

Provider Manual Change Control Record

Date	Section	Page	Change
01/01/25	Therapeutic foster care (TFC)	29	The Select Health behavioral health benefit also provides coverage of TFC services for Medicaid- eligible children 0 – 21 years of age. Added: SCDSS pre-approval required.
01/01/25	Services provided by Medicaid fee-for-service	88	Added: Collaborative Care Model (CoCM) Effective October 1, 2024, coverage of psychiatric Collaborative Care Model was added. CoCM is a systematic strategy for treating behavioral health conditions in a primary care setting through integration of care coordination and psychiatric consultation.
01/01/25	Services provided by Medicaid fee-for-service	89	Added: Intensive Outpatient Programs Effective October 1, 2024, coverage of intensive outpatient programs (IOPs) and partial hospitalization programs (PHPs), with a psychiatric focus for children and adults was added.
01/01/25	Services provided by Medicaid fee-for-service	89	Updated spelling for diagnosis and bacterial <ul style="list-style-type: none"> Nucleic acid amplification test (NAAT): NAAT is covered for the diagnosis of bacterial vaginosis when performed by qualified lab providers.
1/01/25	Services provided by Medicaid fee-for-service	89	Added: Genetic, Molecular and Biomarker Testing: These tests are used to identify changes or abnormalities in chromosomes, genes, or proteins to confirm or rule out suspected genetic conditions. A genetic test involves an analysis of human chromosomes, deoxyribonucleic acid (DNA), ribonucleic acid (RNA), or gene products to establish a diagnosis of a genetic condition.
02/02/25	No updates		
03/01/25	No updates		

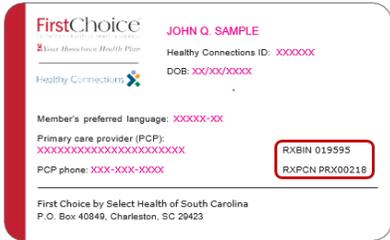
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04/01/25	CLAIM FORMAT	62	<p>Under</p> <ul style="list-style-type: none"> Use valid diagnosis, revenue, and CPT codes. Some health care professionals/providers inadvertently submit invalid codes not recognized by Medicaid. If your contractual agreement with Select Health indicates health care professional/provider specific codes, please use the specific codes indicated in your agreement. <p>ADD new bullets</p> <ul style="list-style-type: none"> In order to prevent unnecessary claim denials, please ensure all services provided by the same practitioner on the same date of service are included on a single claim. When submitting a claim to Select Health, typical providers must use the NPI of the ordering/referring provider and NPI and taxonomy code for each rendering pay-to and billing provider.
05/01/25	Entire Manual		Updated all references to Optum/Change Healthcare and Availity to Clearinghouse(s) throughout the manual.
05/01/25	Submitting Claims Electronically	73	<p>Submitting Claims Electronically</p> <p>Electronic Data Interchange (EDI) allows faster, more efficient, and cost-effective claim submission for providers. EDI, performed in accordance with nationally recognized standards, supports the health care industry's efforts to reduce administrative costs.</p> <p>ADDED</p> <p>The Plan encourages all providers to submit claims electronically. Providers may submit electronic claims via Optum/Change Healthcare or Availity clearinghouses. Hereafter throughout this document we will use "Clearinghouse" to mean wither Optum/Change Healthcare or Availity.</p> <p>For those interested in electronic claim filing, contact your EDI software vendor or one of the clearinghouses:</p> <ul style="list-style-type: none"> Optum/Change Healthcare's Provider Support Line, available via online chat or by calling 1-800-527-8133, option 2, Monday-Friday 7am to 5:30pm CST. Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday-Friday from 8am to 8pm EDT.
05/01/25	Submitting Claims Electronically	74	<p>Submitting Claims Electronically</p> <p>All the same requirements for paper claim filing apply to electronic claim filing.</p> <p>Questions regarding electronically submitted claims should be directed to Provider Claim Services at 1-800-575-0418. Here, you may obtain information about submitting claims electronically to Select Health or information regarding claims that <i>have already been submitted</i> electronically to Select Health. If you would like assistance in resolving submission issues reflected on either the Acceptance or R059 Unprocessed Claims reports, contact the Change Healthcare Provider Support Line at 1-800-845-6592.</p>

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	Submitting Claims Electronically		<p>Replaced With:</p> <p>Optum/Change Healthcare Provider Support Line at 1-800-527-8133, option 2, Monday-Friday 7am-5:30pm CST, or Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday-Friday 8am-8pm EST.</p>
05/01/25	835 Electronic Remittance Advice	74	<p>Removed wording under:</p> <p>835 electronic remittance advice</p> <p>Select Health/AmeriHealth Caritas has partnered with Change Healthcare and HDX as clearinghouses for the 835 electronic remittance advice transactions. Change Healthcare and HDX are leaders in processing transactions for vendors, health care professionals/providers, and health plans in the HIPAA compliant standardized formats.</p> <p>Health care professionals/providers may choose either clearinghouse from which to receive their 835 electronic remittance advice. The health care professional/provider's current EDI vendor should be contacted for additional information prior to contacting HDX or Change Healthcare.</p> <p>HDX Contact Information: 1-610-219-3331HDX Electronic Remittance ServiceERSPayers@HDX.com</p> <p>Change Healthcare Contact Information: 1-800-845-6592(Health care professional/provider Help Desk)</p> <p>Health care professionals/providers should be prepared to supply the following information during the set up phase:</p> <p>EDI vendor and submitter ID. Group/facility name. Contact name, phone number, and email address. Address. Tax ID. Payee ID.</p> <p>Replaced with:</p> <p>835 ELECTRONIC REMITTANCE ADVICE</p> <p>Select Health offers ERAs through ECHO Health, Inc. ECHO is a leading provider of electronic solutions for payments to health care providers. ECHO consolidates individual provider and vendor payments into a single compliant format, remits electronic payments, and provides an explanation of payment (EOP) details to providers.</p> <p>To receive ERAs, providers will need to include both the plan payer ID and the ECHO payer ID 58379. Contact your practice management/hospital information system for instructions on how to receive ERAs from Select Health under payer ID 23285 and the ECHO payer ID 58379.</p> <p>All ECHO Health-generated ERAs and EOPs for each transaction will be accessible to download from the ECHO provider portal. If you are a first-time user and need to create a new account, please reference ECHO Health's Provider Payment Portal Quick Reference Guide for instructions.</p>

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05/01/25	835 Electronic Remittance Advice (cont.)	74	<p>If your practice management/hospital information system is already set up and can accept ERAs from Select Health, it is important to check that their system includes both the plan and ECHO Health payer IDs. If you are not receiving any payer ERAs, contact your current practice management/hospital information system vendor to ask if your software can process ERAs. Your software vendor is then responsible for contacting Optum/Change Healthcare to enroll for ERAs under 23285 and ECHO Health payer ID 58379.</p> <p>If your software does not support ERAs or you continue to reconcile manually, but would like to start receiving ERAs only, please contact the ECHO Health Enrollment team at 1-888-834-3511.</p>
05/01/25	Electronic funds transfer (EFT)	75	<p>Electronic funds transfer (EFT)</p> <p>Select Health and Change Healthcare Business Services have partnered to offer you direct deposit for your claims payment. Change Healthcare has recently partnered with ECHO Health, Inc. (ECHO), a leading innovator in electronic payment solutions, to offer more electronic payment options and to allow health care providers to process electronic payments more efficiently.</p> <p>Replaced sentence with:</p> <p>Select Health works with ECHO Health, Inc. (ECHO), a leading innovator in electronic payment solutions, to offer more electronic payment options and to allow health care providers to process electronic payments more efficiently.</p>
05/01/25	Claim payment options	75	<p><u>Claim payment options</u></p> <p>The partnership between Change Healthcare and ECHO Health, Inc. enables Select Health to offer more payment options to our health care providers so you can select the payment method that best suits your accounts receivable workflow. In addition to EFT as described above, additional payment options are:</p> <p>Replaced with:</p> <p>Select Health works with ECHO Health, Inc. to offer more payment options to our health care providers so you can select the payment method that best suits your accounts receivable workflow. In addition to EFT as described above, additional payment options are:</p>
6/01/25	First Choice Member ID Card	93	<p>Replace current ID card with:</p>  <p>Members's name, Healthy Connections ID number, date of birth, member's preferred language, primary care provider (PCP), RXBIN and PCN information are on the front of the card.</p>

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06/01/25	Services that require prior authorization	23	<p>Delete:</p> <ul style="list-style-type: none"> • Durable medical equipment (DME) leases and rentals.
06/01/25	EPSDT pediatric screening tools	76	<p>CPT code 96127 is used to report a standardized instrument to assess the patient's emotional and/or behavioral health. A general screen is recommended with follow-up screens as indicated. This code is limited to a frequency of four times per date of service for children up to 18 years of age.</p> <p>Updated the last sentence from four times per year to two: This code is limited to a frequency of two times per date of service for children up to 18 years of age.</p>
07/01/25	Provider enrollment in the South Carolina Medicaid program	2	<p>To participate in the Medicaid program, a provider must meet SCDHHS and federal requirements and submit certain documentation. ADD: All participating providers must be enrolled in the South Carolina Medicaid program to be eligible for reimbursement. If a SC Medicaid number has not been assigned, providers must apply for enrollment with SCDHHS and meet the Medicaid provider enrollment requirements. For detailed information, please consult the <i>SCDHHS Provider Administrative and Billing Manual's</i> Provider Enrollment section, which accompanies each provider manual located on the SCDHHS website, www.scdhhs.gov.</p> <p>Update above link to https://www.scdhhs.gov/providers/manuals/provider-administrative-and-billing-manual</p>
08/01/25	Durable Medical Equipment	25	<p>Delete date. Effective October 1, 2023,</p>
08/01/25	Who Can Establish Medical Necessity?	29	<p>*Effective July 1, 2021, Licensed Addiction Counselors (LACs), master's degree and above, were added to the list of LPHAs. This change was made to align with the South Carolina Department of Labor, Licensing and Regulation's (LLR) recognition of LACs.</p>
08/01/25	Autism Spectrum Disorder (ASD)	30	<p>Updated web link. Select Health will adhere to InterQual criteria and medical necessity requirements as outlined for each service in the SCDHHS Autism Spectrum Disorder Services Manual, located at: www.scdhhs.gov/provider-manual-list.</p> <p>Replace link with: https://www.scdhhs.gov/providers/manuals/autism-spectrum-disorder-asd-services-manual</p>
09/01/25	Pulse oximetry screening	45	<p>Update web link: The test is to be performed when the baby is 24 to 48 hours of age or as late as possible if the baby is discharged from the hospital before reaching 24 hours of age. Pulse oximetry screening for newborns shall be performed in the manner designated by SCDPH guidelines located at www.scdhec.gov/sites/default/files/docs/Health/docs/PS-R016-20130827.pdf.</p> <p>Replace link with: https://dph.sc.gov/professionals/health-professionals/newborn-screening/about-newborn-screening</p>

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09/01/25	Copayments	55	<p>Copayments</p> <p>Delete the below and add: There are no copays is for Select Health members.</p> <p>As of July 1, 2024, no copayment will be required for any service. Prior to July 1, 2024, the following copays for certain services were in effect:</p> <ul style="list-style-type: none"> • Ambulatory surgery center: \$3.30 (services per day). • Chiropractic: \$1.15. • Clinic visits: \$3.30. • Durable medical equipment and supplies*: \$3.40. • Home health: \$3.30. • Inpatient hospital: \$25.00 (per admission). • Outpatient hospital: \$3.40 (nonemergent, per claim). • Physician office visits: \$3.30 (includes nurse practitioners, midwives, optometrists, and physician assistants). • Podiatrist: \$1.15. • Prescription drugs: \$3.40. <p>*Note: Prior to July 1, 2024, durable medical equipment that was under a rent to purchase payment plan would have had the copayment split evenly among the 10-month rental payment schedule.</p> <p>As of July 1, 2024, there is no copay for any service.</p>
09/0/25	Immunizations	58	<p>Delete</p> <p>For guidance related to COVID vaccines, visit: https://scdhec.gov/covid19/guidance-healthcare-professionals-covid-19/covid-19-vaccine-provider-enrollment</p>
09/01/25	Immunizations for Children	59	<p>Delete</p> <p>http://www.scdhec.gov/Health/Vaccinations/</p> <p>Replace link with: https://dph.sc.gov/health-wellness/child-teen-health/vaccine-requirements-info/vaccines-children-vfc-program</p> <p>Providers will utilize the online SCIAPPS SIMON system to enroll or re-enroll into the VFC program located at: https://www.scdhec.gov/Apps/Health/SCIAPPS/.</p> <p>Replace link with: https://dph.sc.gov/professionals/simon</p>
09/01/25	90-Day Medication Supply	60	<p>To improve medication adherence in four key therapeutic treatment areas (asthma, hypertension, diabetes, and high cholesterol), Select Health implemented a 90-day medication supply program. Certain generic medications to treat these conditions will be allowed to process for a 90-day supply. There is a listing of these medications available on the Select Health website at http://selecthealthofsc.com/pdf/provider/pharmacy/90-day-supply.pdf.</p>

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09/01/25	90-Day Medication Supply	60	<p>Delete</p> <p>To improve medication adherence in four key therapeutic treatment areas (asthma, hypertension, diabetes, and high cholesterol), Select Health implemented a 90-day medication supply program. Certain generic medications to treat these conditions will be allowed to process for a 90-day supply. There is a listing of these medications available on the</p> <p>Replaced with:</p> <p>To improve medication adherence for maintenance medications, Select Health implemented a 90-day medication supply program.</p> <p>Look up medications using our searchable comprehensive Drug List to see which qualify for a 90-day supply.</p>
09/01/25	Copayments	61	<p>Copayments</p> <p>Effective July 1, 2024, no copayment will be required for prescriptions for any First Choice member.</p> <p>Replace with: There are no copays for Select Health members.</p>
09/01/25	Prior Authorization	61	<p>Prior Authorization</p> <p>Updated</p> <p>Pharmacy authorization requests must be submitted online through CoverMyMeds Portal or SureScripts Portal. Visit the Select Health Pharmacy Prior Authorization webpage for more details.</p> <p>When submitting a prior authorization request through the CoverMyMeds or SureScripts portals, please use the member's Select Health ID number, not their State Medicaid/Health Connections ID number.</p>
09/01/25	Comprehensive Drug List	61	<p>Comprehensive drug list</p> <p>Delete first sentence. On July 1, 2024, Select Health moved to one comprehensive drug list.</p>
09/01/25	Health Value Optimization Policies	67	<p>Health Value Optimization Policies</p> <p>Prior authorization requests can be submitted via the online prior authorization tool or via fax.</p>
09/01/20	Reimbursement guidelines for sexually transmitted infection tests	69	<p>Reimbursement guidelines for sexually transmitted infection tests</p> <p>Effective August 1, 2021, Select Health began reimbursing providers using a more comprehensive code when all three individual tests used to detect sexually transmitted infections (STIs) in men and women are billed together by the same provider on the same date of service.</p> <p>Replaced with:</p> <p>Select Health will reimburse providers using a more comprehensive code when all three individual tests used to detect sexually transmitted infections (STIs) in men and women are billed together by the same provider on the same date of service.</p>

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09/01/25	Reimbursement policy: Presumptive and definitive drug testing.	70	<p>Reimbursement policy: Presumptive and definitive drug testing. Effective September 23, 2021, when the definitive drug testing code (G0480) and a presumptive drug testing code by instrumented chemistry analyzers (80307) are reported on the same date of service for the same member by the same independent clinical laboratory, the plan will not allow separate reimbursement for the definitive drug testing code.</p> <p>Replaced with: When the definitive drug testing code (G0480) and a presumptive drug testing code by instrumented chemistry analyzers (80307) are reported on the same date of service for the same member by the same independent clinical laboratory, the plan will not allow separate reimbursement for the definitive drug testing code.</p>
09/01/25	In-office laboratory testing policy	72	<p>In-office laboratory testing policy Effective February 15, 2022, when supported by documentation of medical necessity, the lab tests listed below are reimbursable in an office setting. All other lab testing must be performed by a participating laboratory. Please note:</p> <p>Replaced with: When supported by documentation of medical necessity, the lab tests listed below are reimbursable in an office setting. All other lab testing must be performed by a participating laboratory. Please note:</p>
09/01/25	835 electronic Remittance Advice	75	<p>All ECHO Health-generated ERAs and EOPs for each transaction will be accessible to download from the ECHO provider portal. If you are a first-time user and need to create a new account, please reference ECHO Health's Provider Payment Portal Quick Reference Guide (PDF)</p> <p>Updated weblink: ECHO Health's Provider Payment Portal Quick Reference Guide (PDF)</p>
09/01/25	BabyNet Services	81	<p>BabyNet Services Authorization requirements Providers will be required to submit the MCO Universal BabyNet prior authorization form and the Individual Family Service (IFSP) indicating the services</p> <p>Updated MCO Universal BabyNet prior authorization form link</p>
09/01/25	Prescription Drugs	87	<p>Prescription Drugs As of July 1, 2024, no copayment will be required for any service. Updated: There are no copays is for Select Health members.</p>