CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
09-01-25	2	2	Within the Medical Care Home, Physicians may use alternate assessment models and validated secondary autism screeners to diagnose autism or determine presumptive eligibility for applied behavior analysis (ABA) therapy based on risk for ASD while member waits for a CDA.
09-01-25	6	19	Licensed Physicians are able to administer a comprehensive diagnostic assessment (CDA) and refer patients to medically necessary services.
09-01-25	8	38	Additional diagnostic tools can be used during the CDA.
08-01-25	Procedure Codes	4-3.	Added general pediatricians and advanced practitioners to list of providers for the T1023 and T1023TP codes.
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	Section 3- Eligble Providers	7	Clarified language about provider location within SCMSA in alignment with the Admin and Billing manual.
05-01-25	Appendix 1		Update to Edit Codes 721, 722 and 989.
05-01-25	Appendix 2		Updated Carrier Codes that were effective 04-01-25.
01-28-25	Appendix 2		Updated Carrier Codes that were effective 01-01-25.
01-01-25	Cover page		Updated cover page date

CHANGE CONTROL RECORD

01-01-25	Section 4: Covered Services	19	Updated Applied Behavior Analysis Treatment Services telehealth language to align with the overview policy on pages 21-24.
01-01-25	Section 4: Covered Services	21- 24	Expanded existing telehealth policy to a telehealth overview policy that includes definitions, eligible providers, places of service, and telehealth criteria.
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.
11-01-24	Appendix 2		October updates to Carrier Codes
07-01-24	Procedure Codes	1	The following new codes were added: 07152, 07157, 0362T, 0373T
07-01-24	4 Covered Services and Definitions	18-21	Added new service definitions for four new service codes.
07-01-24	2	8, 10	Removed references to MCOs.

CHANGE CONTROL RECORD

07-01-24	Appendix 1	34, 80	Removed edit codes 636 and 977
07-01-24	Copayment Schedule		Removed Copayment Schedule from Manual homepage.
07-01-24	TPL Supplement	4	Removed reference to Medicaid copayments
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.
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-

CHANGE CONTROL RECORD

			Based Claims Submission Tool (Web Tool), Trading Partner Agreement, Duplicate Remittance Advice and Remittance Advice sections.
02-13-14	Appendix 2		Updated Carrier Codes (Eff. 1-1-24)
02/01/24	Cover Page		Published Cover Page
02/01/24	Section 4 – Procedure Codes	2	Specified reimbursement for Developmental Evaluation Centers are based on contracted rates, and that other codes outside of the contract may be billed for appropriate services.
01/01/24	Procedure Codes	3	Added Developmental Evaluation Centers (DEC) codes to Procedure Codes section
01/01/24	Procedure Codes	1	Added Developmental Evaluation Centers (DEC to content page
01/01/24	Covered Services & Definitions	19	Added Developmental Evaluation Centers (DEC) information to Covered Services & Definitions section of manual
01/01/24	Content	1	Added Developmental Evaluation Centers (DEC) to manual content page
01/01/24	Manual	21	Removed references to KEPRO and replaced with QIO
10-17-23	Appendix 2		Updated Carrier Codes
07-01-23	Appendix 2		Updated Carrier Codes
07-01-23	4	19	Under Staff -to-Beneficiary Ratio, **ADDED in RED** All ABA treatment services should be one-to-one except in the case of Family Adaptive Behavior Treatment Guidance and Group Adaptive Behavior Treatment by Protocol
07-01-23	4	19	Under Family Training, deleted:
07-01-23	4	18-19	Under Direct Treatment, added: Group Adaptive Behavior Treatment by Protocol, multiple patients, performed by a BCBA Administered by a BCBA or BCaBA with two or more beneficiaries, utilizing a behavioral intervention protocol designed in advance by the BCBA or BCaBA.

CHANGE CONTROL RECORD

			Group Adaptive Behavior Treatment by Protocol, multiple patients, performed by a RBT and ~~A~~dministered by an RBT under the direction of a qualified healthcare professional, with two or more beneficiaries, utilizing a behavioral intervention protocol designed in advance by the BCBA or BCaBA.
07-01-23	3	11	Staff-to-Beneficiary Ratio and Case Load Management **(Added sentence in RED)** ABA providers must maintain at least a one-to-one staff-to-beneficiary ratio throughout treatment, with the exception of group adaptive behavior treatment. Additionally, ABA providers must adhere to the following caseload ratio:
07-01-23		Procedure Codes	Added codes for the Group Treatment Services **97154**: Description: Group Adaptive Behavior Treatment by Protocol, multiples patients, performed by a Registered Behavioral Technician (RBT) Rate: $9/10-15-minute unit ($36.40/hour) Service Limit: 6 hours per day. **97158**: Description: Group Adaptive Behavior Treatment by Protocol, multiples patients, performed by a Board-Certified Behavior Analyst (BCBA) Rate: $13/15-minute unit ($52/hour) Service Limit: 6 hours per day. Rate and Service limit increases were added to the following codes: **97153** New Rate: $14.88/15-minute unit($59.52/hour) **97156** New Rate:96 units per year (15-minute unis)
05-11-23	Procedure Codes	1	Added "GT" Modifier
05-11-23	4 4	19 21	Supervision of Registered Behavior Technicians (RBT's) and other therapies is available using telehealth for established patients. Removed Telehealth as a non-covered service.

CHANGE CONTROL RECORD

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	6	25,30	• A documentation requirement that indicates the beneficiary rights were reviewed and acknowledged has been added. • Next-of-kin or responsible party is now able to sign the consent form when a crisis prevents the Medicaid member or parent from signing; and, • Progress summaries must now include any barriers to progress and the reason why there was a failure to provide the recommended services and frequencies, when applicable.
10-01-22	Appendix 2		Updated Carrier Codes
08-01-22	Appendix 2		Updated Carrier Codes
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.

CHANGE CONTROL RECORD

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.
07-01-21	Manual Homepage		Updated Managed Care Supplement
07-01-21	Admin. & Billing Manual	50,51	Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS.
04-20-21	Appendix 2		Updated Carrier Codes
03-30-21	6	29	Progress summaries can span the entire previous authorized treatment period (up to 180 days) on one report as part of the continued stay prior authorization requests.
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.
07-01-20	6	30	Removed ASD Service Provider Network language. Modified the assessments required as part of the IPOC.
06-30-20	Appendix 2		Updated Carrier Codes
05-01-20	Appendix 2		Updated Carrier Codes

CHANGE CONTROL RECORD

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	4		Aligned policy with CMS regarding Counting Minutes for Timed Codes in 15 Minute Units and Medically Unlikely edits.
10-31-19	Appendix 1	62	Added new edit code 882
08-29-19	Appendix 2		Updated Carrier Codes. A link was added to each guide's homepage to access the carrier codes.
08-23-19	Appendix 1	66	Updated resolution for edit code 901
08-14-19			For consistency with CMS State regulations, any reference to the word "guides" has been replaced with "manuals."
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms		Updated EFT form
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
05/01/19	4	1	Updated Screening and Diagnostic Assessment Services and ASD Treatment Services
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
02-01-19	2	15 18 20	• Changed heading from Presumptive Diagnosis for Beneficiaries under the Age of Three to Presumptive Diagnosis for Beneficiaries under the Age of Four • Changed SCDHHS ASD Prior Authorization Request form to Outpatient Prior Authorization Request Fax Form • Updated Staff-to-Beneficiary Ratio and Case Load Management

CHANGE CONTROL RECORD

02-01-19	4	1-2	Updated ASD Treatment Services and RBT billing requirement
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	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	2	17-18 31	• Updated Prior Authorization for ABA Provider • Updated Applied Behavior Analysis Treatment Services
07-01-18	3	32-33 33	• Updated Retro Health Insurance • Updated Retro Medicare
07-01-18	4	1, 2	Updated ASD Treatment Services
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
04-01-18	2	1 3-28 29-33	Updated the following sections: • Overview • Provider Requirements • ASD Treatment Service Standards

CHANGE CONTROL RECORD

04-01-18	Forms	-	• Added ASD Fax Cover Sheet • Deleted ASD Utilization Management Checklist
04-01-18	Webpage	-	Deleted ASD Utilization Management Checklist
03-01-18	Forms	-	• Updated SCDHHS letterhead on ASD Utilization Management Checklist • Updated SCDHHS letterhead on ASD LIP Provider Application
03-01-18	Webpage	-	Replaced ASD Utilization Management Checklist and ASD LIP Provider Application to update SCDHHS letterhead
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	1 13	• Updated Overview • Updated Documenting Medical Necessity
01-01-18	Forms	-	• Updated SCDHHS letterhead on ASD Utilization Management Checklist • Updated SCDHHS letterhead on ASD LIP Provider Application
01-01-18	Webpage	-	Replaced ASD Utilization Management Checklist and ASD LIP Provider Application
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	2	25	Updated Individual Plan of Care (IPOC) Due Date
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	2	6	Updated ASD Group Provider Enrollment Guidelines
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	Appendix 2	-	Updated carrier codes
07-01-17	2	6	Updated the following sections: • LIP and ABA Provider Enrollment Guidelines

CHANGE CONTROL RECORD

		8 10 10,11 29 37 37,38	• ASD Provider Enrollment Guidelines • Billable Codes • Prior Authorization • Individualized Plan of Care (IPOC) • Non-ABA ASD Treatment Services By A Lip • Behavior Identification Assessment
07-01-17	4		Updated ASD Treatment Services
07-01-17	Forms	-	Added ASD LIP Provider Application
06-09-17	2	1 3-4 4 7-8 9,10 11,12 13 18 20,21 21,22 23 28 30 31 34 35,36	Updated the following sections: • Overview • Provider Qualifications • Provider Qualifications Table • LIP and ABA Provider Enrollment Guidelines • ASD Group Provider Enrollment Guidelines • Billable Codes • Administrative Services Organization (ASO) • Maintenance of ASD Network Provider Credentials • Staff-To-Beneficiary Ratio and Case Load Management • Clinical Records and Documentation Requirements • Consent for Treatment • Error Correction • Psychological Assessment/Testing • Presumptive Diagnosis for Beneficiaries Under the Age of Three • Behavior Identification Assessment • Staff-to-Beneficiary Ration
06-09-17	4	1 2	• Updated Screening and Diagnostic Assessment Services • Updated ASD Treatment Services
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes