the Procedure Codes requiring Prior Authorization by Prime Therapeutics. Removed J9198 (Infugem) from Procedure Codes requiring Prior Authorization by Prime Therapeutics because it was discontinued by the manufacturer.
11-01-25	Appendix 1		For Edit Code 636: Co-payments are no longer subject to cost-sharing. It reads as follows:

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			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
09-01-25	Cover Page		Updated the cover page
09-01-25	Section 3: Covered Services and Definitions	26	Updated the Family Planning USPSTF recommendations chart to match current USPSTF Diabetes Screening recommendations
09-01-25	Section 3: Covered Services and Definitions	76	Updated Prolonged Services language for clarity
09-01-25	Section 3: Covered Services and Definitions	167-168	Added a prior authorization requirement for Spinal Muscular Atrophy procedure codes 81329, 81336, and 81337

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Date	Section	Page(s)	Change
09-01-25	Section 3: Covered Services and Definitions	54, 196- 197, 206	Routine newborn circumcisions are now available without prior approval, regardless of how many days old the newborn is.
08-01-25	Procedure Codes	26	Added 7 new codes to the Procedure Codes requiring Prior Authorization by Prime Therapeutics.
08-01-25	Procedure Codes	26	Added 7 new codes to the Procedure Codes requiring Prior Authorization by Prime Therapeutics.
07-01-25	Appendix 2		Updated Carrier Codes
07-01-25	Provider 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.
07-01-25	Cover Page		Updated cover page date
07-01-25	Section 3: Covered Services and Definitions	84, 86	Postpartum care policy language was updated for clarity purposes.
07-01-25	Section 3: Covered Services and Definitions	93	Transcervical Fibroid Ablation was added as a covered service.
07-01-25	Section 4: Utilization management	262	Removed outdated ICD 10 CM policy language

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Date	Section	Page(s)	Change
07-01-25	Section 3 and Section 4	89, 264, 265	SB modifier policy language was removed
07-01-25	Section 3 and Section 4	76, 272	Prolonged services policy was updated for clarity purposes.
05-15-25	Procedure Codes	43	Added 10 new codes to the Procedure Codes requiring Prior Authorization by Prime Therapeutics.
05-01-25	Appendix 1		Update to Edit Codes 721, 722 and 989.
05-01-25	Appendix 2		Updated Carrier Codes that were effective 04-01-25.
04-01-25	Procedure Codes	20	Removed J1300 from Procedure Codes Requiring Prior Authorization by Prime Therapeutics.
03-01-25	Procedure Codes	24	Added J9026 to Procedure Codes Requiring Prior Authorization by Prime Therapeutics according to the bulletin and PAD PA expansion list effective 03/01/25
03-01-25	Cover Page		Updated cover page date
03-01-25	Section 2: Eligible Providers	12	Updated Pediatric Sub-Specialty language to match exact State Plan language.
03-01-25	Section 3: Covered Services and Definitions	17	Updated Primary Care Services language about which providers qualify for the enhanced rate.
03-01-25	Section 3: Covered Services and Definitions	152-178	Updated table formatting.
01-28-25	Appendix 2		Updated Carrier Codes that were effective 01-01-25.

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Date	Section	Page(s)	Change
01-01-25	Cover Page		Updated cover page date
01-01-25	Section 3: Covered Services and Definitions	32-37	Added additional telehealth criteria and expanded existing telehealth policy to a telehealth overview policy that includes definitions, eligible providers, places of service, and telehealth criteria.
01-01-25	Section 6: Billing Guidance	199	Added additional language and codes that do not require the GT modifier to the Professional Services section of Telehealth Reimbursement.
01-01-25	Procedure Codes	13-21	Added 7 additional codes and removed 4 deleted codes from CMS from the Procedure Codes Requiring Prior Authorization by Prime Therapeutics table.
01-01-25	Procedure Codes	61	Updated Telehealth Codes: Removed deleted codes from CMS, removed codes no longer covered when delivered via telehealth with current policy, added new telehealth codes active January 1 st , 2025.
12-01-24	Cover Page	Cover Page	Updated the date to November 1 st , 2024
12-01-24	Procedure Codes	15	Updated procedure codes that require PA from QIO
12-01-24	Procedure Codes	26	Updated Transplant codes that require PA
12-01-24	Section 3: Covered Services and Definitions	25-26	Updated lung cancer screening age criteria to follow updated USPSTF recommendations.
12-01-24	Section 3: Covered Services and Definitions	37	Updated telehealth policy to clarify that interprofessional consultations are exempt from the telehealth requirement of the encounter being face-to-face with the patient.

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Date	Section	Page(s)	Change
12-01-24	Section 3: Covered Services and Definitions	58	Updated outdated language about E /M visits for HIV Positive Patients to clarify that modifier P1 is required when billing for these visits.
12-01-24	Section 3: Covered Services and Definitions	75	Moved Non-Invasive Prenatal Screening policy under the Genetic, Molecular, and Biomarker Testing section
12-01-24	Section 3: Covered Services and Definitions	76, 143	Replaced the reference of “Genetic Studies” with “Genetic, Molecular, and Biomarker Testing”.
12-01-24	Section 3: Covered Services and Definitions	124	Moved Oncotype DX Breast Cancer Assay policy under the Genetic, Molecular, and Biomarker Testing section
12-01-24	Section 3: Covered Services and Definitions	143-167	Updated the Genetic Studies section with the Genetic, Molecular, and Biomarker Testing section. Added additional genetic, molecular, and biomarker testing policy language for WES, WGS, EpiSign Complete and several hereditary conditions. Updated clinical criteria and frequency for post-transplant gene expression testing to align with evidence-based clinical protocols and standards of care.
12-01-24	Section 3: Covered Services and Definitions	224	Removed redundant policy language for Breast Cancer Susceptibility Gene 1 and 2 (BRCA)
10-01-24	Cover Page	Cover Page	Updated the date to October 1 st , 2024
10-01-24	Section 3: Covered Services and Definitions	97-102	Added policy language on new covered service, the Collaborative Care Model

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Date	Section	Page(s)	Change
10-01-24	Section 3: Covered Services and Definition	17	Removed the temporary policy related to COVID-19 treatment.
10-1-24	Procedure Codes	20	Magellan name change to Prime Therapeutics.
10-01-24	Procedure Codes	20	Removed deleted code J9258 from the Procedure Codes Requiring Prior Authorization By Magellan RX
09-01-24	All Manual Sections	Various	Removed all policy and billing guidance related to FQHC and RHC. All references to FQHC/RHC have been moved to the new FQHC and RHC manuals respectively.
09-01-24	Procedure Codes	61-64	Removed FQHC and RHC wrap payment tables
09-01-24	All Sections	Various	Replaced all references to DHEC with DPH and DES. Updated DPH and DES links respective of their websites
08-20-24	6 Billing Guidance	244-246	Added policy on billing modifiers AD, QK and QY based on the medical direction/supervision of anesthesia services.
08-20-24	2 Eligible Providers	11	Clarified billing of modifier G9 as primary modifier when billed for anesthesia services by pediatric subspecialty.
08-01-24	Procedure Codes	63	Updated electrocardiography section of the RHC wrap payment table.
08-01-24	Procedure Codes	61	Updated electrocardiography section of the FQHC wrap payment table.
08-01-24	Procedure Codes	20	Updated Codes Requiring Prior Authorization by Magellan

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Date	Section	Page(s)	Change
08-01-24	Procedure Codes	13	Updated CPT Codes Requiring Documentation for SCDHHS.
08-01-24	Procedure Codes	22	Updated CPT Codes Requiring Prior Authorization by QIO
07-01-24	Appendix 1	34, 80	Removed edit codes 636 and 977
07-01-24	TPL Supplement	4	Removed references 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.
07-01-24	4	34	Clarified policy the interprofessional consultations are exempt from the telehealth

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Date	Section	Page(s)	Change
	Covered Services		requirement of patient being present during the encounter.
07-01-24	4 Covered Services	24, 25, 41	Updated mammography frequency and age limitations to align with USPSTF recommendations.
07-01-24	4 Covered Services	54	Added policy regarding expanded coverage of continuous glucose monitoring (CGM) devices.
07-01-24	4 Covered Services	71	Added policy for syphilis screening guidelines
07-01-24	6 Billing Guidance	15, 202	Updated policy for fee-for Time arrangements, updated locum tenens term with “fee-for-time arrangement”
07-01-24	6 Billing Guidance	206	Removed language about edit 977 in relation to ambulatory care visit limits.
07-01-24	Various	72, 169, 231	Removed PA criteria for non-invasive prenatal screening (NIPS), moved test criteria from billing section to covered services section
07-01-24	Various	Various	Removed references to ambulatory care visit (ACV) limits throughout the manual. ACV included all physician office examinations, rural health clinic encounters and initial psychiatric visits.
07-01-24	Various	Various	Removed references to Medicaid copayment, cost sharing throughout the manual.
07-01-24	Copayment Schedule	All	Removed Copayment Schedule attachment
07-01-24	Various	Various	Corrected grammatical errors throughout the manual to reflect the policy is a requirement

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Date	Section	Page(s)	Change
05-01-24	Procedure Codes	18	Updated J-codes that require PA by Magellan.
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
04-01-24	3	35	Updated requirement of patient being present during the telehealth encounter, added language about exceptions to this requirement.
04-01-24	3	110	Added policy for coverage of mild obstructive sleep apnea (OSA) with FDA approved device eXiteOSA
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.
3-1-24	Forms		Added New Form: Pharmacogenetic Testing Prior Authorization Request Form.
3-1-24	3	115	Added policy language regarding Oncotype DX Breast Cancer Assay
3-1-24	3	137	Added policy language regarding Neuropharmagen Genomic Testing
3-1-24	Procedure Codes	21	Added CPT 81418 to Procedure Codes Requiring Prior Authorization by QIO
2-1-24	Appendix 2		Update Carrier Codes (Effective 1-1-24)
2-1-24	Cover Page		Published Cover Page
2-1-24	3	56,57	Updated phone numbers for the DHHS Regional offices and Community Long Term Care (CLTC)

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Date	Section	Page(s)	Change
			Area Offices. Also added Areas 13,14 and 17 to the list.
2-1-24	4	176	Updated language regarding QIO no longer issuing Prior authorization for transplant services for members enrolled in a MCO.
2-1-24	5	250	Updated language regarding reimbursement for transplant services. SCDHHS will only reimburse for transplant services of members in the FFS program. Transplant and related services for members in the MCO will be the MCOs responsibility.
2-1-24	Procedure Codes		Updated J-codes that require PA by Magellan. Effective 2/1/24
2-1-24	Procedure Codes		Correction: removed fluoride varnish from the encounter codes on the FQHC wrap table.
1-1-24	Cover Page		Published Cover Page
1-1-24	Procedure Codes	62	Updated Nutritional Counseling Codes and removed outdated ICD-10 diagnosis codes no longer utilized by Agency.
1-1-24	Procedure Codes	32	Included drug metabolism genomic sequence analysis panel (NAAT) to Family planning table.
1-1-24	Procedure Codes	23-24	Removed outdated codes from PT,OT,SP codes requiring PA table.
1-1-24	Procedure Codes	18	Updated J-codes that require PA by Magellan.
1-1-24	6	217 261 264 226	• Included Billing guidance for FFS Nutritional Counseling services. • Included Billing guidance for FQHC Nutritional Counseling services. • Included Billing guidance for RHC Nutritional Counseling services.

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Date	Section	Page(s)	Change
		262 264	- Removed language on FFS children's nutritional counseling program. - Removed language on FQHC children's nutritional counseling program. Removed language on RHC children's nutritional counseling program.
1-1-24	5	197	Removed outdated language on clinical record retention, current policy is listed in Administrative and Billing manual.
1-1-24	4	185 188	Removed outdated language on procedure codes 99385-99387 & 99395-99397. Agency has transitioned to ICD-10 and no longer uses ICD-9
1-1-24	4	171	Updated language on billing and benefit limitation guidelines to align with the Rehabilitative Therapy and Audiological Services manual.
01/01/24	3	117 160	Updated language on billing and benefit limitation guidelines to match the Rehabilitative Therapy and Audiological Services manual.
01/01/24	3	104-105	Included coverage for Cochlear Implant services
01/01/24	3	84	Included coverage for Interprofessional consultation services
01/01/24	3	56	Updated outdated language to be inclusive of all Pediatric Aids clinics enrolled with Medicaid.
01/01/24	3	53	Removed outdated resources and contact information: AAP guidelines for health supervision
01/01/24	3	47	Removed outdated language on Synagis – information is referred in ACIP recommendations
01/01/24	3	42-45 145-148	Updated policy for FFS nutritional counseling, and obesity program to be inclusive of children and adults.

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Date	Section	Page(s)	Change
		153-156	Updated policy for FQHC nutritional counseling and Obesity program to be inclusive of children and adults. Updated policy for RHC nutritional counseling and obesity program to be inclusive of children and adults.
01/01/24	3	35	Updated language on Telehealth services. Removed information about sharing of the encounter video since the telehealth encounter does not get recorded and any sharing of patient's health information is covered under HIPAA
01/01/24	2	10	Eligible Providers: Removed reference to the effective for the pediatric anesthesia services since that was several years ago.
10-17-23	Appendix 2		Updated Carrier Codes
10-01-23	Cover Page		Published Cover Page
10-01-23	4	194	Updated Synagis criteria to reference ACIP recommendations and AAP clinical guidelines
10-01-23	Manual & Procedure Codes		Removed all references to KEPRO and replaced with QIO throughout the manual attachment and the Procedure Codes attachment
10-01-23	Procedure Codes	65-68	Updated the FQHC and RHC wrap payment methodology table: removed vaccination administration codes no longer authorized by FDA retro effective as of 4/18/23 and 6/1/23
10-01-23	Procedure Codes	70	Included table for Pharmacist allowed services.

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Date	Section	Page(s)	Change
10-01-23	Procedure Codes	17 - 18	Updated J-codes that require PA by ICORE.
10-01-23	3	32-36	Updated telehealth language to include more clear and concise language on current policy.
10-01-23	2	6 147 158	Included pharmacist as eligible provider type and services they are allowed to perform
10-01-23	3	44	Included language on pharmacist allowed services
10-01-23	6	218	Billing Guidance: Included billing information for pharmacist services
10-01-23	3	19 146 157	Covered Services: Updated language on Preventive services and Immunizations to align with CMS guidelines. Added language regarding cost-sharing.
10-01-23	3	48	Covered Services: Removed list of Vaccinations and added link to Advisory Committee on Immunization (ACIP) recommendations.
10-01-23	3	164	Removed outdated language on preventive services
10-01-23	6	219	Added language on administrative fee, if vaccine is delivered in pharmacy
10-01-23	3	97- 98	Covered services: Updated ophthalmology and optometry services to include school as provider type to be billed by mobile optometry units
10-01-23	6	231 & 234	Billing: Included billing language on pregnancy visits, clarified the appropriate E/M codes to bill, and that there are no visit limits, as well as co-pays are currently suspended for all E/M codes

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Date	Section	Page(s)	Change
10-01-23	6	234	Billing: Updated language to align with SCDHEC regulation for specimen submission and invoicing for Newborn metabolic screening
07-01-23	Appendix 2		Updated Carrier Codes
07-01-23			Published Cover page
07-01-23	Procedure Codes	15 22 26 & 28 62 & 64	- Updated the procedures that require PA from ICORE. - Removed the kidney transplant procedure codes 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50380, 50547 from table of transplant services that require PA from KEPRO - Added procedure 90651- HPV 9 valent vaccine and procedure 81528- Mt-sDNA test to the Family Planning benefit services. Updated FQHC and RHC wrap payment methodology tables. Added omitted procedure codes 99188 and 0074A on the FQHC and 0074A on the RHC tables respectively.
07-01-23	3	16	Covered services, Ambulatory care visits (ACV) guidelines- added clarification that any references to the ACV limits throughout the manual are being waived for 1 year after the expiration of the PHE.
07-01-23	3	24-25	Covered services for family Planning benefit- added Mt-sDNA test (Cologuard) as a covered service for FP benefit. Updated screening table and added age limitations and criteria.
07-01-23	3	28-29	Covered Services for Family Planning benefit- added immunization, specifically HPV 9 valent vaccine as a covered service for Family Planning

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Date	Section	Page(s)	Change
			benefit members, including criteria and age limitations.
07-01-23	3	40-41	Covered Services- updated the cancer screening services table, clarifying that each procedure requires referral from the qualified provider. Added Mt-sDNA test (Cologuard) as a covered service
07-01-23	3	46-47	Covered services- Added HPV 9 valent vaccine on the list of the immunization for adults. Added link to CDC and ACIP vaccination recommendations.
07-01-23	3	69-70	Inpatient Only- updated the link for inpatient only procedures
07-01-23	3	73	Covered services- added the professional services for the pediatric inpatient rehabilitation services as covered services
07-01-23	3	128-129	Covered services- clarified policy for type of transplant services covered under the Medicaid program.
07-01-23	3	162	Non-Covered services-EPSDT- added language that services related to clinical trials are exception to the EPSDT non covered experimental or investigative treatments.
07-01-23	4	180-182	Utilization Management- Updated the prior authorization information for transplant and transplant related services. Clarified periods/services included in the PA. Removed PA criteria for kidney transplants.
07-01-23	6	249-250	Surgical guidelines for specific systems- Clarified billing and reimbursement policy about Transplants and transplant related services for FFS and MCO programs.

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Date	Section	Page(s)	Change
07-01-23	6	252	Anesthesia services-corrected typo- removed the word “not” for the policy to read: “CRNAs working under medical direction of a surgeon will be reimbursed 90% of the anesthesiologist reimbursement rate”.
05-11-23	Procedure Codes	5 12,13 15 17 18 18 20 22 23 25-40 46	- Removed reference to date for ICD-10 codes. - Removed any reference to Procedure Codes Requiring Supporting Documentation 2015 update. - Removed invalid codes. - Removed reference to J-code drug pricing bulletin from 2013. - Updated outdated codes. - Removed invalid codes, updated outdated codes. - Removed invalid codes. - Updated code & description. - Added transplant codes to list requiring prior authorization by KEPRO. - Removed reference to 2016 update for ICD-10 Family Planning codes. - Removed any reference to 2015 update for ICD-10 Family Planning codes. - Updated Family Planning table codes, code descriptions and comments.

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Date	Section	Page(s)	Change
		48	Updated codes and units in Anesthesia table.
		62,65	Updated codes and description in vision table.
		68	Removed any reference to 2017 and 2018 ICD-10 updates to nutritional counseling codes. Added updated FQHC Wrap payment methodology sheet. Added list of covered telehealth codes.
05-11-23	Multiple	Multiple	Replaced “telemedicine” with “telehealth”
	3	17	Added section detailing coverage of COVID-19 Treatment.
	3	17	Added language explaining ambulatory care visit limit is waived for one year after the expiration of the PHE to ensure coverage mandates for COVID-19 Treatment are met.
	3	27	
	3	28	Added telehealth definition.
	3	28	Added language detailing transition to telehealth terminology.
	3	28	Added “FQHC” and “RHC” providers are eligible to serve as consulting site providers for telehealth services.

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Date	Section	Page(s)	Change
	3	28	Removed requirement for telehealth providers to be physically located within the SCMSA.
	3	29	Added LIP provider type as qualified practitioner referring site.
	3	29	Added patient home as a covered referring site.
	3	29	Added LIP's (and associates) and physical, Occupational and Speech Therapy providers as consulting site providers.
	3	31	Added PA, licensed psychologist, licensed professional counselor, licensed professional social worker and licensed marriage and family counselors as providers of telepsychiatry services.
	3	31	Removed "certified or licensed" and replaced with "trained" health care professional to assist with presenting at patient site.
	3	31	Removed incomplete bulleted list of telehealth services.
	3	49	Added clarification that referring site presenter not necessary when visit originating from patient home.
	6	227	Added routine newborn circumcision is covered service.

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Date	Section	Page(s)	Change
05-01-23	Forms		Updated the Consent for Sterilization (DHHS Form 687) to the latest version.
02-01-23	6	265	Wrap Around Payment Methodology was updated to reflect the changes from 7-1-22.
01-01-23	Appendix 2		Updated Carrier Codes
10-10-22	Forms		Updated Referral for Out of State Services (OSS) form.
10-01-22	3	64	Added Inpatient Only Procedures Policy
10-01-22	Appendix 2		Updated Carrier Codes
09-15-22	2	9	Removed oral health training requirement and criteria.
09-15-22	3	43	Added Pneumococcal valent 15 & 20 under Immunization for Adults.
09-15-22	3	83	Follow-Up Inpatient Consultation was removed.
09-15-22	3	152	Corrected typo for the fluoride varnish application policy to reflect the correct beneficiary ages.
09-15-22	6	232	Updated language in Multiple Births section to include the correct modifiers.
09-15-22	6	234	Added that Initial OB Exam may be billed with new patient visit codes once per pregnancy.
08-01-22	Appendix 2		Updated Carrier Codes
07-01-22	3	81	Added language concerning the HHS-687, Consent for Sterilization Form
07-01-22	3	84	Removal of Pregnancy Determination section. Changes to Healthy Mothers/Healthy Future Obstetrical Program paragraph.

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Date	Section	Page(s)	Change
07-01-22	3	130	Removal of reference to codes under Cytopathology and Surgical Pathology as codes are listed in a separate section of the manual.
05-26-22	3	158	Added language to clarify non-coverage of Gender Transition.
05-26-22	3	16	Clarification on Family Planning (FP) definition was made.
05-01-22	3	16	Updated policy to read: “A well and sick visit “may” be billed.” Replaced “cannot” with “may” and deleted the last sentence.
05-01-22	Forms		Updated Transplant Prior Authorization Request Form
05-01-22	Appendix 2		Updated Carrier Codes
04-01-22	3	138	Removed “and the service is provided by an osteopath or Doctor of Medicine. Added “licensed provider” after physician in Routine Foot Care section.
04-01-22	3	148	Removed “mid-level” for NP’s, under Rural Health Clinics.
04-01-22	6	231	Removed section on Antepartum visits with additional services as information is no longer valid.
03-01-22	Program Overview	1	Added “Certified Nurse Midwives and Nurse Practitioners” to the list of providers that can bill Medicaid.
03-01-22	Certified Nurse Midwives	2	Deleted the old CNM definition and added the new CNM definition.
03-01-22	Nurse Practitioner	2	Added definition for Nurse Practitioner
03-01-22	Primary Care Services	13	Added “CNMs and NPs.”

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-22	Screenings	21	Changed chart from “Physician only”, to Physician/provider/qualified practitioner.
03-01-22	Referring Sites	29	Changed “office of a physician” to “office of a qualified practitioner defined as a physician, NP, CNM or PA.”
03-01-22	Cancer Screening Services	38	Changed “physician” to “qualified licensed provider.”
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	6	230-231	Deleted the section “Obstetrics & Gynecology-Initial OB Exam.” This information is already mentioned on page 69 of the manual.
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
08-01-21	1	19,21	Added Prostate Cancer Screening codes to the Family Planning CPT/HCPCS chart.
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.
07-01-21	6	266	Update to the Wrap Payment Methodology
07-01-21	3	157,163	Re-introduced Routine Newborn Circumcision as a covered service.
05-01-21	2,3	3,52	The percentages for CRNA's were changed from 87% to 90%.
04-20-21	Appendix 2		Updated Carrier Codes
04-20-01	Sections 2, 6	3,252	Changed percentage from 87% to 90%
02-01-21	4	173-176	Added updates to "Transplant "sections.
01-21-21	Appendix 2		Updated Carrier Code
11-1-20	Appendix 2		Updated Carrier Codes
10-15-20		5	Updated policy language in the Provider Administrative and Billing Manual regarding "Claims for Medicaid Reimbursement."
9-18-20			Updated the TPL supplement document
9-18-20		25	Provider Administrative & Billing Manual. Updated the "Disclosure of Information by Provider"
09-01-20	7	266	CPT codes added under Behavioral Health Encounter
07-15-20	Appendix 1		Added new edits 291 and 791.

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-20	5	192	Updated the language involving the documentation requirements for telemedicine services.
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.
02-01-20	Forms		Added SCDHHS Prior Authorization form for Fetal DNA Blood Test
02-01-20	3	72	Added Policy on Non-Invasive Prenatal Screening (NIPS)
12-16-19	3		Reintroduced the Podiatry benefit to Adult Medicaid beneficiaries
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	Forms		The current OOS form was replaced with a new version.
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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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
07-01-09	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
07-01-19	2	114-116, 171, 201, 242-243	Added Breast Cancer Susceptibility Gene (BRCA) Policy
07-01-19	2	228	Added Same day sick/well visits
05-01-19	Forms	-	Replaced Consent for Sterilization form with 04/30/2022 version
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Forms	-	Replaced Consent for Sterilization form with April 2019 version
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
04-01-19	Webpage	-	Updated Surgical Package Codes
03-01-19	2	75 77	Updated Services Covered under EPSDT Updated Enrollment Prerequisites
03-01-19	4	39	Updated Family Planning CPT/HCPCS Services to add procedure code 87140
03-01-19	Forms	-	Replaced Consent for Sterilization form with March 2019 version
03-01-19	Appendix 2	-	Updated carrier codes
02-01-19	2	85	Updated “Buy and Bill” Prior Authorization Request
02-01-19	4	23-24	Updated J-Codes Requiring Prior Authorization

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-19	Forms		Replaced Consent for Sterilization form with new version (#0937-0166 Expiration 02/28/19
01-15-19	Change Control Record	1	Changed the date for Sections 2, 4 and Web Page from 01-09-19 to 01-10-19
01-10-19	2	13 20 36 40 62 63 64 69 85 161-162 163 165 166 176-177 179 186-189 203 204 251-253 299	Updated the following subsections: • After Hour Services • Supplies • Covered Services, Telemedicine • Non-Covered Services, Unusual Travel • Newborns Stabilized for Transport • Neonatal Intensive Care Codes • Additional Services, Neonatology • FFS Children's Nutritional Counseling Program • "Buy and Bill" Prior Authorization Request • Psychological Testing • Psychotherapy with Medical Evaluation and Management Services • Psychotherapy for Crisis • Non-Covered Psychiatric Services • Covered Services, Part II - Diagnostic • Special Ophthalmology Services • Tuberculosis Policy (TB) • Covered Services, Chiropractic Services • Radiologic Examination • Lab Procedures • RHC Children's Nutritional Counseling Program
01-10-19	4	23 27-29 36-39, 45-47 57-58 72	Updated the following tables: • J-Codes Requiring Prior Authorization • CPT Codes (PT, OT, SP) Requiring Prior Authorization Review • Family Planning CPT/HCPCS Services • Procedure Codes for Vision Children's Nutritional Counseling HCPCS Codes
01-10-19	Web Page	-	Updated Surgical Package Codes

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-03-19	Forms	-	Replaced Consent for Sterilization form
12-01-18	2	58 275	- Updated Immunizations for Children - Updated Billing Requirements, FQHC Adult Nutritional Counseling Program
12-01-18	4	24	Updated J-Codes Requiring Prior Authorization
12-01-18	Appendix 2	- -	Updated carrier codes
11-01-18	2	112 185-187 237	- Updated Perinatal Care - Updated Tuberculosis Policy (TB) - Updated Pathology and Laboratory Services
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	4	1 71-72 77	- Updated Assistant Surgeon Codes to remove codes to the Physicians Manual webpage - Updated Adult Nutritional Counseling ICD-10-CM Diagnosis Codes - Updated FQHC Wrap Payment Methodology
10-01-18	6	9-57	Updated ICD-10-CM Diagnosis Codes
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
10-01-18	Webpage	-	- Added Assistant Surgeon Codes - Updated ICD-10-PCS Surgical Codes and CPT Codes for October 1, 2018
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	4	11 79	- Updated ICD-10-PCS Surgical Codes and CPT Codes Requiring Supporting Documentation, October 2017 Update - Updated Adult Nutritional Counseling ICD-10-CM Diagnosis Codes

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	2	78 105-106 112 284 312	- Updated the following sections: - Reimbursement for EPSDT Services - Best Practice Guidelines for Perinatal Care (Replaces High Risk Channeling Project – HRCF) Best Practice 17 Alpha Hydroxyprogesterone Caproate (Makena™ and 17P) - Special Clinic Services for FQHCs - Special Clinic Services for RHCs
07-01-18	3	39-40 40	- Updated Retro Health Insurance - Updated Retro Medicare
07-01-18	4	83	Added RHC Wrap Payment Methodology
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
06-01-18	2	36	Updated Covered Services
05-01-18	2	61 220 23, 29 71-82 143 265	- Removed ICD-9 codes from the following sections and referred providers to the Physicians Services Provider Manual webpage: - Cancer Screening - Hospital Acquired Conditions (HACs) - Updated the following sections: - Convenient Care Clinics - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) - Department of Health and Environmental Control

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		266 277 299	- o Excision of Nail - o Routine Foot Care - o Psychiatry and Counseling Encounter – T1015 (With HE Modifier), FQHC Encounter and Ancillary Service Coding - o Psychiatry and Counseling Encounter – T1015 (With HE Modifier), RHC Encounter and Ancillary Service Coding
05-01-18	4	11, 33, 43, 65, 83, 88	Removed ICD-9 codes and referred providers to the Physicians Services Provider Manual webpage
05-01-18	6	8	o Removed ICD-9-CM diagnosis codes and referred providers to the Physicians Services Provider Manual webpage
05-01-18	Forms	-	• Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
05-01-18	Webpage	-	• Added ICD-9 codes
04-01-18	2	4 63-68 78-80 247	• Added Dietitian section • Updated the following sections: - o FFS Adult Nutritional Counseling Program - o FFS Children’s Nutritional Counseling Program • Evaluation and Management (E/M) Visits
04-01-18	4	1-8 52 83 84-85 86-87 88 88	Updated the following sections: • Assistant Surgeon Codes • Family Planning CPT/HCPCS Services • Adult Nutritional Counseling ICD-9-CM Diagnosis Codes • Adult Nutritional Counseling ICD-10-CM Diagnosis Codes • Adult Nutritional Counseling HCPCS Codes • Children’s Nutritional Counseling ICD-9-CM Diagnosis Code • Children’s Nutritional Counseling ICD-10-CM Diagnosis Code

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		88-89	Children's Nutritional Counseling HCPCS Codes
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	2	35, 137 45 47 122-123 197 291 324 326-327	Updated the following sections: - Biennial Physical Examination - Referring Sites, Telemedicine - Reimbursement for Professional Services 17 Alpha Hydroxyprogesterone Caproate (Makena™ and 17P) - Tuberculosis Policy (TB) - Biennial Physical Encounter - Special Clinic Services, Non-Covered Services Pediatric Anesthesia Services
01-01-18	4	1-8 28 37 38-41 42 48-49, 56, 61 69-77	Updated the following tables: - Assistant Surgeon Codes - CPT Codes Requiring Supporting Documentation for KEPRO - CPT Codes Requiring Prior Authorization Review - CPT Codes (PT, OT, SP) Requiring Prior Authorization Review - Transplant Codes Requiring Prior Authorization by KEPRO - Family Planning CPT/HCPCS Services Procedure Codes for Anesthesia
01-01-18	5	1	Updated Correspondence and Inquiries
01-01-18	Webpage	-	Updated Surgical Package Codes
12-01-17	4	62	Updated Family Planning CPT/HCPCS Services
12-01-17	Forms	-	Updated Claim Reconsideration Form

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-17	2	68-69 70-72 295 297	- Added Immunization section - Updated Pediatrics And Neonatology - Deleted FQHC Specials Services heading Updated Special Services
11-01-17	4	47 89	Updated Family Planning CPT/HCPCS Services Add Wrap Payment Methodology
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	4	11-18 82-85 Webpage	- Updated Procedure Codes Requiring Supporting Documentation - ICD-10-PCS Surgical Code and CPT Codes - Updated Adult Nutritional Counseling ICD-10-CM Diagnosis Codes - Updated ICD-10 Antepartum Visits and ICD-10-PCS Surgical Codes and CPT 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
08-01-17	Forms	-	- Updated the Table of Contents revision date for DHHS Pediatric Sub-Specialists Certification - Updated Surgical Justification Review for Hysterectomy Updated Request for Prior Approval Review
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	6	-	Corrected formatting
07-17-17	Forms	-	Replaced DHHS Pediatric Sub-Specialists Certification Form
07-01-17	2	27,28 29	Updated the following Program Services sections: - Convenient Care Clinics - Required Services

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		31	• Immunizations
		32-38	◦ Reimbursement Policies
		38,39	◦ Immunizations
		39	◦ Pneumonia Vaccine
		39	◦ Influenza Vaccine
		39	◦ Monovalent Vaccine
		39	◦ Hepatitis Vaccine
		39,40	◦ Meningococcal Vaccine
		50,51	◦ Rabies Vaccine and Immune Globulin
		51	
		52-54	• Long Acting Reversible Contraceptives (LARCs)
		54	
		55	• Covered Medication
		85	• Tobacco Cessation
		85	• Tobacco Cessation for Pregnant Women
			• South Carolina Tobacco Quitline
		86	• Immunizations For Children
			• Respiratory Syncytial Virus Immune Globulin (Synagis®)
		103,104,	• Adult Immunizations
		106	• Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
		108	◦ Required Services
		110	
		113-116	◦ Immunizations
		117	◦ Reimbursement Policies
		129	◦ Resources
		131	• Tamper Resistant Prescription Pads
		132	◦ Prior Authorization
		168,169	• Tobacco Cessation
			• Tobacco Cessation for Pregnant Women
		175	• South Carolina Tobacco Quitline
		175	• Long Acting Reversible Contraceptives (LARCs)
		176	
		177-180	• Sterilization
		317	◦ Non-Covered Services
		317	◦ Family Planning
		330	◦ Covered Services
		331	◦ Family Planning Visits
		338	• Immunizations
		339	• Influenza Vaccine

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		339 354,355	- Covered Contraceptive Supplies and Services - Special Clinic Services - Synagis Vaccine - Pneumococcal Vaccine - Influenza Vaccine - Long Acting Reversible Contraceptives (LARCs)
07-01-17	6	3	Added Coverage for Centering Pregnancy Group Prenatal Care language
06-01-17	2	11 152 162, 163 168 174	- Updated Primary Care Services section - Updated the Consent for Sterilization Form number reference in the following sections - Hysterectomies - Sterilization - Covered Service - Definitions (as stated in the Code of Federal Regulations; 42.CFR441.251)
06-01-17	3	11	Updated Modifiers
06-01-17	Forms	-	- Updated Claim Reconsideration Form - Updated DHHS Form 687, formerly DHHS Form 1723 (Consent for Sterilization)
06-01-17	Appendix 2	-	Updated carrier codes
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
04-01-17	4	1 61	- Updated Assistant Surgeon Codes - Updated Procedures for Anesthesia
04-01-17	Forms	-	Updated DHHS Pediatric Sub-Specialists Certification Form Updated BOI Universal Screening Tool
03-01-17	2	25, 26	Updated the following Program Services sections: - Convenient Care Clinics - Required Services

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		85 88 89 94-96 102 276	• Pediatrics and Neonatology ◦ Initial Comprehensive Assessments ◦ Additional Services ◦ Extracorporeal Membrane Oxygenation Support (ECMO) ◦ Billing Requirements ◦ Required Services - Pathology and Laboratory Services
03-01-17	Forms	-	◦ Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
02-01-17	2	14 30, 38 56 79 88 93 114 142 145 151 152 173 207 208,209, 212 217 218,223 231 262 266 272 282 349	Updated the following Program Services sections: • Ambulatory Care Visit Guidelines • Convenient Care Clinics ◦ Billing ◦ Immunizations ◦ Covered Services ◦ Immunization • Neonatology ◦ Additional Services • FFS Children's Nutritional Counseling Program • "Buy and Bill" Prior Authorization Request • 17 Alpha Hydroxyprogesterone Caproate (MakenaTM and 17P) • Emergency Deliveries • Pulse Oximetry Policy • Depo-Provera for Other than Contraceptive Purposes • Elective Sterilization • Part III Ocular Surgery • Use of Modifiers With Procedure Codes • Pulmonary Medicine • Tuberculosis Policy • Allergy and Immunotherapy • Radiologic Examination (X-ray) • Modifiers of Anesthesia Services • Postoperative Pain Management • Clinical Pathology Services • Lab Procedures

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Pediatric Anesthesia Services
02-01-17	3	9-12	Updated Claim Filing Options section
02-01-17	4	1-8 24-25 26, 29, 31, 35 48, 55 63, 64	Updated the following tables: - Assistant Surgeon Codes - Procedure Codes Requiring Prior Authorization By ICORE - Procedure Codes Requiring Prior Authorization By KEPRO - Procedure Codes for Family Planning - Procedure Codes For Anesthesia
01-01-17	2	25 39 44 56 71 81, 82 85 99 156 192 193 208 263 264 266 310	Updated the following Program Services sections: - Required Services - Meningococcal Vaccine - Biennial Physical Examination - Covered Services - Cancer Screening Services - Meningococcal Vaccine - Initial Comprehensive Assessments - Required Services - Biennial Physical Examination - Psychotherapy - Family Psychotherapy - Special Ophthalmological Services - Spine and Spinal Cord Puncture for Injection - Laboring Epidural - Postoperative Pain Management - Biennial Physical Examination
01-01-17	4	1-8 28 29 30 41, 53 65	Updated the following tables: - Assistant Surgeon Codes - CPT Codes Requiring Prior Authorization Review - Procedure Codes Requiring Prior Authorization by KEPRO - CPT Codes (PT, OT, SP) Requiring Prior Authorization Review - Family Planning CPT/HCPCS Services - Procedure Codes for Vision

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
12-01-16	3	9 12 21	- Updated Diagnostic Codes - Updated Place of Service Key - Updated CMS-1500 Instructions, field 24D
12-01-16	4	75, 76, 78	Updated Nutritional Counseling Codes
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	2	24-25 64 64 98-99	- Updated Convenient Care Clinics, Required Services - Updated Botox® (J0585, Injection, OnabotulinumtoxinA, 1 Unit), Dysport™ (J0586, 5 Units), Myobloc® (J0587, Injection RimabotulinumtoxinB, 100 Units), and Xeomin (J0587, Injection, IncobotulinumtoxinA, 1 Unit) - Updated Xolair® (Omalizumab) - Updated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Required Services
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
10-01-16	2	42-52,	Updated the following sections related to Family Planning: - Family Planning Services - Covered Services - Examinations/Visits - Biennial Physical Examination - Annual Family Planning Evaluation/Management Visits - Periodic Visits - Family Planning Counseling Visits - Referral Instructions - Covered Contraceptive Supplies and Services - Long Acting Reversible Contraceptives (LARCs)

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		155-163,	- o Covered Screenings and Testing - o Covered Medications • Family Planning Services - o Covered Services - o Examinations/Visits - o Biennial Physical Examination - o Annual Family Planning Evaluation/Management Visits - o Periodic Visits - o Family Planning Counseling Visits - o Referral Instructions - o Covered Contraceptive Supplies and Services - o Long Acting Reversible Contraceptives (LARCs) - o Covered Screenings and Testing - o Covered Medications - o Non-Covered Services
		169 295 309-315,	Radiology and Nuclear Medicine • Encounter and Ancillary Service Coding - o Family Planning - o Covered Services - o Encounters - o Biennial Physical Encounters - o Annual Family Planning Evaluation/Management Encounters - o Periodic Visits - o Family Planning Counseling Encounters - o FQHC Reporting Positive Screens - o Covered Medication - o Covered Contraceptive Supplies and Services - o Covered Screenings and Testing - o Non-Covered Services
		333-339,	• Family Planning - o Covered Services - o Examinations/Visits - o Biennial Physical Examination - o Annual Family Planning Evaluation/Management Visit Encounters

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		345	- o Periodic Revisit Encounter - o Family Planning Visits Encounter - o RHC Reporting Positive Screens - o Covered Contraceptive Supplies and Services - o Long Acting Reversible Contraceptives (LARCs) - o Covered Screenings and Testing - o Covered Medications • Non-Covered Services
10-01-16	3	11	• Updated Modifiers for Family Planning
10-01-16	4	35-56 36-37	• Updated Family Planning • Update Family Planning ICD-10-CM Diagnosis Codes
10-01-16	6	12-90	Updated ICD-10-CM Diagnosis Codes
09-01-16	2	56 123-214	• Updated Telemedicine, Covered Services Alcohol and Drug Testing Policy
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	2	25 55	• Updated Required Services - Lead Screening - o Updated Telemedicine Providers
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965
07-01-16	2	72 227	Updated the following sections to reflect Medicaid Bulletin dated June 9, 2016 – Coverage of Bariatric Surgery: • FFS Adult Nutritional Counseling Program

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		253 300 322	- Bariatric Surgery (formerly Gastric Bypass Surgery/Vertical-Banded Gastroplasty[(Gastric Stapling)]) - Gastric Bypass - FQHC Adult Nutritional Counseling Program - RHC Adult Nutritional Counseling Program
07-01-16	3	-	Updated generic language throughout the section
06-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	4	38-54 -	Updated Checkup and Family Planning CPT/HCPCS Services Updated KEPRO branding
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	113 38, 80, 300, 321 50-51, 161-162, 336-337 151 151 313 313-314 315-316 345	- Added South Carolina Reporting and Identification Prescription Tracking System (SCRIPTS) - Updated the following sections: - Pneumonia Vaccine - Long Acting Reversible Contraceptives (LARCs) - Levonorgestrel-Releasing Intrauterine System (Mirena®) Coverage - Etonogestrel Implant (Implanon®) Coverage - Covered Contraceptive Supplies and Services

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Special Clinic Services
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-15	2	123, 124	Updated Alcohol and Drug Testing Policy
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
01-01-16	2	38, 79 213-214	- Updated the following sections: - Immunizations - VFC Vaccine CPT codes Tuberculosis (TB) Policy, Subsequent Nursing Services
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
12-01-15	2	3 25, 26 99, 100, 104 322	- Updated the following the following sections: - Physician's Assistant - Convenient Care Clinics, Required Services - EPSDT Standards, Required Services

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Application of Fluoride Varnish
11-01-15	2	39, 80 152	- Updated the following sections: - Immunizations - VFC Vaccine CPT codes - Pessary
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	113-114 76 223	- Updated Pharmacy Services - Updated Billing Requirements Updated Dermatology
10-01-15	6	20-21	Revised BOI ICD-10 diagnosis codes
10-01-15	Appendix 1	1 1 All 4, 20, 23, 27, 43	- 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 - Replaced ICD-9 with ICD-CM throughout section - Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792
09-01-15	4	72 73, 75-76,	- Updated formatting throughout the section - Updated Adult Nutritional Counseling ICD-10-CM Diagnosis Codes Added Nutritional Counseling HCPCS codes
09-01-15	6	12-58	Updated BOI ICD-10 diagnosis codes
09-01-15	2	172-76, 92-94, 304-311, 326-334 All	Updated to reflect Medicaid Bulletin dated July 2, 2015 – Nutritional Counseling and Dietitian Enrollment

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Updated to reflect Medicaid Bulletin dated June 1, 2015—ICD-10 Clinical Modification/Procedure Coding System
09-01-15	3	4-5 8-9 18-19 27-28	- Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015—ICD-10 Clinical Modification/ Procedure Coding System: - Claims Filed via the Web Tool: Use of Emergency Indicator - Diagnostic Codes - 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	4	45-48 11-20, 28, 36-37,56- 58, 65-70	- Added Nutritional Counseling procedure codes to reflect Medicaid Bulletin dated July 2, 2015 – Nutritional Counseling and Dietitian Enrollment - Updated to reflect Medicaid Bulletin dated June 1, 2015—ICD-10 Clinical Modification/Procedure Coding System
09-01-15	6	7-57	Updated o reflect Medicaid Bulletin dated June 1, 2015—ICD-10 Clinical Modification/Procedure Coding System
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
08-01-15	2	72-76, 92-94, 304-311, 326-334	Updated to reflect Medicaid Bulletin dated July 2, 2015 – Nutritional Counseling and Dietitian Enrollment

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-15	4	45-48	Added Nutritional Counseling procedure codes to reflect Medicaid Bulletin dated July 2, 2015 – Nutritional Counseling and Dietitian Enrollment
07-01-15	2	29-30 95 305 307 312 327-328	Updated the following sections: - Convenient Care Clinics, Required Services - EPSDT Standards, Required Services - Preventive Services - Provider Enrollment – Medicaid - Application of Fluoride Varnish - Special Clinic Services
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
06-01-15	2	46-47 47-48 168-170 330 330 213	Updated the following sections: - Annual Family Planning Evaluation/Management Visits - Periodic Revisit - Family Planning Visits - The Pediatric Sub-Specialist Program - Pediatric Sub-Specialist Program Participation Requirements - Replace procedure code 96367 with 96368
	3	6-7	Updated Diagnostic Codes
	Forms		Updated DHHS Pediatric Sub-Specialist Certification Form
04-03-15	2	26 89 110	- Updated the following policies to reflect Medicaid Bulletin dated March 31, 2015: - Convenient Care Clinics, Required Services - EPSDT, Required Services - Deleted procedure code J9355
	4	15	Deleted procedure code J9355
03-13-15	3	15-16 25	Updated CMS-1500 Claim Form Completion Instructions Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-09-15	2	78	Updated Newborn Care Billing Notes
03-01-15	2	18 30 45-46 225 296 308 323	Updated the following policies: - Ambulatory Care Visit Guidelines - Required Services - Biennial Physical Examination - Chiropractic Services - Covered Services - Biennial Physical Encounter - Application of Fluoride Varnish - Special Clinic Services
03-01-15	4	28 38	- Added procedure code 45378 - Updated procedure code 88305
03-01-15	Appendix 2		Updated carrier codes
02-01-15	2	4 307 322	- Updated the following policies: - Certified Registered Nurse Anesthetist (CRNA) - Application of Fluoride Varnish - Special Clinic Services
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	2	256 304	- Updated Modifiers of Anesthesia Services - Added Provider Enrollment - Medicaid
12-01-14	3	3-4 29-30	- Updated Copayment policy - 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	2	74-75 110 206-211 211-217 44-45 301 204-206	- Added the following policies: - Tetanus, Diptheria, and Pertussis (Tdap) Vaccine - Special Billing Instructions for J1442/J9035 - Tuberculosis (TB) - Allergy and Immunotherapy - Updated the following sections: - Biennial Physical Examination - Special Clinic Services Deleted Allergen and Clinical Immunology
11-01-14	Forms		Revised DHHS Pediatric Sub-Specialist Certification form
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
09-11-14	2	298-299	Removed procedures codes and modifiers from FQHC USPSTF Grade A & B Recommendations table
09-01-14	2	106	Replaced J3592 with J9354
09-01-14	4	16	Replaced J3592 with J9354
08-14-14	2	43-51 151, 285, 299 275	- Added Checkup policy for Convenient Care Clinics - Corrected procedure code for Lung Cancer Screening of Smokers - Updated Radiology and Nuclear Medicine
08-06-14	2	143	Corrected procedure code for Lung Cancer Screening of Smokers

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	2	140-154, 275-281, 289-301	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	3	8	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	4	27-45	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	104 104 124 126 138-139 155-169 288-289 202-203	- Updated the following sections: - Additional CLTC Services - Incontinence Products - Screening Brief Intervention and Referral to Treatment Initiative - Maternal Fetal Medicine Physician Ultrasound Override - Pulse Oximetry Policy - Psychiatric and Counseling Services - Screening Brief Intervention and Referral to Treatment Initiative - Added Hospital Acquired Conditions (HACs) in accordance with Medicaid Bulletin dated May 23, 2014
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-11-14	Change Control Record	1	Corrected typo in Forms entry for 06-01-14
06-01-14	2	4	Updated the following sections:

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		16 22 47 76 80 101 106 201 228 245, 253 246 250-251 251 254 256	• Certified Registered Nurse Anesthetist (CRNA) • Ambulatory Care Visit Guidelines • Convenient Care Clinics • Telemedicine Providers, Covered Services • Forensic Medical Evaluations • EPSDT Standards, Required Services • ICORE Prior Authorization Request • Initial Medical Assessment and Referral • Instructions for Obtaining Prior Approval • Out-of-State (OOS) Services, Prior Approval • Encounter and Ancillary Service Coding, Cancer Treatment and HIV/AIDS Encounter – T1015 (With P4 Modifier) • Federally Qualified Health Center Services, Special Clinic Services • Rural Health Clinics (RHC), Screening Brief Intervention and Referral to Treatment Initiative • Rural Health Clinics (RHC), Services and Supplies • Synagis Vaccine • Rural Health Clinics (RHC), Special Clinic Services Pediatric Anesthesia Services
06-01-14	Forms		Updated Out-of-State Referral Package
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
05-06-14	2	121-122	• Added Transportation of Self-Administered Oxygen Dependent Beneficiaries section to reflect Medicaid Bulletin dated May 1, 2014
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

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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	4, 6, 48, 57, 153, 159, 162, 214, 217, 256 7, 18, 53, 112, 153, 183, 186, 192 64 101 115 139-140 157 158 160 163 177	- Updated section to include the web address for fee schedules - Updated section to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form - Updated the following sections: - Immunizations – added procedure code 90672 to VFC Vaccine CPT Codes - ICORE Prior Authorization Request – deleted J1440 and J1441 and added J1442 - Tobacco Cessation for Pregnant Women - Family Planning, Covered Services - Exam and Glasses for Birth to Age 21 – added codes V2020 and V2025 - Guidelines for Lenses and Frames – added pricing for V2020 and V2025 - Optician – added pricing for V2020 and V2025 - Part III - Ocular Surgery Chiropractic Services

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-14	3	1-31 5- 23 23 25-26	- 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	4	15	- Added procedure code J1442 - Deleted procedure codes J1440 and J1441
04-01-14	5	12	Updated Horry County address
04-01-14	Forms		- Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms - Removed not on CMS-1500 (02/12) version claim form - Removed CMS-1500 (08/05) version claim form - 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	- 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		13-14 15-16 22-23 30-31	- o Professional, Institutional, and Dental Claims - o Rejected Claims - o Recovery - o Sample Forms – Reasonable Effort - o Sample Forms – ECF (deleted)
03-01-14	General Table of Contents	2	o Removed fee schedules
03-01-14	2	228-238	o Updated Radiology and Nuclear Medicine
03-01-14	4	26 52	• Removed High Tech Radiology procedure codes in accordance with Medicaid Bulletin dated February 19, 2014 – High Tech Radiology Services • Added V2784 to Procedure Codes for Vision
03-01-14	Fee Schedules	-	• Removed fee schedules from the manual
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	2	39 63 157 159	Updated the following sections: • Immunizations • Immunizations • Guidelines for Lenses and Frames • Optician
02-01-14	4	53-56	o Added Procedure Codes for Vision section
02-01-14	5	9	Updated Florence County office telephone number
01-01-14	Change Control Record	1	Add Depo-Provera procedure code change to section 2 for revision date 10-09-13
	2	101 247 249, 250	• Added ICORE Prior Authorization Request section • Changed Depo-Provera procedure code from J1055 to J1050

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		7, 18, 54, 113, 154, 185 -	- Updated to reflect Medicaid Bulletin for Managed Care Organization Changes dated 11/15/13 - Updated to reflect Medicaid Bulletin for Discontinuation of the Edit Correction Form dated 12/3/13 Changed PA to prior authorization throughout document
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	15-16	Repositioned ICORE prior authorization section
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 - Add SCDHHS Behavioral Health Referral and Feedback Form for LIPS
01-01-14	Appendix 1		Updated 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

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Date	Section	Page(s)	Change
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
12-20-13	2	127 154-163	Updated 17 Alpha Hydroxyprogesterone Caproate section to include Makena™ Updated Ophthalmology and Optometry and Vision Care sections
12-20-13	Forms	-	Added Universal 17-P Authorization Form
12-01-13	2	175-176	Updated Physical Medicine and Therapy
12-01-13	4	20-23	Added CPT Codes (PT,OT, SP) Requiring Prior Authorization Review
12-01-13	5	15	Updated Orangeburg mailing address zip codes
11-06-13	2	39 39-40 88 140	Updated the following sections: - Immunizations - Influenza Vaccine - Reimbursement Policies - Non-Covered Services
11-01-13	5	17	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-09-13	2	129 254	Updated Uncomplicated (Routine) Deliveries Changed Depo-Provera procedure code from J1055 to J1050
10-09-13	4	39	Changed Depo-Provera procedure code from J1055 to J1050
10-01-13	Change Control Record	1	Revision date for section 4 change on 09-01-13 should be 11-01-12

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-13	2	13	Updated hyperlink for Primary Care Physician Attestation form
10-01-13	5	15 17	Updated Orangeburg office and mailing address Updated York County office address
10-01-13	Forms	-	Updated Mental Health Form
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	Change Control Record	5	Date 11-01-13, Section 4— deleted edit code should be J3488
09-01-13	2	22 52 54-55 124 255	- Revised and moved Convenient Care Clinics language - Deleted Home Services language - Updated the following language: - Botox® (J0585, Injection, Onabotulinumtoxina, 1 Unit), Dysport™ (J0586, 5 Units), Myobloc® (J0587, Injection Rimabotulinumtoxinb, 100 Units), and Xeomin (J0587, Injection, Incobotulinumtoxina, 1 Unit) - Screening Brief Intervention and Referral to Treatment Initiative Special Clinics Services
09-01-13	4	11 13 18 20	- Updated Procedure Codes Requiring Support Documentation - Updated CPT Codes Requiring Support Documentation for SCDHHS - Updated CPT Codes Requiring Prior Authorization Review Updated CPT Codes Requiring SCDHHS Prior Authorization Review

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Date	Section	Page(s)	Change
09-01-13	5	8 11 13	- Updated Darlington County zip code - Updated Laurens County phone number - Updated York County office address
09-01-13	Forms	-	- Updated Allied Professional Supervision Form - Replaced Paraprofessional Update form with Allied Professional Update Form
08-01-13	5	14	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 12	- 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 MedicaideLearning.com
04-01-13	2	15 151	- Added After Hour Services section - Updated Gastroenterology section
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

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Date	Section	Page(s)	Change
04-01-13	Appendix 2	-	Updated carrier code list
04-01-13	Fee Schedules	-	Updated all fee schedules to reflect January 1, 2013 procedure codes
03-01-13	2	17 73 197	- Changed Mentally Retarded to Intellectually Disabled - Changed MR/RD to ID/RD - Changed Mental retardation to Intellectual disabilities
03-01-13	3	4 10	- Changed ICF/MR ICF/IID - Changed Mentally Retarded to Intellectually Disabled
03-01-13	5	10	Deleted Jasper County PO Box address
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
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
02-01-13	2	17 42 152-153	Updated the following sections - Ambulatory Care Visit Guidelines – Changed patient to provider as the responsible party for and Edit 977 exam charge - Influenza Vaccine – Added edit code 90656 Physical Medicine and Therapy – revised language
02-01-13	4	22	Deleted PT/OT/ST CPT codes requiring prior authorization by KePRO
01-01-13	2		Updated the following sections

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		13 28 44 62 65 120 134 139 216	• Primary Care Services • Preventive/Rehabilitative Services for Primary Care Enhancement (P/RSPCE) • Diabetes Patient Education • Screening Frequency • Reimbursement Policies • Department of Health and Environmental Control • Dispensing Codes for Contact Lenses and Glasses • Covered Services • Enrollment
01-01-13	4	20 44	• Updated CPT Codes Requiring SCDHHS Prior Authorization Review • Changed Family Planning Waiver to Family Planning program
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 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	11 15 23, 38, 41 29-30	• 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	6 21	• Updated URL for provider information

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Date	Section	Page(s)	Change
			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	2	6-7 15 30 35 39 43 51-52 90-91 93 100 146 181 183 32-33 33-34	- Updated the following sections: - Co-signatures - Ambulatory Care Visits Guidelines - Botox® (J0585, Injection, onabotulinumtoxinA, 1 unit), Dysport™ (J0586, 5 units), Myobloc® (J0587, Injection rimabotulinumtoxinB, 100 units), and Xeomin (J0587, Injection, incobotulinumtoxinA, 1 unit) - Synagis® (Palivizumab) 90378 - Adult Physical Exams - Rabies Vaccine and Immune Globulin - Forensic Medical Evaluations - Rebated Tobacco Cessation and Nicotine Replacement Therapy (NRT) Products - Hospice - Screening Brief Intervention and Referral to Treatment Initiative - Allergen Immunotherapy - Group II - Bone Marrow (Autologous Inpatient and Outpatient, Allogenic Related and Unrelated, Cord, and Mismatched), Pancreas, Heart, Liver, Liver with Small Bowel, Liver/Pancreas, Liver/Kidney, Kidney/Pancreas, Lung and Heart/Lung, Multivisceral, Small Bowel - Modifiers of Anesthesia Services - Added the following new headings:

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Date	Section	Page(s)	Change
		73-74 106	- o National Drug Code (NDC) Billing Requirements for Drug-Related HCPCS Codes - o Physicians Administered Injection Drug Reimbursement Methodology - o Tamper-Resistant Prescription Pads • Delivery in Cases of Prolonged Labor
11-01-12	4	20	CPT Codes Requiring SCDHHS Prior Authorization Review: • Added code J0897 • Deleted codes J1453 and J4388
11-01-12	5	1	Updated Allendale county office address
11-01-12	6	-	• Corrected headers and page numbering
11-01-12	Forms	-	• Added BOI Universal Screening Tool
11-01-12	Appendix 2	-	• Updated carrier code list
10-05-12	Change Control Record	3	• Remove Forms section entry for 07/01/12
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	Change Control Record	42	o Changed July 6, 2012 date to July 9, 2012
10-01-12	1	4	• Replaced back of Healthy Connections Medicaid card
10-01-12	2	177 41-42 88-89 89-90 231-232 30-31	• Deleted Retrospective Review section • Added the following sections: - o Rabies Vaccine and immune Globulin - o Tobacco Cessation - o Tobacco Cessation for Pregnant Women - o Convenient Care Clinics – Place of Service 17 • Updated the following sections to revise language from multiple bulletins:

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Date	Section	Page(s)	Change
		91 99 102-104 149-150 178 40 41 61 110 122 178 223 230 231	- o Botox® (JO585, Injection, onabotulinumtoxinA, 5 units), Xeomin (Q2040, Injection, incobotulinumtoxinB, 100 units) - o Hospice - o Ultrasounds - o Uncomplicated (Routine) Deliveries - o Physical Medicine and Therapy - o Corneal Transplantation (Keratoplasty) • Updated the following sections: - o Influenza Vaccine - o Respiratory Syncytial Virus Immune Globulin (Synagis®) - o Screening Frequency - o Birthing Center, Newborn Exam - o Billing Notes for Sterilization and Other Related Procedures, Essure Sterilization Procedures - o Kidney Transplantation - o Special Clinic Services, FQHC - o Special Clinic Services, RHC Wrap-Around Payment Methodology
10-01-12	6	1 -	• Added background section Corrected BIO to BOI throughout document
10-01-12	Appendix 1	-	Updated edit code information through document
08-29-12	2	1 99	• Corrected heading Added 17 Alpha Hydroxyprogesterone Caproate (Makena™)
08-29-12	4	20	• CPT Codes Requiring SCDHHS Prior Authorization Review: - o Added fax number and contact Added procedure code J1725
08-14-12	Fee Schedule	-	Updated Injectable Fee Schedule to reflect July 2012 procedure codes
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	- -	Corrected KePRO acronym Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 28, 38, 41 11, 2, 29	- 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, OOS Referral Package, Transplant Prior Authorization Request Form and Instructions
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	- Changed Division of Care Management to Bureau of Managed Care - Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		17 19	- 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
07-09-12	2	68	Updated EPDST schedule to reflect Medicaid Bulletin dated June 14, 2012
07-09-12	6	-	New section for Birth Outcomes Initiative (reference Medicaid Bulletin dated July 9, 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
07-01-12	CCR	5	Added section 2 update to Psychiatric and Counseling Services for July 1, 2011
06-01-12	2	1, 174 107,108, 120, 146, 166, 167, 171-177, 107 135 146-147 165 166 170 171 173 174 182 200-201	- Removed reference to IVRS - Updated document to reflect Medicaid Bulletin dated May 15, 2012 replacing Alliant Health Solutions with Keystone Peer Review Organization, Inc. (KePRO) - Updated language in the following sections: - Hysterectomies - Part III – Ocular Surgery - Physical Medicine and Therapy - Cosmetic Procedures - Prior Authorization for Mammoplasty and Mastectomy and Reconstructive Procedures - Male Genital System - Prior Approval for Hysterectomy - Points of Emphasis for Prior Authorization - Organ Transplantation

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			- o Spinal Cord Neurostimulators • Ancillary and Other OOS Services
06-01-12	4	12, 18, 13 18 20	• Updated document to reflect Medicaid Bulletin dated May 15, 2012 replacing Alliant Health Solutions with Keystone Peer Review Organization, Inc. (KePRO) • Deleted code 21899 and 22899 • Updated CPT Codes Requiring Prior Authorization Review • Updated CPT Codes Requiring SCDHHS Prior Authorization Review • Added new sections for PT/OT/ST CPT codes transplant code requiring Prior Authorization by KePRO and Transplant
06-01-12	Forms	-	• Deleted DHHS 1729, Hysterectomy Acknowledge (form, instructions and sample) • Updated the following forms to reflect Medicaid Bulletin dated May 15, 2012 replacing Alliant Health Solutions with Keystone Peer Review Organization, Inc. (KePRO): - o Surgical Justification Review for Hysterectomy (form and sample) - o Transplant Prior Authorization Request (form and instructions) - o Mental Health Form Psychiatric Prior Authorization Form - Inpatient
05-01-12	3	8-9	Updated place of service keys
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 -	• Updated address for Marion County - Updated phone number for Newberry County
04-01-12	Fee Schedules	-	• Updated all fee schedules except Physicians & Family Practice

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	24, 26	- 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
01-01-12	2	4, 16, 128	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
01-01-12	3	- 27	- 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-12	TPL Supplement	2	Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11
12-01-11	2	70 85	- Updated Prescription policy - Added Alcohol and Drug Testing policy to reflect Medicaid Bulletin dated November 3, 2011
12-01-11	4	12 18	- Deleted codes 22551 and 22552 - Added codes 22551 and 22552
11-10-11	2	36	Deleted reference to Q0091 in first paragraph
11-04-11	2	30 41 55 63 105 147 220 227	Updated the following policies - Xolair - Botox - VAFAC - Developmental Screening - Reimbursement Policy codes - Birthing Centers - Chiropractic services - Synagis Vaccine - FQHC Rate - Division of Ancillary Reimbursement
11-04-11	4	6 12 20 30	- Deleted code 47719 - Updated codes 22551 and 22552 - Updated Med Solutions Policy Updated Prior Authorization Review
11-01-11	1	24	Updated TPL contact information
11-01-11	3	35, 38, 45, 46	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12	- 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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		3, 17, 19	Updated TPL contact information
10-01-11	2	21 36, 94	- Deleted Telepsychiatry section and added Telemedicine policies - Deleted policies for Q0091
10-01-11	4	38	Deleted procedure code Q0091 from Family Planning codes
10-01-11	Fee Schedule	5	Deleted procedure code Q0091
10-01-11	Appendix 1	14, 29 47	- Added edit codes 334 and 584 - Updated edit code 845
09-01-11	Fee Schedules		Updated the fee schedules for the 07/11/2011 effective date, by categorizing them into the following four documents: - Family Practice - OB/GYN - Other - Injectables
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	5	12	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	2	89	Deleted Laboring Services

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		115 195- 214-219 220 220-221	- Updated Psychiatric and Counseling Services - Updated Radiology and Nuclear Medicine - Updated, added, and deleted language to Rural Health Clinics (RHC) - Updated RHC Reimbursement Methodology - Wrap-Around Payment Methodology
07-01-11	4	20	Updated to reflect Medicaid Bulletin dated May 17, 2011 – Prior Authorization (PA) for High-Tech Radiology Service
07-01-11	5	12	Deleted PO Box address for the Spartanburg County Office
07-01-11	Forms	-	Updated Mental Health 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
06-15-11	4	21	Change Family Planning Waiver Diagnosis Codes heading to Family Planning Eligibility Category Diagnosis Codes
06-01-11	2	35-36 106-107 112 202 205	- Updated the following sections to reflect Medicaid Bulletin dated February 18, 2011- Assurance for All Children (VAFAC) Program Revised Billing Procedures for Vaccine: - Immunization - Influenza Vaccine - Updated the following sections to reflect Medicaid Bulletin dated March 25, 2011 – State Eligibility Option for Family Planning Services: - Family Planning Eligibility Category Only (formerly Family Planning Waiver)

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			- o Billing Note for Sterilization and Other Related Procedures - o Billing and Coding Requirements Billing Notes
06-01-11	4	1, 3-8 19 41, 43 52-53	• Assistant Surgeon Codes: - o Added 15847, 19303, 19304, 19305, 19306, 19307, 33254, 33255, 33256, 35302, 35303, 35304, 35305, 35306, 35537, 35538, 35539, 35540, 35637, 35638, 47719, 48105, 48548, 49203, 49204, 49205, 51102, 55875, 58957, 57958, 67041, 67041, 67043 - o Deleted 19180.19182, 19200, 19220, 19240, 33253, 35381, 35507, 35541, 35546, 35641, 44152, 44153, 47716, 48005, 48180, 49200, 49201, 51010, 55859, 67038 • Deleted the following CPT Codes that require SCDHHS prior authorization review: A9605, J0128, J1785 • Procedure Codes for Anesthesia: - o Changed anesthesia procedure code 00797 units from 11 to 8 - o Deleted code 01905 - o Added codes 01935 and 01936 • Deleted codes D0120-D7510 from Surgical Package Codes – Covered Class “S”
06-01-11	5	5	Corrected Abbeville County PO Box Zip+4 Code
05-01-11	1	8, 11	Added language prohibiting payment to institutions or entities located outside of the United States
05-01-11	2	7 66	• Added new section – Services Outside of the Country • Updated prescription copayment language
05-01-11	Appendix 1	43	• Updated edit code 796

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-11-11	Fee Schedules	-	Updated fee schedules to reflect Medicaid Bulletin dated April 7, 2011 – Medicaid Rate Reduction
04-01-11	3	3, 4	Updated Copayment Policy to reflect bulletin dated 3-16-11
04-01-11	5	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	- Updated Electronic Funds Transfer Form - Added Circumcision Prior Authorization Form
04-01-11	Appendix 3	-	Updated copay amounts to reflect bulletin dated 3-16-11
03-16-11	2	35 36, 227, 232, 235, 239 38, 183 137-140 222	- Added VAFAC Vaccine CPT Codes - Updated Influenza vaccine codes - Updated routine newborn circumcision policy - Updated vision services policies Updated pediatric services for beneficiaries over 21
03-16-11	4	3-8 20	- Deleted Assistant Surgeon codes 33861, 35454, 35456, 35459, 39502, 39520, 39530, 39531, 43324, 43326, 64573, 93510, 93511, 93514, 93524, 93526, 93528, 93529, 93539, and 93540 - Added CPT codes 54150, 54160, and 54161
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	2	6, 16, 204, 216, 220	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	22, 27, 28	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
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	35 83 111-112 129 156 180, 200, 231, 238 198 199	- Added VAFAC Vaccine CPT code 90650 - Removed reference to PAID Spin Off Program from the Hospital-Salaried or Hospital-Based ER Physicians section - Added CPT codes 58700 and 58720 under the Billing Notes for Sterilization and Other Related Procedures section - Removed code 90889 from the Additional Billable codes section - Updated the diagnostic procedure codes for gastroenterology - Changed references to 2004 CPT coding to CPT in the Splints, Special Clinic Services, and Reimbursement Policy sections - Added code 80047 to list o automated multi-channel chemistry test Updated the CPT-approved code range for organ and disease-oriented panels to

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-11	3	22, 25, 26 28, 29 19, 34 26	- 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	4	22-38	Updated Family Planning Waiver CPT codes chart
01-01-11	5	12	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form Updated the Psychiatric Prior 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: - 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
01-01-11	Fee Schedules		Removed the Laboratory Fee Schedule
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
12-01-10	4	45-83 21	- Surgical Package Codes: Deleted S/F, Description, Effective Date, and Class Code columns - Updated Family Planning Waiver Diagnosis Codes
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	Fee Schedules	-	- Added the Injectable Drug Fee Schedule - Updated the Physicians Fee Schedule
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	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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Updated Freedom of Choice section
10-01-10	5	11	Correct McCormick county office street address
10-01-10	Forms	-	Enlarged Consent for Sterilization form
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	2	5 6, 7 34-36 62-64 65 68 70 78 79-82 102 112 115 121-126	- Updated Paramedical Providers bullets - Updated Certified Nurse Practitioner and Clinical Nurse Specialist sections - Updated table - Replaced 0-6, 7-18, and Catchup Immunization Charts - Updated Prescriptions - Updated Prior Authorization - Deleted information on pharmaceutical information to treat erectile dysfunction (ED) - Changed code W0051 to 90801 - Replaced list of Alcohol and Drug Centers - Added “submit to Alliant Health Solutions via facsimile to 803-255-8260” - Updated Sterilization Consent Form Parts I-IV titles - Updated information for Essure Procedure - Added “submit to Alliant Health Solutions via facsimile to 803-255-8260” - Changed word “physician” to “clinician” in indicated places

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		122	Moved “Providers Qualified to Prescribe Services” section to page 121 and added third bullet listing “Psychiatric Nurse Practitioner”
		124	
		126	Updated Providers Eligible to Bill for Services
		127	Added third bullet under “Psychiatric Diagnostic Interview Examination”
		128-129	Changed word “physician” to “Clinician” as indicated
		129	
		129, 131	- Updated Psychological Testing section - Changed “physician” to “Clinician” as indicated
		132	
		133	Updated Environmental Intervention for Medical Management and Individual Psychotherapy bullets
		134	- Updated Family Psychotherapy - Updated Group Psychotherapy section and changed “Physician” to “Clinician” as indicated
		136	
		137	Updated Pharmacological Management section
		163	
		181	Updated Additional Billable Codes and Counseling Services sections
		190-194	Added “submit to Alliant Health Solutions via facsimile to 803-255-8260”
		218, 236	- Updated Counseling Services section - Updated Billing Notes - Added “submit to Alliant Health Solutions via facsimile to 803-255-8260” - Updated QIO information replacing Qualis with Alliant Health Solutions
			Added DentaQuest phone number 888-307-6553
09-01-10	3		Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest:
		22	Companion Guides
		23	South Carolina Medicaid Web-based Claims Submission Tool
		40	Claim-Level Adjustments

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-10	4	11, 12, 15, 18 13 18 19 39	- Changed Qualis Health to Alliant Health Solutions - Updated codes - Added fax # for Alliant Health; removed duplicate code #s 22830, 43845, 58956, and 63660 - Added the following codes: 1920, 11921, 93750, A9604, J0598, J0894, J1680, J9033, J9226, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33999, 54240, 54250 - Updated mailing address as indicated - Inserted Approved STI Drug List and STI Diagnosis codes
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	Forms	-	- Updated the following forms to replace the prior approval review fax information: - Request for Prior Approval Review - Surgical Justification Review for Hysterectomy
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
08-04-10	2	27,66,67,	Corrected spelling of word "Medicaid"

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		68,69, 70	
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 - 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
07-01-10	Change Control Record	1	Added entry for updating the Physicians Fee Schedule on 06-28-10
07-01-10	2	27, 42, 66-70	Changed First Health to Magellan Medicaid Administration
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
06-28-10	Forms	-	Updated the following forms: - DHHS Form 1723, Consent for Sterilization - Surgical Justification Review for Hysterectomy - Request for Prior Approval Review
06-28-10	Fee Schedule	-	Updated Physicians Fee Schedule
06-01-10	2	112 149 200	- Updated language regarding esure sterilization under Billing Notes for Sterilizations and other Related Procedures - Removed 92250 Fundus photography with interpretation and report - Under Reimbursement Methodology removed referral to DEFRA mandates

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		242	Corrected CPT code 09124 to 01924
06-01-10	4	19	Added CPT Code 93750
06-01-10	Managed Care Supplement	1 3 17 20, 23, 25	- Updated Managed Care Overview section - Updated Manage Care Organization (MCO), Core Benefits section - Updated the Managed Care Disenrollment Process, Overview section Updated to reflect Medicaid Bulletin dated March 18, 2010—Managed Care Organizational Change
05-05-10	2	197	Updated the Reimbursement Methodology section to remove language limiting the amount carriers, providers, or private pay patients can bill Medicaid
05-04-10	2	196	Updated the Reimbursement Methodology section
05-01-10	5	1	Removed reference to sample form at the end of this section Replaced reference to sample form in the Forms section of this manual
03-01-10	Cover	-	Replaced the manual cover
03-01-10	Change Control Record	1	Added Time Limit for Submitting Claims Medicaid Bulletin date to sections 1 and section 3 entries dated 12-01-09
03-01-10	2	12 91	- Replaced CMS Web site address for CCI Edit information - Updated to reflect 17 Alpha Hydroxyprogesterone Caproate policy in accordance with Medicaid Bulletin dated January 26, 2010
03-01-10	3	5, 23	Removed modem as an electronic claims transmission method

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-10	4	13	- Updated the following charts in accordance with Medicaid Bulletin dated January 29, 2010 - CPT Codes Requiring SCDHHS Support Documentation – Added A9604, J0598, J0718, J1680, J9155 - CPT Codes Requiring Prior Authorization – Added 63661, 63662, 63663, 63664 - Replaced Family Planning Waiver Diagnosis Codes and Family Planning CPT Codes charts
		18	
		21-37	
02-01-10	Appendix 1	13 36	- Added New Edit Codes 356,357 and 358 - Updated Edit Code 738
02-01-10	Appendix 2	All	Updated Carrier Code List
01-01-10	2	6	- Added new Direct Physician Supervision subsection - Updated to reflect co-signature policy in accordance with Medicaid bulletin dated December 17, 2009 - Under Ambulatory Care Visit Guidelines, changed eligibility inquiries to unlimited for the number of calls to the IVRS and the number of transactions per call - Updated to reflect the Visual Evoked Potential (VEP) testing policy in accordance with Medicaid bulletin dated December 21, 2009 - Updated the number of allowable chiropractic visits per year to 8 visits - Updated the Lesion Removal subsection
		15	
		47	
		158	
01-01-10	4	173	Added Family Planning codes 73830, 78656, 78657
		21	
		21	
01-01-10	5	5	- Updated Physical Address for Allendale County Office - Replaced Jasper County DSS with Jasper County DHHS
		10	
		12	

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Replaced Orangeburg County DSS with Orangeburg County DHHS
01-01-10	Appendix 1	49	Updated edit code 932
12-01-09	1	8 25	Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009
12-01-09	2	86 99 172 208	- Updated Ultrasound subsection - Updated Family Planning subsection - Added new Keloid/Scar Conditions subsection - Updated Retroactive Eligibility subsection
12-01-09	3	1-2 21-28	- Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009 - Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package
12-01-09	4	21	Family Planning CPT Codes list: Added code 96372 Deleted code 99384
12-01-09	5	8	Updated the Dorchester County office street address
12-01-09	Appendix 1	- - 18, 19 20	- Replaced CARC 17 with CARC 16 - Updated CARC A1 - Updated codes 509 and 510 Added code 533
11-01-09	2	3	Updated policies to reflect Medicaid Bulletin dated October 12, 2009 – Qualified Medicare Beneficiaries and Physician Assistants
11-01-09	4	13, 19	Moved code J1453 to CPT codes that require SCDHHS prior authorization

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-09	Appendix 2	All	Updated carrier code list
11-01-09	Fee Schedule	-	Updated Physicians Fee Schedule
10-01-09	1	3-4 4-6 26	- Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) - Updated SC Medicaid Healthy Connections language throughout section - Updated South Carolina Medicaid Bulletins and Newsletters - Changed heading to Medicare Cost Sharing
10-01-09	2	155	Under Chiropractic Services, Covered Services, changed 12 maximum visits to 8 maximum visits
10-01-09	4	47-256	Revised the Support Documentation sections
10-01-09	5	10 11 12	- Updated physical address for Jasper County office - Updated telephone number for Lexington County office - Updated zip codes for Orangeburg County office
10-01-09	Appendix 1	3 60	- Updated edit code 065 - Updated edit code 852
09-08-09	Managed Care Supplement	20	Replaced the Absolute Total Care Medicaid beneficiary card sample
09-01-09	2	147 156	- Updated code for Cardiac Magnetic Resonance Imaging (MRI) of the Heart - Under Chiropractic Services, Covered Services, changed 12 maximum visits to 8 maximum visits
09-01-09	4	11 14 15, 16, 17	- Supporting Documentation ICD-9 Surgical Code and CPT Code list - Added code J0453 to the CPT Code Requiring Support Documentation for SCDHHS

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		18	- Prior Authorization ICD-9 Surgical Codes and CPT Codes list: - Added code 03.99 - Changed code 85.60 to 85.6 - Removed code 85 - CPT Codes Requiring Qualis Health Prior Authorization Review list: - Added codes 19316, 22899, and 69714 - Removed codes 15831 and 19140
		19	Added codes J9207, J9330, and Q4100 to the CPT Codes Requiring SCDHHS Review list
09-01-09	Managed Care Supplement	21 20, 25	- Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 - Updated Absolute Total Care entries as following: - Changed the company's name to Absolute Total Care - Replaced the beneficiary card samples - Corrected contact information
08-01-09	3	ii	Corrected Table of Contents formatting
08-01-09	5	14	Updated telephone number for York County office
08-01-09	Appendix 1	3	Updated edit code 062
08-01-09	Appendix 2	-	Updated carrier code list
07-08-09	2	129	Updated policies to reflect Medicaid Bulletin dated March 11, 2009 – Psychiatric and Counseling Services
07-08-09	4	18	Added procedure code 19316 to the CPT Code Requiring Qualis Health Prior Authorization Review list
07-08-09	Forms	-	Added new Psychiatric Prior Authorization Form – Inpatient

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-09	2	43 54-55 111-112, 121, 125, 222, 229 155	- Added notes to the Forensic Medical Evaluations HCPCS chart - Updated administration fee to \$13.00 for CPT codes 90473 and 90474 - Updated policies to reflect Medicaid Bulletin dated June 5, 2009 – Modification to Psychiatric and Counseling Services - Updated policies to reflect Medicaid Bulletin dated June 5, 2009 – Modification to Chiropractic Services
07-01-09	4	18	Added procedure code 19340 to CPT Codes Requiring Qualis Health Prior Authorization Review list
07-01-09	5	6, 12 8 9	Updated address for Bamberg and Orangeburg County offices Updated office zip code for Darlington County Updated telephone number for Fairfield County office
07-01-09	Forms	-	Updated Mental Health Form
06-01-09	2	43 86	Updated the Forensic Medical Evaluations subsection Added Laboring Services subsection
06-01-09	TPL Supplement	19	Updated Department of Insurance Web site address
05-01-09	1	1-6, 11 2 3 5 28-33	- Updated to reflect managed care policies and procedures effective May 1, 2009 - Updated the Eligibility subsection - Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection - Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Updated the Medicaid Program Integrity subsection
05-01-09	2	1-2, 109, 154, 177, 180, 206 35, 36, 38-42, 94 129	- Updated to reflect managed care policies and procedures effective May 1, 2009 - Replaced the following Pediatrics and Neonatal procedures codes: 99293-99296, 99431 - 99435, 99440 Deleted the following Pediatrics and Neonatal procedures codes: 90918-90921 and 90922-90925
05-01-09	5	14	Updated telephone number for Union County office
05-01-09	Appendix 1	43	Deleted edit code 694
05-01-09	Appendix 2	-	Updated list of carrier codes
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009
04-01-09	1	2, 3, 8	Updated hyperlinks
04-01-09	2	31 42-43 111-112, 121, 125, 222-225, 230-233	- Updated policies to reflect Medicaid Bulletin dated March 4, 2009 – Medicaid Eligibility and Services Updates - Updated Forensic Medical Evaluations subsection Updated policies to reflect Medicaid Bulletin dated March 4, 2009 - Psychiatric and Counseling Services
04-01-09	3	4, 6, 7, 10, 21, 22, 27, 35, 38	Updated hyperlinks
04-01-09	4	11-12 15-16	Replaced “Supporting Documentation Diagnosis Codes” heading with “Supporting Documentation ICD-9 Surgical Codes and CPT Codes”

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Replaced “Prior Authorization Diagnostic Codes” heading with “Prior Authorization ICD-9 Surgical Codes and CPT Codes”
04-01-09	5	11	Updated telephone number for Lexington County office
04-01-09	Forms	-	Added Mental Health Form
03-06-09	4	13, 18, 15	Corrected the following Qualis Health Prior Authorization lists: - Qualis Health Support Documentation - Added codes 54235, 54240, 57292, and 63650 - ICD-9 Qualis Health Prior Authorization Review - Added code 03.09 - Changed code 71.90 to 71.9 - Added code 03.09 - Qualis Health Prior Authorization Review - Changed code 52435 to 54235 - Added codes 54240, 57292 Removed duplicate code 63170
03-01-09	2	43 180, 182	Updated Forensic Medical Evaluations subsection to reflect Medicaid Bulletin dated February 13, 2009 Updated Organ Transportation subsection to reflect Medicaid Bulletin dated February 18, 2009
03-01-09	5	4 8 5, 11-13	- Updated hyperlink - Corrected Dorchester County’s Orangeburg Road telephone number Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties
03-01-09	Forms	-	- Added new Transplant Prior Authorization Form - Removed outdated Out-of-Service Referral Form to reflect Medicaid Bulletin dated February 18, 2009

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-09	Appendix 1	43 72	Added new edit codes 693 and 694 Changed edit code 945 Resolution to input “26”modifier in field 18
03-01-09	Managed Care Supplement	1, 7, 10, 17, 23, 25-30, 35	Updated hyperlinks
03-01-09	TPL Supplement	8, 9, 19	Updated hyperlinks
02-04-09	2	5 12-15 24, 26, 33, 34, 87 42-43 130 131 134-138 224	- Changed Medicaid ID number to NPI number - Updated Ambulatory Care Visit Guidelines - Changed code 90772 to 96372 - Added Forensic Medical Evaluations subsection - Updated Ophthalmology and Optometry subsection - Updated Exam and Glasses for Beneficiaries Age 21 and Over subsection to reflect verbiage change for post-surgical lens and medical necessity - Updated vision policy to reflect Medicaid Bulletin dated December 19, 2008 Changed Dental program manager telephone number
02-04-09	4	15-18	Updated Qualis Prior Authorization codes to reflect Medicaid bulletin dated January 15, 2009
02-04-09	5	5	Updated Allendale County office PO Box zip code
02-04-09	Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form
02-04-09	Appendix 2	-	Updated list of carrier codes revised 02/01/09
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-09	2	30, 219, 225 219, 225	Changed adult physical exam frequency from every two years to every five years Changed code range for adult physical exam from 99391-99394 to 99391-99395
01-01-09	4	18	Added procedure codes 19342 and 52435
01-01-09	5	11	Updated Lee County office address
12-01-08	2	94, 149, 150, 168, 169, 170, 175-179, 187	Made revisions to reflect InterQual information
12-01-08	4	-	Added and deleted various codes in the Prior Authorization and Supporting Documentation from Qualis Health procedure code and diagnosis codes sections.
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	2	-	Removed codes S4989 and 90657
11-01-08	2	118-120 208 209	- Revised verbiage for Psychiatric Counseling Services section - Out-of-state services – revised address and verbiage Revised verbiage and added chart for Ancillary and Other OOS Services section
11-01-08	3	25, 27	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	4	19	Removed code S4989
11-01-08	Forms	-	Added the Out-of-State Referral Form
10-01-08	3	29	Changed ECF field 1 to Prov/Xwalk ID
10-01-08	4	17	Added procedure codes 58570, 58571, 58572, 58573

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-08	5	9, 13	- Updated address for Lake City - Updated phone number for Sumter County office
10-01-08	Forms	-	- Revised ECF example to show update for field 1 - Revised the DHHS Pediatric Sub-Specialist Certification Form
10-01-08	Appendix 1	-	Updated edit codes 007, 059, 112, 219, 308, 339, 386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952
09-01-08	2	4 89 92 93 105 225 231 232	- Revised definition of Licensed Midwife - Deleted Birthing Centers section - Added 59409 with TC modifier and Observation for Maternity/Labor information - Added Mirena J7302 coverage information - Changed Essure Sterilization BMI to 35 - Added code J7307 - Added code J7307 - Added Pediatric Anesthesia Services section
09-01-08	4	13-14 17	- Deleted 36 Support Documentation procedure codes - Deleted 3 Prior Authorization procedure codes
09-01-08	5	6	Updated phone number for Berkeley County office
09-01-08	5	10	Updated phone number for Kershaw County office
09-01-08	Forms	-	Added revised Pediatric Sub-specialist Certification form
09-01-08	Appendix 1	17	Added Edit Code 318
08-01-08	2	- 108	- Corrected document formatting - Added Psychiatric and Counseling Services Information
08-01-08	5	7	Deleted PO Box for Chester County

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-08	Appendix 1	3	Updated Edit Code 062
07-01-08	5	11	Deleted PO Box for Lancaster County
07-01-08	Managed Care Supplement	27	Replaced Web site address for BlueChoice
06-01-08	3	10, 18, 20, 21, 27	Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers
06-01-08	5	12	Updated telephone number for Orangeburg county office
06-01-08	Forms	-	Updated the following forms to reflect May 23, 2008, deadline requiring NPI only: - Pediatric Sub-Specialist Certification - Request for Prior Approval Review - Surgical Justification Review for Hysterectomy
06-01-08	Appendix 1	30, 39, 42	- Added new edit code 529 - Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692
06-01-08	TPL Supplement	-	Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4
05-01-08	Managed Care Supplement	-	Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section
04-01-08	2	14 17 22 29	- Updated Medical Necessity Guidelines for ambulatory care visits - Updated Exceptions to the 977 Edit section - Deleted Case Management Services section - Added instructions for faxing prior approval requests for Boxtox® (JO585, Botulinum

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		37	Toxin Type A) and Myobloc® (Botulinum Toxin Type A)
		43	Changed adult physical exam frequency from every five years to every two years
		48	Deleted code 99501 for Newborn Care Billing Notes
		51	Deleted code X0401 for additional neonatology services
		59	Changed reference section from “EPSDT Resources” to “Reimbursement Policies”
		83	Added oral health training module Web sites to EPSDT Required Services section
		94	Deleted Telephone Referral section from Alcohol and Drug Abuse Rehabilitation Services section
		109	Changed code range for administrative days from 99304-99340 to 99304-99337
		112-118	Changed HCPCS code from S0180 to J7307 for Etonogestrel Implant (Implanon™) Coverage
		134	
		134, 136	- Updated Family Planning section - Deleted verbiage and description for CPT code 99371, supervising allied professionals
		146	Added physical location requirement for physicians (including physicians not specializing in psychiatric care) who supervise allied professionals
		165	- Prescription Request section: - Changed address for Robertson Optical Lab
		253	Updated Prescription Request Form instructions
			Added adult age limit for reimbursement of Physical Medicine and Therapy services
			Changed adult physical exam frequency from every five years to every two years
04-01-08	4	1-3	Deleted Injection Code and Chemotherapy Code lists
		14	Updated the CPT Codes Requiring Support Documentation for SCDHHS list
		18	

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Replaced the CPT Codes Requiring SCDHHS Prior Approval Review list
04-01-08	5	8	Updated address and phone number for Dorchester County office
04-01-08	Appendix 1	4, 13, 20, 33	Added new edit codes 062, 219, 339, 528
04-01-08	TPL Supplement	2 3, 8, 15 12 29	- Updated reference to Medicaid card name - Changed references to location of forms from Section 5 to Forms section - Updated field numbers for occurrence codes on UB-04 - Replaced sample ADA form with more attractive version
03-01-08	1	3-5 7	- Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information. - Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable
03-01-08	3	10-22 All	Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number). Standardized formatting
03-01-08	Forms	-	Replaced Form 931 with new version dated January 2008
03-01-08	Appendix 1	59 70	- Added edit code 808 - Revised edit code 943 description and status (from warning to active)
03-01-08	TPL Supplement	9 21-22	- Added information on carrier code “CAS” for open casualty cases - Replaced Form 931 samples with new versions

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-08	3	13 31, 34 47	- Corrected instructions for field 10b - Standardized references to six-character legacy Medicaid provider number - Corrected mailing address for refunds
02-01-08	5	1	Removed “including Partners for Health” from first paragraph
02-01-08	Forms	-	- Updated bookmarks for forms - Updated mailing address for Medicaid Refunds Form 205
01-01-08	5	10	Updated address for Lancaster County office
01-01-08	Managed Care Supplement	1 3	- Removed PhyTrust from the list of MHNs - Added Carolina Crescent to the list of MCOs
12-01-07	5	8, 10, 12	- Updated addresses for Edgefield, Lancaster and Oconee County offices - Updated zip code for Kershaw county
11-01-07	2	15-16, 37, 51, 53-54, 61-62, 122	Updated policies to reflect Medicaid Bulletin dated October 10, 2007
11-01-07	4	5-34	Separated Covered and Non-Covered Surgical Package procedures and added subheadings to Table of Contents
11-01-07	5	9, 10 10	- Updated telephone numbers for Florence and Kershaw counties - Updated Horry County address to 1601 11th Ave., 1st Floor
11-01-07	Forms	-	Updated DHHS Form 17623, Consent for Sterilization
11-01-07	Change Control Record	1	Added SILVERxCARD deletion to 10-01-07, Section 2 changes
11-01-07	Appendix 1	All	- Corrected ECF field numbers throughout edit resolution instructions - Added new edit code 107

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
11-01-07	Appendix 2	All	Updated list of carrier codes
10-01-07	1	1-2 3 4 12 15 25	- Removed PEP information - Added information about managed care enrollment broker and Managed Care Supplement - Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). - Clarified that "days" refers to business days - Clarified which sections of manual may contain PA information - Expanded provider list under Program Integrity
10-01-07	2	1-2, 51, 223 70 184 187	- Removed PEP information - Remove reference to SILVERxCARD copayment schedule - Changed Musculoskeletal System to Prior Authorization for Mammoplasty and Mastectomy and Reconstructive Procedures Inserted Musculoskeletal System subheading after Prior Authorization for Mammoplasty and Mastectomy and Reconstructive Procedures
10-01-07	3	15, 47	Removed PEP information Added 90-day time limit for reversing refunds
10-01-07	4	-	Corrected document formatting
10-01-07	Appendix 1	26 38-40, 43, 70	Corrected description for edit code 502 Added NPI warning edits 578-583, 692, 943
10-01-07	-	-	Added Managed Care Supplement
10-01-07	TPL Supplement	15-17	- Added 90-day time limit for reversing refunds - Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-07	2	17	Under Ambulatory Care Visit Guidelines, removed “office” from consultation examination
		29	
		38	Under Nursing Home/Rest Home Facility Services, Visit Guidelines, changed CPT codes
		60	Under Cancer Screening Services, add code G0121 for low-risk clients
		129	Updated policy on fluoride varnish treatment to reflect Medicaid Bulletin dated July 16, 2007
		137	
		192	Under Psychiatry, removed code 90802 from Note
		201	Under Medicare/Medicaid – Dual Eligibility, changed the program manager telephone number
		202	
		220	Under Urinary System (50010 – 53899), changed WJ modifier to 99 modifier
		260	Updated policy on the cost of corneal tissue to reflect Medicaid Bulletin dated June 25, 2007
		261-283	Updated policy on Group II transplants to reflect Medicaid Bulletin dated June 27, 2007
			Under Billing and Coding Requirements, changed WJ modifier to 99 modifier
			Updated policy on Pediatric Sub-Specialist requirements to reflect Medicaid Bulletin dated July 31, 2007
			Updated policy to delete Physicians Enhanced Program (PEP) in accordance with Medicaid Bulletin dated July 13, 2007
09-01-07	4	5	Updated Surgical Package Codes list
		50-53	Updated Support Documentation Codes list and added Qualis Health and SCDHHS forwarding addresses
		54-57	Updated Support Documentation Codes list and added Qualis Health and SCDHHS forwarding addresses
		58	

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Under Family Planning Waiver Diagnosis Codes, changed the sterilization diagnosis code
07-01-07	1	-	Revised policies and procedures throughout section
07-01-07	4	41, 43	Inserted updated prior authorization and support documentation ICD-9 and diagnosis codes from Section 2
07-01-07	Forms	-	Updated DHHS Form 205
07-01-07	Appendix 2	-	Updated list of carrier codes
06-01-07	3	All	- Removed Time Restricted Supplement - Updated form completion instructions for new CMS-1500 and Form 130 versions - Updated ECF and RA descriptions - Added information about National Provider Identifier - Replaced Reference to Forms 110 and 120 with Form 115 - Clarified retroactive eligibility policy - Updated ECF correction instructions - Added CPT and HCPCS ordering information Made minor editorial changes throughout section
06-01-07	5	3-4 6-8 12 -	- Revised “Procurement of Forms” to address new CMS-1500 and updated vendor information - Added toll-free numbers for Berkeley, Charleston and Dorchester county offices - Updated phone number for Oconee County - Split forms and exhibits from Section 5 to create Forms section
06-01-07	Forms	-	- Updated DHHS forms to add National Provider Identifier field - Updated sample claims to new CMS-1500 version - Updated ECF and remits to new versions

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			Updated Pediatric Sub-Specialist Certification Form, Request for Prior Approval Review, and Surgical Justification Review for Hysterectomy
06-01-07	Appendix 1	-	Updated list of edit codes
06-01-07	TPL Supplement	All	- Updated all sample forms and claims with new versions - Updated form completion instructions to match new form versions
05-02-07	2	34 38 51 53 61 63-65 99 113-117 120 141 142 142	- Updated policies on Synagis® to reflect Medicaid Bulletin dated October 3, 2006 - Changed procedure codes in table for sigmoidoscopy and screening colonoscopy - Deleted Multi Channel Testing—Physician Interpretation - Removed paragraph on SCDHEC and Child Health Maintenance Course from Enrollment Prerequisites - Add statement “children under the age of 19” in Immunizations for clarity - Under Reimbursement Policies: - Removed paragraph on vaccine administration and added verbiage including codes 90473 and 90474 to reflect Medicaid Bulletin dated 03/30/07 - Added Indicator “N” under Reimbursement Policies to reflect Medicaid Bulletin dated 03/30/07 - Add verbiage to Ultrasounds to reflect Medicaid Bulletin dated 03/28/07 - Complete revision of the Family Planning - Separated the signature and date requirements under Sterilization Consent Form for clarity - Removed extra section heading under Exam and Glasses for Age 21 and Over - Changed Exam and Glasses for Age 21 and Over section heading to Guidelines for Lenses and Frames

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		143 163 171 177 198	- Listed trifocals and executive bifocals separately - Added new paragraph at the of the Vision Non-Covered Services section for lens replacement of non-Medicaid frames - Add new section, Gastrostomy Button Device Feeding Tube Kit to reflect Medicaid Bulletin dated 03/30/07 - Replaced verbiage under Neurology section to reflect Medicaid Bulletin 03/30/07 - Added new verbiage at the end of the first paragraph for multiple procedure reduction under Payment Guidelines section Removed codes 19301 – 19307 from the CCME prior authorization list
05-02-07	4	1-4 5-28, 41-42 45-46 47-50	- Reformatted the Injection Code list and Chemotherapy Drug codes list - Updated Surgical Package, Support Document, Prior Authorization procedure codes - Added Family Planning CPT and diagnosis codes Added Anesthesia procedure codes and corresponding base units
05-02-07	Appendix 1	-	Updated list of edit codes
05-02-07	Fee Schedules	All	Replaced the Physicians Fee Schedule for 2007
04-01-07	5	8	Updated phone number for Darlington county office
04-01-07	Appendix 1	-	Updated list of edit codes
04-01-07	Appendix 2	-	Updated list of carrier codes
04-01-07	Time Restricted Supplement	-	Updated date for mandatory use of revised CMS-1500

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-07	2	66-67 114 143-144 204 242 261-262	- Updated Children and Adolescents Immunization Schedules - Changed verbiage in Department of Health and Environmental Control and Initial Family Planning and Follow-up Exams sections - Changed “Dispensing Codes and Fees for Contact Lenses” to “Dispensing Codes for Contact Lenses and Glasses” - Added new paragraph in Corneal Transportation section to reflect bulletin dated December 13, 2006 - Added new section: Positron Emission Tomography (PET) Scans to reflect bulletin dated January 19, 2007 - Added new section: Pediatric Sub-Specialist Program Participation Requirements to reflect bulletin dated November 30, 2006
03-01-07	5	6	- Updated Barnwell county office address - Added DHHS Pediatric Sub-Specialists Certification form
03-01-07	Time Restricted Supplement	All	Removed all references to NDC quantity and unit
03-01-07	Appendix 1	-	Updated list of edit codes
02-01-07	TPL Supplement	31-32	Updated ECF Samples to show third payer line
01-01-07	2	31, 32, 34 37 38 39 79 99 111	- Updated sections to remove pricing of Botox, Mybloc, Xolair, Synagis - Changed code 76092 with 77057 - Added codes 82271 and 82272 to Hemocult Test - Changed code 76092 with 77057 - Removed “4th Floor” from the address for DME inquiries - Updated venipuncture information to match the system limits

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		112 114, 116, 248, 250, 251, 255, 257, 258 136 155 158 161 182 196 197 265	- Removed reference to Norplant as no longer covered since 2004 - Changed Family Planning Waiver from 22 months to 10 months - Removed references to Norplant - Changed “Providers must notify the ESRD program manager...” to “Providers must notify <u>their</u> program manager...” - Changed code 95078 to 95075 - Added the following statement to clarify of acne diagnosis code 706.1 documentation: “Support documentation is not required for billing purposes; however, the patient's record must clearly document the condition and medical necessity.” - Changed code 15831 to 15830 and added the correct CPT information - Changed code range 17304 – 17310 to range 17311-17315 - Added the Moh’s Technique 2007 definitions - Changed code 19140 to range 19300 – 19307 - Deleted code 15831 - Added codes 15830 and 15847 with definitions - Deleted codes 19140 - Added codes 19300 – 19307 - Updated code 19361 Changed description for procedure code 17000
01-01-07	3	-	Added Time Restricted Supplement
01-01-07	5	-	Added line “03” to sample ECF for the third payer declaration
01-01-07	Appendix 1	9, 14	Added Edit Codes 202, 203, 204, 301
01-01-07	Appendix 2	-	Updated list of carrier codes
11-01-06	2	-	Change “S.C. Medicaid” to South Carolina Medicaid

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		- 2 56 201	- Changed “DHHS” and “DHEC” to SCDHHS and SCDHEC, respectively - Managed Care Overview – Added prior authorization criteria - Changed “12- and 24-months of age” to “9- and 24-months of age” - Points of Emphasis for Prior Authorization - Updated prior authorization criteria Change “Better Health Plan” to “Unison Health Plan of South Carolina”
11-01-06	2	41-43, 57, 63	Updated policies to reflect Medicaid Bulletins dated September 19, 2006 and October 9, 2006.
11-01-06	5	-	Updated county office addresses
10-01-06	2	6, 18, 37-38, 44, 138, 140, 146, 162-163, 194, 203-204	Updated policies to reflect Medicaid Bulletins dated June 21, 2006; July 19, 2006, and July 28, 2006
10-01-06	5	-	Updated county office addresses
10-01-06	Appendix 2	-	Updated list of carrier codes
09-01-06	5	-	Updated county office addresses
09-01-06	Appendix 1	10, 11, 13, 15, 17, 18, 22, 23, 24, 26, 27, 28, 29, 30, 31, 32, 35, 36, 39, 40, 41, 42, 46, 47, 48, 49, 50, 52, 58, 60, 61, 62, 63, 66, 67	- Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949 - Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749 - Updated resolutions for edit codes 761, 764, 765, 768, 769, 771, 772, 773, 774 - Added new edit codes 518, 724 - Deleted edit code 777
08-01-06	-	-	Added TPL Supplement

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-06	5	-	Updated Reasonable Effort Documentation form
07-01-06	2	65-66 188	Updated the Children and Adolescents Immunization Schedules Updated CCME telephone number for prior authorizations
07-01-06	Appendix 1	23, 60, 61	Updated resolution for edit codes 504, 923, 940
07-01-06	Appendix 2	-	Updated list of carrier codes
05-02-06	2	-	Updated policies to reflect bulletin dated May 1, 2006
05-01-06	Appendix 1	52	Updated resolution for edit code 852
04-01-06	2	139-146	- Changed Vision Care Services to Part I - Changed Diagnostic Ophthalmology Services to Part II - Changed Ocular Surgery to Part III
04-01-06	Appendix 1	43	Updated resolution for edit code 735
04-01-06	Appendix 2	-	Updated list of carrier codes
03-01-06	3	4, 18, 19 20 25 25 40	- Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to www.dhhs.state.sc.us - Changed the Internet Explorer version required for the Web Tool to 6.0 - Added TPL indicators to the ECF field 4 description - Added Injury Code indicators to the ECF field 5 description - Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts
03-01-06	5	-	Removed "Sample Only" from Claim Adjustment Form (DHHS Form 130)
03-01-06	Appendix 1	60	Changed resolution for edit code 925
02-01-06	Appendix 1	41	Changed resolution for edit code 721

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-06	1	4, 5	Removed SILVERxCARD sample and program description
01-01-06	2	-	Changed “Carolina Medical Review” to “The Carolinas Center for Medical Excellence” throughout manual; updated CCME address, telephone, and fax number.
		17 21 28-29 31 40 54 62 76 90-91 100 103 112 113	Deleted Confirmatory Consultations CPT codes - Corrected Special Services/Visits – Emergency Office Services procedure code - Changed Visit Guidelines CPT code range and deleted the frequency limitations on codes - Corrected Myoblock® spelling; removed statement to bill Myoblock® using J3490 - Changed prior authorization forwarding address, fax, and telephone number to FIRST HEATLH Clinical Call Center - Added reimbursement codes for Influenza Vaccine under the VAFAC program - Added “DHHS will not reimburse for the FlueMIST vaccine product or the administration fee outside of the VAFAC program.” - Replaced Lead Screening paragraph - Added Well-child care indicators for field 24H of CMS-1500 - Changed Initial Consultation and Follow-up Consultation procedure code ranges - Replaced Administrative Days procedure code ranges and deleted Medicaid code limitation statements - Added to Postpartum Care, “Effective July 1, 2005” and “not” to family planning counseling or instruction - Deleted requirement to complete DHHS Form 204 for Physician’s Backup - Added to Appropriate Staff, “Effective July 1, 2005” and “not” to family planning counseling or instruction for office visits, an initial family planning exam, or a postpartum exam

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		113, 251, 258 124, 125, 129 126, 137, 142 154 156 212 216 218 226-227 259-263, 271 267 272-273	- Deleted E/M visit for Family Planning Counseling for Diaphragms (57170) - Added “Effective July 1, 2005” and “in addition to billing for the appropriate E/M office visit code or postpartum visit” for Norplant - Deleted A4260 for Norplant - Delete all sections with code 96100, Psychological Testing with interpretation and report - Delete codes 90871, 96115 - Added to Exam and Glasses for Beneficiaries Under 21, “Repairs and replacements during the year are not authorized.” - Added to Exam and Glasses for Age 21 and over, “detached retina surgery, corneal surgery, or glaucoma surgery. Prior authorization is required for post surgical lenses for recipients age 21 and over.” - Changed CPT code range for Chemotherapy Administered in a Physician’s Office - Deleted code 96140 - Changed Billing Notes CPT code range; deleted CPT range 90780-90781 - Changed code for refilling and maintenance of the implantable pump - Removed Automated Multi-channel Chemistry Tests code 83715 - Changed Pathology Consultations procedure code range - Deleted Lab Procedures 78160 and 82273 - Deleted Healthy Option Program - Deleted Category 1 Service codes 99201-99215 - Deleted Category 2 Services codes 99301-99313, 99321-99333
01-01-06	5	Exhibits	Changed “Carolina Medical Review” to “The Carolinas Center for Medical Excellence”

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			throughout manual; updated CCME address, phone, and fax number.
01-01-06	5	21	Updated Authorization Agreement for Electronic Funds Transfer
01-01-06	Appendix 1	67	Added edit code 935
01-01-06	Appendix 2	-	Updated list of carrier codes
12-01-05	Appendix 1	70	Added edit code 949
11-01-05	1	6, 7	Removed “HIPAA” from names of S.C. Medicaid Provider Outreach and S.C. Medicaid EDI Support Center
11-01-05	3	6 16	Changed verb tense under Procedural Coding and Diagnostic Codes Removed requirement for entering whole numbers for day or units in field 24G
11-01-05	3	4, 20, 34, 35	Changed generic reference for the South Carolina Medicaid Web-based Claims Submission Tool from SCMWBCST to Web Tool
11-01-05	3	4, 18, 19	Changed Web site from www.scdhhshipaa.org to www.scm Medicaid provider.org
11-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	5	5-14	Updated list of DHHS county offices
10-01-05	Appendices	-	Made each appendix a separate file; moved Change Control Record out of appendices to a separate file
09-01-05	2	18 32 56 62	- Added Provider ID and recipient ID to prior approval statement - Changed zip code from 8602 to 8206 - Added bullet for “No “Lead” for the purchase of mini-blinds

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		63 114 203	- Procedure code 99394 added “This code should be used for both new and established patients.” - Deleted Modifiers 1 and 2 for well-child care treatment and referral for treatment for an identified problem - Corrected spelling of IUD Deleted Cornea telephone number (843) 792-2765
09-01-05	4	-	Corrected CMS-1500 claim form entries
09-01-05	Appendix 2	All	Updated lists of carrier codes
09-01-05	Appendix 1	38 and 64	Added edit codes 577 and 900
09-01-05	Fee Schedules	All	Added the Physicians Fee Schedule and Laboratory Fee Schedule at the end of manual
08-01-05	Appendix 1	62	Added edit code 868
07-01-05	2	44, 45, 94, 95, 106, 252, 259, 281	Deleted information pertaining to Pregnancy/Newborn Risk Assessments and Form 204 in accordance with Medicaid Bulletin dated June 14, 2005.
07-01-05	3	All	- Added description of new Web Tool features - Removed instruction to attach EOB to paper claims Change MIVS zip code to 29211-9804 (from 29201)
07-01-05	5	Exhibits	Deleted Pregnancy/Newborn Risk Assessment Form (Form 204)
07-01-05	Appendix 2	All	Updated lists of carrier codes
03-14-05	2	216	Deleted first sentence in second paragraph of General Guidelines Section and added information in accordance with Medicaid Bulletin dated March 1, 2005
03-02-05	5	10, 11	Changed incorrect area codes for county offices in Saluda & Union

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-05	Appendices	All	Added new edit codes & changed some resolutions
02-11-05	5	4	Updated manual ordering information under Web Address header
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