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Date	Section	Page(s)	Change
07-01-26	Appendix 1	35,36	Codes 611-615 were added in reference to Referring/Ordering NPI.
07-01-26	1-Provider Admin. & Billing	14	Updated policy for ORP provider enrollment requirements and claims billing requirements with ORP provider's NPI
04-15-26	Appendix 2		Updated Carrier Codes
04-01-26	Admin. & Billing Manual	9	Added policy for compliance with Anti-kickback state and federal laws.
01-01-26	Appendix 1		Removal of Edit Code 974: This edit code was removed to comply with Program Area requirements. The MCO's are no longer responsible for this 90-day Payment. The service will be covered by FFS payments.
01-01-26	Appendix 2		Updated Carrier Codes
11-01-25	Appendix 1		For Edit Code 636: Co-payments are no longer subject to cost-sharing. It reads as follows: **For dates of service up to 6/30/2024**, the Medicaid recipient is responsible for a Medicaid copayment for this service/date of service. The allowed payment amount is less than the recipient's copayment amount; therefore, no payment is due from Medicaid. Please collect copayment from the Medicaid recipient. Do not submit a new claim. **For dates of service on or after 07/01/2024,** covered services are no longer subject to cost-sharing. The payment amount is the allowed Medicaid amount and is considered payment in full.
11-01-25	Admin. & Billing Manual	Section 1 Pg. 15	Removed language regarding the reimbursement of interns practicing under the supervision of a licensed professional. Interns have an enrollment pathway. Also, the requirements for Ordering and Rendering Physicians were removed as the list is outdated and to comply with PERM Audit findings. An updated list will be provided, when available.

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Date	Section	Page(s)	Change
10-27-25	Appendix 2		Updated Carrier Codes
07-01-25	Appendix 2		Updated Carrier Codes
07-01-25	Admin & Billing Manual Section 1	4-5	• Changed citation for the definition of SCMSA to State Regulations. • Added language about proof of residency requirement for certain provider types. • Added definition of In-State and Out-of-State providers and licensure requirements. • Clarified enrollment of out of state providers as permitted or required by state or federal law.
05-01-25	Appendix 1		Update to Edit Codes 721, 722 and 989.
05-01-25	Appendix 2		Updated Carrier Codes that were effective 04-01-25.
01-28-25	Appendix 2		Updated Carrier Codes that were effective 01-01-25.
11-01-24	Appendix 1		Codes were updated as of October 1, 2024 Edit Code 719- •**Claim Status: REJECT**-Check the prior authorization number, procedure code(s) and modifier(s) to ensure that the information on the claim matches the information on the prior approval letter. Attach appropriate documentation to the claim for review and consideration for payment. Refer to the applicable provider manual for the specific documentation requirements. •**Claim Status: SUSPEND**-The service/procedure has to be reviewed by Medicaid prior to payment. No further action by the provider is necessary. Edit Code 560- Verify the accuracy of the procedure/revenue code: Verify the correct revenue code (field 42) was billed. If the revenue code is incorrect, make the appropriate correction to the new claim. **UB CLAIM**: Enter the correct revenue code (Field 42) for that line.

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Date	Section	Page(s)	Change
11-01-24	Appendix 2		October updates to Carrier Codes
10-01-24	11	61	Reference is made for Intensive Outpatient/Partial Hospitalization Programs. The provider is instructed to go to the Hospital Services manual for the service definition and program requirements.
07-01-24	All	All	Changed word "beneficiary" to "member"
07-01-24	1 Part 1-PRTF	5	Updated language in "independent review"; updated language in "PRTF Admission Types"
07-01-24	1 Part 1-PRTF	6-8	Added "philosophy of Services"; added "Quality Assurance and Improvement Plan"; moved "PRTF Family-Driven and Youth-Guided Care section"
07-01-24	1 Part 1-PRTF	8	Updated language in "Purpose"
07-01-24	2 Covered Services	9.10	Updated language in "Admission Criteria" and "Continued Stay"
07-01-24	3 Eligible Providers	11	Updated language in "Provider Qualifications"
07-01-24	3 Eligible Providers	12	Updated language in "Existing Facilities"
07-01-24	3 Eligible Providers	13	Added attestation requirements
07-01-24	3 Eligible Providers	15	Updated "Staffing Requirements"
07-01-24	3 Eligible Providers	16-18	Updated "Staff Development and Training" and added requirements

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Date	Section	Page(s)	Change
07-01-24	3 Eligible Providers	18	Added requirements to "Staff to Client Ratio"
07-01-24	4 Covered Services and Definitions	20-21	Updated language in "Covered Treatment"; added Licensed Addiction Counselor to LPHA listing
07-01-24	4 Covered Services and Definitions	22-24	Added criteria to clinical assessment process; clarified Psychological Evaluation requirements, Therapy Services, Crisis Management, and Rehabilitative Psychosocial Services
07-01-24	5 Utilization Management	28-30	Updated QIO; added "Quality of Care Guidelines"; updated out-of-state facility admissions
07-01-24	6 Reporting/Documentation	32-34	Added items to be included in the clinical chart; updated documentation requirements; added criteria to plan of care inclusions
07-01-24	6 Reporting/Documentation	34-36	Added Treatment Team Meetings information and updated discharge planning.
07-01-24	6 Reporting/Documentation	36	Added to "application of time out"
07-01-24	6 Reporting/Documentation	36-43	Updated agency names within reporting requirements; updated "quarterly Reports of Seclusion and Restraint" contact information
07-01-24	6 Reporting/Documentation	44-46	Added criteria to "Facility Reporting of Serious Occurrences"; updated agency names and contact information; updated "Facility Reporting of Deaths"
07-01-24	8	48	Removed DRG payment methodology

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Date	Section	Page(s)	Change
	Part II Acute Inpatient Psychiatric Services		
07-01-24	14 Billing Guidance	82	Added "Reimbursement Payment Methodology" section to reflect change to per diem payment methodology.
07-01-24	Appendix 1	34, 80	Removed edit codes 636 and 977
07-01-24	TPL Supplement	4	Removed reference to Medicaid copayments
07-01-24	Copayment Schedule		Removed Copayment Schedule from manual homepage.
07-01-24	Admin & Billing Manual. Section 1	7	Clarified policy on Medical Necessity definition to cite with the South Carolina code of Regulations 126-425 (A)(9).
07-01-24	Admin & Billing Manual. Section 1	24-27	Health Record Retention: Updated policy regarding the retention of records for Medicaid purposes only; other state or federal rules may require longer retention periods. Health Record Documentation: Clarified policy related to health records date and signature requirements, documenting progress notes and services billed.
07-01-24	Admin & Billing Manual. Section 1	54	Updated Appeals section to emphasize that Providers must exhaust the claim reconsideration process (when applicable) before requesting an appeal. The reconsideration denial must be submitted with the appeal request.
07-01-24	Admin & Billing Manual. Section 2	55-56	Beneficiary Co-Payment was revised to read Beneficiary Cost Sharing. Added language that services are covered without cost sharing. Removed references to Medicaid copayment and

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Date	Section	Page(s)	Change
			cost sharing throughout the manual. Removed Copayment Exclusions.
04-29-24	Admin & Billing Manual	14-22	The omission of the application fee and hardship waiver request for Revalidation of Enrollment.
04-01-24	Appendix 2		Updated Carrier Codes
03-20-24	Admin & Billing Manual	Various Pages	"Remittance advice is accessible for three years after payment date via Web Tool" was added to the following sections: South Carolina Medicaid Web-Based Claims Submission Tool (Web Tool), Trading Partner Agreement, Duplicate Remittance Advice and Remittance Advice sections.
02-13-24	Appendix 2		Updated Carrier Codes (effective 1-1-24)
01-01-24	1 Admin. & Billing Manual	5	Added language to clarify that providers delivering services via telehealth may not be subject to the SCMSA location requirement.
01-01-24	1 Admin. & Billing Manual	7	Updated the definition of Medical necessity to align with State Law and regulations.
01-01-24	1 Admin. & Billing Manual	24-31	Updated Health records retention policy from five (5) years to four (4) years from the last payment date, with exception of nursing homes and hospitals that must retain such records for six (6) years. Updated health record documentation policy related to signature, date, and progress notes requirements.
01-01-24	1 Admin. & Billing Manual	32	Removed the examples of beneficiary information protected under HIPAA in the Safeguarding Beneficiary Information section.

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Date	Section	Page(s)	Change
01-01-24	1 Admin. & Billing Manual	39	Removed the 3 years limitations for claims filing timeline for members with retroactive eligibility.
01-01-24	1 Admin. & Billing Manual	49	Added language to clarify that the claims reconsideration process must be exhausted before a provider requests an administrative hearing.
10-17-23	Appendix 2		• Updated Carrier Codes
07-01-23	Appendix 2		• Updated Carrier Codes
05-11-23	Admin. and Billing manual	7 10, 11	• Added to Provider Enrollment requirements that providers must "Be located within the South Carolina Medical Service Area (SCMSA), which is defined as the State of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina State border as detailed in South Carolina Code of Laws, Section 44-6-110." Added section related to clinical trials.
05-11-23	Appendix 3	1,2	Added language referencing ARPA requirements around COVID-19 copayments
05-01-23	Appendix 2		Updated Carrier Codes
01-01-23	Appendix 2		• Updated Carrier Codes
01-01-23	1,3	8,17	• Certificate of need requirements has been changed to indicate the comprehensive assessment must be conducted within 10 business days by a Licensed Practitioner of the Healing Arts (LPHA). • Training requirement updates reflects the use of mental health first aid as optional and the addition of trainings to address growth and development, group dynamics, behavioral

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Date	Section	Page(s)	Change
			health disorders, therapeutic boundaries, grief and loss, cultural diversity and suicide awareness; and, • Cost history reporting will no longer be required before receiving a reimbursement rate.
10-10-22	Forms		Updated the Certificate of Need (CON) form.
10-01-22	Appendix 2		Updated Carrier Codes
08-01-22	Appendix 2		Updated Carrier Codes
07-01-22	Throughout Manual	Throughout Manual	The Psychiatric Hospital Service manual has updated policy language for serious occurrence reporting for Psychiatric Residential Treatment Facilities.
05-01-22	Appendix 2		Updated Carrier Codes
02-01-22	Admin. & Billing Manual	23	Added the following paragraph: "When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided."
01-01-22	Appendix 2		Updated Carrier Codes
01-01-22	TPL	3	Under "Cost Avoidance vs. Pay & Chase", Medicaid no longer covers Pay & Chase for prenatal claims and claims related to child enforcement policies; therefore, this information was removed.
01-01-22	Admin. & Billing Manual	31	Under "Health Insurance", Maternal Health was deleted and (after 100 days) was added.
11-01-21	Appendix 2		Updated Carrier Codes
10-01-21	Appendix 1		Added Edit Codes 607 & 608 to the Appendix
09-01-21	Forms		The Electronic Funds Transfer (EFT) was removed.

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Date	Section	Page(s)	Change
09-01-21	Forms		Updated the Sample Attestation Letter
08-01-21	Appendix 2		Updated Carried Codes that were effective 6-1-21.
07-01-21	Manual Homepage		Updated Managed Care Supplement
07-01-21	Admin. & Billing Manual	50,51	Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS.
04-20-21	Appendix 2		Updated Carrier Codes
01-21-21	Appendix 2		Updated Carrier Codes
11-1-20	Appendix 2		Updated Carrier Codes
10-15-20		5	Updated policy language in the Provider Administrative and Billing Manual regarding "Claims for Medicaid Reimbursement."
9-18-20			Updated the TPL supplement document
9-18-20		25	Provider Administrative & Billing Manual. Updated the "Disclosure of Information by Provider"
07-15-20	Appendix 1		Added new edits 291 and 791.
06-30-20	Appendix 2		Updated Carrier Codes
05-01-20	Appendix 2		Updated Carrier Codes
05-01-20			A link was added to the homepage of each individual manual to access "Co-Payments."
03-30-20			As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks.
12-16-19	3		Included "Initial Stay" policy language that was inadvertently left out during the Mercer transition.
10-31-19	Appendix 1	62	Added new edit code 882

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Date	Section	Page(s)	Change
08-29-19	Appendix 2		Updated Carrier Codes. A link was added to each guide's homepage to access the carrier codes.
08-23-19	Appendix 1	66	Updated resolution for edit code 901
08-14-19			For consistency with CMS State regulations, any reference to the word "guides" has been replaced with "manuals."
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms	-	Updated EFT form
07-01-19	1,3,5		Replaced with New Provider Administrative and Billing Guide
07-01-19	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
07-01-19	2		Guide was split into 2 parts. Part I-PRTF, Part II-Acute Inpatient Psychiatric
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Change Control Record	1, 2 2	• Updated Forms section change descriptions for dates 01-01-18 and 03-01-18 • Updated Webpage change description for date 03-01-18
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project

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Date	Section	Page(s)	Change
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	2	31	Updated Psychiatric Residential Treatment Facilities
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	3	25 25	• Updated Retro Health Insurance • Updated Retro Medicare
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	• Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952 • Updated CARC for 786 • Updated Resolution for 906 and 907
07-01-18	TPL Supplement	15-16 17	• Updated Retro Health and Pay & Chase • Updated TPL Resources
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
03-01-18	2	19	Updated Orders for the Use of Restraint and Seclusion
03-01-18	Forms	-	• Updated SCDHHS letterhead on Serious Occurrence Report Fax Form • Updated Quarterly Reports of Seclusion or Restraint
03-01-18	Webpage	-	Updated SCDHHS letterhead on Serious Occurrence Reporting Fax Form
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
01-01-18	4	1	Updated Correspondence and Inquiries

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Date	Section	Page(s)	Change
01-01-18	Forms	-	Updated SCDHHS letterhead on Serious Occurrence Report Fax Form
01-01-18	Webpage	-	Updated SCDHHS letterhead on Serious Occurrence Reporting Fax Form
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	2	6 8 16 19 24	Updated the following sections: • Program Modifications • Employment Background Checks • Notification of Facility Policy • Consultation with Treatment Team and Physician • Quarterly Reports of Seclusion or Restraint
10-01-17	Forms	-	• Updated Quarterly Reports of Seclusion or Restraint
10-01-17	Webpage	-	• Updated Quarterly Reports of Seclusion or Restraint
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	2	23 32 43 53	• Updated Quarterly Reports of Seclusion or Restraint • Updated Urgent Admission Procedures • Therapeutic Home Time — PRTF • Updated Thirty-Day Review
09-01-17	Forms	-	• Updated forms: o Claims Reconsideration o Duplicate Remittance Advice Request o Electronic Funds Transfer (EFT) Authorization Agreement forms o Quarterly Seclusion and/or Restraint Reporting form
08-11-17	2	43	Updated Therapeutic Home Time — PRTF

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Date	Section	Page(s)	Change
08-11-17	Change Control Record	5	Added language to Forms section for revision date 07-01-14
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	2	All	Updated entire section
07-01-17	3	11	Updated UB-04 Completion Instructions
07-01-17	Forms	-	Added Quarterly Seclusion and/or Restraint Reporting form and Serious Occurrence Report Fax Form
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
12-01-16	3	6 7	• Updated Procedural Coding • Updated Diagnostic Codes
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5-6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	Appendix 1	67	Updated edit code 979
09-01-16	Appendix 2	-	Updated carrier codes
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965

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Date	Section	Page(s)	Change
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	4	- 1 3	• Updated hyperlinks throughout section • Updated Administration section • Updated Procurement of Forms section
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	2	10	Updated Beneficiary Certification of Need (CON) for Services
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: • South Carolina Medicaid Program o Program Description o SC Healthy Connections Medicaid Card(s) • Records/Documentation Requirements o General Information o Signature Policy • Medicaid Program Integrity o Program Integrity • Appeals
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover

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Date	Section	Page(s)	Change
11-04-15	3	39	Updated Remittance Advice Items to add Y claim type to field D
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	3	6 13	• Updated Procedural Coding • Updated UB-04 Completion Instructions, field 67 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System
10-01-15	4	1	Updated Correspondence and Inquiries to replace "South Carolina Medicaid" with "South Carolina Healthy Connections (Medicaid)"
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 o Added note to general instructions o Replaced ICD-9 with ICD-CM throughout section • Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792
09-01-15	3	 7 15	• Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System: o Diagnosis Codes • Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool
09-01-15	Appendix 1	5, 14	• Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System

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Date	Section	Page(s)	Change
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
06-01-15	3	7	Update Diagnostic Codes
03-13-15	3	15	Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
03-01-15	Appendix 2		Updated carrier codes
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	2-4 19-20	Added the following policies: • Copayment • Claim Reconsideration
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	Appendix 1	70	Updated edit code 989
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	• Updated edit code 079, 637, 719, 820, 821, 908, 909 • Added new edit code 790
09-01-14	4	1	Remove language related to the county office listing
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	Appendix 1	51, 69	• Deleted edit codes 845 and 969

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		24, 48-51, 58	• Updated edit codes 537, 837-839, 843, 844, and 892
07-01-14	2	1-45 47-60	• Update the following sections: o Program Overview o Service Guidelines
07-01-14	Forms	-	• Removed Request for Emergency Admission Concurrence (REAC) form • Updated Certificate of Need form • Removed DHHS Form 254, DHHS Form 257, and Residential Treatment Facility Admission / Discharge Notification for HCK Beneficiareis form
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-01-14	Forms	-	Updated Certificate of Need form
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DHHS county office listing
05-01-14	4	1 5	• Replaced reference to county office listing with the Where To Go for Help web address • Removed DHHS county office listing
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	Change Control Record	2-3	Deleted CMS-1500 changes from January 1, 2014 for sections 3 and Forms
04-01-14	1	6, 23, 25	• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated the following sections:

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Date	Section	Page(s)	Change
		29-31 32 33 37 39 41-44	o Program Integrity o Recovery Audit Contractor o Beneficiary Oversight o Fraud o Referrals to the Medicaid Fraud Control Unit o Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)
04-01-14	3	1-20 11 13-14	• Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form • Updated Trading Partner Agreement • Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)
04-01-14	4	10	Updated Horry County address
04-01-14	Forms		• Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms • Removed Sample Edit Correction Form • Updated Sample Remittance Advice
04-01-14	Appendix 1	35 -	• Added edit code 527 • Entire section: o Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form o Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version
04-01-14	TPL Supplement	 5 6-8 9-10 10-11 13-14 15-16 22-23	• Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form: o Timely Filing Requirements o Reasonable Effort o Nursing Facility Claims o Professional, Institutional, and Dental Claims o Rejected Claims o Recovery o Sample Forms – Reasonable Effort

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Date	Section	Page(s)	Change
		30-31	o Sample Forms – ECF (deleted)
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	4	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25 1-2 4 6 26 29-30 32 32	Updated to reflect the following bulletins: • Managed Care Organizational Changes dated November 15, 2013 • Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 Updated the following sections: • Eligibility Determination • South Carolina Health Connections Medicaid card • South Carolina Web-based Claims Submissions Tool • Retroactive Eligibility • Program Integrity • Recovery Audit Contractor • Beneficiary Explanation of Medical Benefits Program
01-01-14	2	4 4 6 8	• Updated the following sections: o QIO Prior Authorization (KePRO) o Continued Stay Facilities o Contracts and Enrollment o Attestation Requirements
01-01-14	3	-	Updated entire section to reflect the following bulletins: • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Managed Care Organizational Changes dated November 15, 2013
01-01-14	4	1 3-4	Updated the following sections • Correspondence and Inquiries • Procurement of Forms
01-01-14	Forms		• Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms

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Date	Section	Page(s)	Change
			• Replaced logo on X form (Add for program-specific forms)
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
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		• Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014
12-01-13	4	12	Updated Orangeburg mailing address zip codes
11-01-13	4	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	4	12 13	• Updated Orangeburg office and mailing address • Updated York County office address
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	• Updated CARCs/RARCs throughout section • Added edit codes 110 and 725 • Deleted edit code 961 • Revised edit codes 720, 749, 750, 758, and 759
10-01-13	MC Supplement	20	• Added WellCare MCO Medicaid card and contact information
09-01-13	4	8 10 13	• Updated Darlington County zip code • Updated Laurens County phone number • Updated York County office address

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Date	Section	Page(s)	Change
09-01-13	Forms	-	• Updated DHHS Certification of Need Psychiatric Hospital Services for Children Under 21 • Updated DHHS Form 257
08-01-13	4	13	• Updated York County physical address
08-01-13	Appendix 1	1 50, 51 72	• Updated resolution for edit code 007 • Updated RARC and resolution for edit codes 820 and 821 • Deleted edit codes 954, 955, and 956
08-01-13	Appendix 2	All	Updated carrier codes
07-01-13	4	8 11	• Updated Colleton County office telephone number • Deleted Newberry County PO Box address
06-01-13	4	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	Appendix 1	2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	• Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 • Updated CARCs for edit codes 460, 544, 569 • Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 • Added edit codes 820, 821 • Updated edit code 935, 938, 939
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	4	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

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)
01-01-13	2	4-5 1 2 4 5 6 36	• Added QIO Prior Authorization (KePRO) section • Updated the following sections: o Program Description o Program Modifications o Inpatient Psychiatric Residential Services Referral Form – DHHS Form 257 o Short-Term Psychiatric Hospital o Psychiatric Residential Treatment Facilities o Referral/Authorization
01-01-13	4	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	5 12, 23 19-20	• Updated National Provider Identifier and Medicaid Provider Number • Updated provider information web addresses • Updated Electronic Funds Transfer (EFT)
12-01-12	4	4 11	• Updated URL for provider information • Updated McCormick county office telephone number
12-01-12	Appendix 1	24, 26, 27, 32, 33	• Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		19, 27, 40, 44, 45, 47, 49, 50, 55, 56, 57, 59, 60, 61,	• 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	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 16, 23 5, 11, 19	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlinks
08-01-12	4	1 5 7	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed fax request information for SCDHHS forms • Added SCDHHS forms online order information • Updated telephone number for Greenville county office
08-01-12	Forms	-	• Deleted forms 140 and 142 • Updated Duplicate Remittance Advice Request Form
08-01-12	Appendix 1	-	• Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		1, 24, 60, 65, 66-67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48	• Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 • Added edit codes 349, 590, 978, 990, 991-995 • Deleted edit codes 166, 205, 573, 574, 593, 596 • Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798
08-01-12	Managed Care Supplement	1-2 7 11 17 19	• Changed Division of Care Management to Bureau of Managed Care • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Removed language limiting enrollment to 2500 members • Update contact information for Palmetto Physician Connections • Added to "Medicaid" to BlueChoice HealthPlan
08-01-12	TPL Supplement	5, 6, 10,17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
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
04-01-12	4	11 12	• Updated address for Marion County • Updated phone number for Newberry County
02-07-12	Cover	-	Manual cover updated January 1, 2012
02-07-12	Appendix 1	18 24 30	• Updated edit code 402 • Updated edit code 544 • Updated edit code 636, 637, and 642
02-01-12	3	14	Added a note regarding The Web Tool
02-01-12	4	9	Updated the Fairfield county office number
02-01-12	Appendix 1	18 30 42	• Updated edit code 402 • Updated edit code 636, 637, and 642 • Updated edit code 766

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		49	• Updated edit code 867
01-01-12	1	2-5, 20, 24	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
01-01-12	3	- 19	• Updated hyperlinks throughout section • Updated EFT information
01-01-12	4	1	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
01-01-12	Appendix 1	62 -	• Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11 • Updated CARCs and RARCs throughout the document
01-01-12	Managed Care Supplement	9	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
01-01-12	TPL Supplement	2	Deleted IVRS Information per "Retirement of Toll Free Eligibility Verification Line" bulletin released 11-18-11
11-01-11	1	24	Updated TPL contact information
11-01-11	3	23, 25	Updated TPL contact information
11-01-11	TPL Supplement	6, 15 12 3, 17, 19	• Changed Medicare timely filing requirement to two years and six months • Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code • Deleted sample legacy number from UB-04 TPL Fields table • Updated TPL contact information
10-01-11	Appendix 1	14, 29 47	• Added edit codes 334 and 584 • Updated edit code 845

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-11	1	19	Deleted information regarding National Correct Coding Initiative
09-01-11	4	13	Updated zip code for Spartanburg County office
09-01-11	Appendix 1	15, 29, 30	Added edit code 361, 591, 596 and 605
08-01-11	3	-	Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments
08-01-11	Appendix 1	8	Updated edit codes 165 and 166
08-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 11, 2011
08-01-11	Managed Care Supplement	1, 5	Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011
07-01-11	4	13	Deleted PO Box address for the Spartanburg County Office
07-01-11	Appendix 1	12 43 56	• Updated resolution for edit code 300 • Added edit codes 840 and 841 • Updated Provider Enrollment Contact information in edit codes 941 and 944
07-01-11	Appendix 3	1	Updated the copayment schedule per the bulletin effective July 8, 2011
06-01-11	4	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	 6 32 36 38	Updated the following sections: • Out-of-State Facilities • Employment Background Checks • Documentation Requirements • Admission Criteria
05-01-11	Appendix 1	43	Updated edit code 796

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-11	4	6	Updated telephone number for Beaufort County
04-01-11	Forms	-	Updated Electronic Funds Transfer Form
04-01-11	Appendix 3	-	Updated copay amounts to reflect bulletin dated 3-16-11
03-01-11	1	7, 9	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	3	12, 16, 19	Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center
03-01-11	4	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	2	2-3 31	• Added Program Modifications section • Added two paragraph under Employment Background Checks section
02-01-11	3	-	General formatting changes
02-01-11	Appendix 1	3	Added edit codes 079 and 080
01-01-11	1	7 19-20	• Updated the South Carolina Medicaid Web-based Claims Submission Tool section • Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits
01-01-11	3	12, 15, 17, 20	• Updated electronic remittance package information

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		16	• Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package
01-01-11	4	13	Added toll-free telephone number for Saluda county
01-01-11	Forms	-	Added Duplicate Remittance Request Form
01-01-11	Appendix 1	9	Added edit codes 165 and 166
01-01-11	TPL Supplement	8, 10 8 10 13 15 15	• Removed references to Dental claims • Removed language to contact program areas for missing carrier codes • Added reference to CMS-1500 for correcting edit code 151 on the ECF • Added edit code 165 to other TPL-related insurance edit codes list • Updated Retro Medicare section to include the following: o Changed the timely filing requirement from 90 days of the invoice to 30 days o Added SCDHHS TPL recovery language • Updated the Retro Health and Pay & Chase section
12-01-10	Cover	-	Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)”
12-01-10	Appendices	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
12-01-10	Supplements	-	Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers
11-01-10	Forms	-	Updated DHHS Form 257, Inpatient Psychiatric Residential Services Authorization Form
11-01-10	Appendix 1	8 16 32	• Edit code 202: added information to Resolution section • Edit codes 421 and 424 deleted

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		51 52	• 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 • Updated Freedom of Choice section
10-01-10	4	11	Correct McCormick county office street address
10-01-10	Managed Care Supplement	- 1 2 3 4 5 6 13 17	• Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program • Updated Managed Care Overview • Updated Managed Care Organizations and Core Benefits paragraphs • Updated MCO Program ID card paragraph • Updated MHN Program ID card paragraph • Updated Core Benefits • Updated Exempt Services • Updated Overview • Deleted "Medicaid Managed" from "Current Medicaid Managed Care Organizations" heading and following paragraph
09-01-10	2	41	Deleted blank page

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-10	4	5, 8, 11	• Removed County Commissioner's Building from the Aiken County address • Deleted Dorchester County physical address telephone number • Removed Highway 28 N from the McCormick County address
09-01-10	Appendix 1	9 -	• Added edit code 225 • Removed all references to the ADA Claim in the Resolution column
09-01-10	TPL Supplement	12 13 18	• Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information • Updated the Web-Submitted Claims section with the exception to Dental claims • Updated the TPL Resources section to include the DentaQuest contact information for TPL questions
08-01-10	4	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	Forms	-	Updated the Notice of Non-Coverage for Inpatient Psychiatric Hospital Care
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	2	49-50	Updated the following sections: • Utilization Review section • Psychiatric Quality of are Criteria • Appeals Process
07-01-10	4	-	Updated telephone numbers and zip codes for multiple county offices

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-10	Forms	-	• Deleted DHHS Form 254 - Referral/ Authorization for Services – Children's Behavioral Health Services • Added DHHS Form 257, Inpatient Psychiatric Residential Services Authorization Form
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 the TPL Name for First Health to Magellan Medicaid Administration
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
05-01-10	4	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 section 1 and section 3 entries dated 12-01-09
03-01-10	3	3, 13	Removed modem as an electronic claims transmission method
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	24	Updated the Facility Reporting Deaths section to include the Death Reporting Worksheet for PRTFs

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-01-10	4	5 10 12	• Updated Physical Address for Allendale County Office • Replaced Jasper County DSS with Jasper County DHHS • Replaced Orangeburg County DSS with Orangeburg County DHHS
01-01-10	Forms	-	• Added new Death Reporting Worksheet - PRTFs • Added new Healthy Connections Residential Treatment Facility Admission/Discharge Notification for HCK Beneficiaries
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	3	1-2 12, 14-20	• 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	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	Forms	-	Updated CALOCUS form
11-01-09	Appendix 2	All	Updated carrier code list
10-01-09	1	3-4	• Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs)

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		4-6 26	• 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	12-22 28 28 1 29 29 32-38, 42-47	• Added the following new subsections: o Restraint and Seclusion o Medication Management o Employment Background Checks o Staff Development • Updated the following subsections: o Program Description o Staffing Requirements o Certification of Need – Urgent Need • Add CALOCUS policy to reflect Medicaid Bulletin dated
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	Forms	-	• Updated Referral Form/Authorization for Services, Children's Behavioral Health Services Form (Form 254) • Added new CALOCUS Score Sheet
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	Forms	-	Updated Referral Form/Authorization for Services, Children's Behavioral Health Services Form (Form 254)
09-01-09	Managed Care Supplement	21 20, 25	• Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			• Updated Absolute Total Care entries as following: o Changed the company's name to Absolute Total Care o Replaced the beneficiary card samples o Corrected contact information
08-01-09	4	14	Updated telephone number for York County office
08-01-09	Appendix 1	3	Updated edit code 062
08-01-09	Appendix 2	-	Updated carrier code list
07-01-09	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
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 • Updated the Medicaid Program Integrity subsection
05-01-09	4	13	Updated telephone number for Union County office
05-01-09	Appendix 1	43	Deleted edit code 694
05-01-09	Appendix 2	-	Updated list of carrier codes
05-01-09	Managed Care Supplement	-	Updated supplement to include general policies and procedures effective May 1, 2009

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
04-01-09	1	2, 3, 8	Updated hyperlinks
04-01-09	3	5, 12, 19, 23	Updated hyperlinks
04-01-09	4	11	Updated telephone number for Lexington County office
03-01-09	2	2 9, 35, 37 11 12 23-24 34 38	• Updated requirements for DHHS Form 254 • Updated section to include admission descriptions • Updated Interdisciplinary Teams and Individual Plan of Care requirements • Updated Thirty-Day Review subsection as follows: o Changed beneficiary to client throughout subsection o Added SCDHHS PRTF contact information • Updated the following requirements in the Program Content subsection - Therapy Services, Medical Services, and Engagement Services and Activities • Updated Transition to a Community Setting requirements • Updated Child and Adolescent Level of Care Utilization System (CALOCUS) subsection to require the use of CALOCUS for PRTF admissions
03-01-09	Forms	-	Replaced Request for Emergency Admission Concurrence (REAC) form
03-01-09	4	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	Appendix 1	43 72	• Added new edit codes 693 and 694 • Changed edit code 945 Resolution to input "26"modifier in field 18

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-01-09	Managed Care Supplement	1, 7, 10, 17, 23, 25-30, 35	Updated hyperlinks
03-01-09	TPL Supplement	8, 9, 19	Updated hyperlinks
02-01-09	4	5	Updated Allendale County office PO Box zip code
02-01-09	Forms	-	Updated Authorization Agreement for Electronic Funds Transfer (EFT) form
02-01-09	Appendix 2	-	Updated list of carrier codes
01-01-09	1	8	Updated hyperlink for bulletin.scdhhs.gov
01-01-09	4	11	Updated Lee County office address
11-01-08	1	8	Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008
11-01-08	3	15, 18	Added EFT information to reflect Medicaid Bulletin dated August 26, 2008
10-01-08	4	9, 13	• Updated address for Lake City • Updated phone number for Sumter County office
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	5 22	• Updated verbiage for first bullet in the Conditions of Participation section • Updated verbiage for first bullet in the Psychiatric Evaluation section
09-01-08	4	6	Updated phone number for Berkeley County office
09-01-08	4	10	Updated phone number for Kershaw County office
09-01-08	Forms	-	Updated DHHS Certification of Need Psychiatric Hospital Services for Children Under 21 form
09-01-08	Appendix 1	17	Added Edit Code 318

CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-01-08	Appendix 1	3	Updated Edit Code 062
08-01-08	4	7	Deleted PO Box for Chester County