![DSS - Strong Families - South Dakota's Foundation and Our Future](image)

Medicaid Billing

April

2019

MEDICAID
ONLINE PORTAL

DSS

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Online Portal

- The Online Portal is a new tool that South Dakota Medicaid is using to make reports available to providers electronically.

- The Online Portal has four key components:
  - Administration Reports
    - The Portal allows an organization to create and establish appropriate account access and permissions to their providers and staff.
  - Reports
    - Ability to view and download copies of Remittance Advices (RAs).
  - Communications
  - Eligibility

Online Portal Eligibility

- South Dakota Medicaid recommends using the online portal to verify Medicaid eligibility. Information about how to sign-up or login to the online portal is available here: https://dss.sd.gov/medicaid/portal.aspx

Online Portal Eligibility

- The recipient/recipients will appear below the search options. Select View on the recipient you wish to verify.

Online Portal Eligibility

Recipient eligibility inquiry screen showing dental cost share.

02/28/2019	**Recipient Eligibility Inquiry**	**South Dakota Medicaid Online Portal**
		Page 1 of 1

Insured Information

Recipient ID: 123456789

Gender: F

Date of Birth: 09/02/1992

Recipient Name: Jane S Doe

1212 E Happy Trail
Happy Town SD 12345

Eligibility   Dates are valid for current query.

40-Active Coverage: Medicaid - Full Coverage

Eligibility :   2/1/2019 - 2/28/2019

Primary Care Provider/Health Home Provider

Primary Care Provider		**Eligibility : 2/1/2019 - 2/28/2019**
HAPPY TOWN HOSPITAL 123 SMILE COURT HAPPY TOWN SD 12345	APPLE, EADA	Primary Care Co-pay: $0.00

605-999-9999

* Cost share amounts exceeding $0.00 apply to non-PCP/HH provider visitis only.

Cost Share

Dates	**Service Type**	**Amount**
2/1/2019 - 2/28/2019	Dental Care	$3.00 per procedure

* Non-covered charges are patient's responsibility.

Other Ways to Verify Eligibility

- Interactive Voice Response / Telephone Service Unit
  - Providers may call South Dakota Medicaid's telephone service unit at 1-800-452-7691 to verify eligibility through the Interactive Voice Response System (IVR). Your provider NPI number and the recipient's Medicaid ID number are required to check eligibility using the IVR. Each call takes approximately one minute to complete.
- Medicaid Eligibility Verification System
  - South Dakota Medicaid also provides the option of verifying eligibility through the Medicaid Eligibility Verification System (MEVS). All three MEVS options provide prompt response times, printable receipts, and can verify eligibility status for prior dates of service. There is a nominal fee for verifications obtained through these Emdeon products.
- Recipient Eligibility Manual
  - For eligibility details refer to the Recipient Eligibility Manual
  - https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Recipient%20Eligibility.pdf

REFERRALS FOR SERVICES

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Referrals

What is a referral?

- Referrals are an authorization or direction of care from a provider for a Medicaid recipient to receive services from another medical provider.

Why do services need a referral?

- New federal regulations require that **ALL** claims for services that require an order have the referring provider's information on the claim form.
  - When a child has a primary care provider (PCP) or a Health Home, the referral should come from the student's PCP or Health Home. Information about how to contact the child's physician is available through Online Portal (recommended) or SD Medicaid's IVR at 1-800-452-7691. When you call the IVR you need your NPI number and the student's Medicaid ID number. Calls take approximately 1 minute to complete.
  - Children without a PCP or Health Home also need a referral from a physician.

Referrals

How long are referrals valid?

- Written orders must be obtained prior to start of services. The physician may specify the time referral is valid, up to 1 year. Your agency should retain the order for the service with the medical records in case of audit or review.

Where do I put the referral on the claim form?

- Box 17 and 17b.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.		
DN Jane Physician, MD	17b.	NPI	123456789

- **Please populate this field on <u>all</u> claim forms submitted to Medicaid.** If you do not list an NPI in box 17b, your claims will deny or may be subject to post-payment review and recoupment.

- DN indicator is required prior to the physicians name.

Referrals

- How do I find contact information for a child's PCP or Health Home?
    - South Dakota Medicaid recommends using the online portal to identify a child's medical provider; or
    - Call the Medicaid IVR at 1-800-452-7691. Know your NPI number and the recipient's Medicaid ID number. Calls take approximately 1 minute to complete.
    - Some children may not have a PCP or Health Home on file with Medicaid. These children will still need a referral from a provider, and the referring provider's NPI on the claim form in order for the claim to be paid.

SERVICING PROVIDERS

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SERVICING PROVIDER CLAIM REQUIREMENTS

What are requirements for servicing providers on the claim form?

- Federal regulations require all eligible servicing providers to be enrolled with South Dakota Medicaid.
    - If you submit a claim for a provider not enrolled, your claim will deny. Please remember to keep your list of servicing providers up-to-date in SD Medx.
- Federal regulations require all enrolled servicing providers to be listed on the claim form. The servicing provider's NPI must be located in the unshaded portion of box 24J and the servicing provider's taxonomy must be located in the shaded portion of 24J.

Servicing NPI →

I. ID. QUAL.	J. RENDERING PROVIDER ID. #	FORMATION
NPI		

← **B-3 Taxonomy**

DIAGNOSIS CODES

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Diagnosis Codes

What is a diagnosis code?

- International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) is a collection of codes produced by the World Health Organization (WHO) that classified and describes (1) diseases and disorders and (2) signs, symptoms and conditions.

Are diagnosis codes required on the claim form?

- Federal regulations for HIPAA-related transactions require diagnosis codes on the claim form.

- All claims **mus**t have a diagnosis code.
    - Multiple diagnosis codes may be on claim

Diagnosis Codes

What diagnosis codes should providers use?

- Providers must use ICD-10 diagnosis codes. The diagnosis code should match the diagnosis used on the child's care plan and the diagnosis used in the written order from the referring provider.

Where can a provider find ICD-10 diagnosis codes?

- Providers who give written orders for the service may diagnose the child and provide the ICD-10 code for that diagnosis. South Dakota Medicaid encourages you to contact the referring provider for the diagnosis code.

- Medical professionals (i.e. OT, PT, or SLP) may also assign an appropriate diagnosis code for the claim.

CLAIMS FORMS & CLAIM SUBMISSION

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Who may submit a claim to Medicaid?

- Providers may work with a third party, including a contractor or clearinghouse, to submit claims to Medicaid.

- Even if a provider works a third party to submit claims to Medicaid, the provider is still responsible for the information on the claim, including:
  - Ensuring all services are medically necessary and appropriate;
  - Ensuring all services are documented;
  - Verifying all providers are eligible to bill Medicaid;
  - Ensuring all claims are true and accurate; and
  - Retaining all necessary records and documentation.

- Claims may be submitted electronically or on paper. South Dakota Medicaid prefers electronic claims, but also accepts paper claims.

Claim Form

- ## CMS 1500
  - Must use (02-12)CMS approved version . CMS approved forms are printed in special OCR-scannable red ink.
  - Data must be within the lines of the fields and cannot crossover into other fields.
  - Claims should always be typewritten.

Example Claim

Student: John Doe

Medicaid ID #: 000111222

Referring Provider: DN Jane Physician, MD

Referring NPI: 123456789

Diagnosis: Down syndrome (Q90.9)

B-3 Taxonomy: 252Y00000X

Servicing Provider NPI: 111111111

Billing Provider: ABC Therapy

Billing NPI: 111122221

B-3 Taxonomy: 252Y00000X

December 2018: John received 15 minutes of speech therapy on Tuesday, December 19 from Tom Speech (NPI 111111111).

**If the child has primary insurance, they must be billed first.

**The DN indicator must be in Block 17 before medical provider's name

Example Claim

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA | | | | | PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER

(Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#) (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

000111222

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

Doe, John

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED

Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

QDA1122222

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX

02 28 2015 M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

xxxxxx

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

Aetna

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

CARRIER

PATIENT AND INSURED INFORMATION

Example Claim

DOCUMENTATION REQUIREMENTS

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Documentation Requirements

- ARSD § 67:16:34:03 contains the requirements for medical records.

- Services that are not documented in a recipient's medical record are non-covered services.

- Documentation must:

  - Identify the recipient receiving the service on each page of the record;

  - Be signed and dated by the individual providing the care;

  - Start and Stop time of each therapy or nursing services; and

  - Include the following:

    1. Diagnoses, assessments, & evaluations;

    2. Case History;

    3. Plan of Treatment, Care Plan, or IEP;

    4. Quantities and dosages of drugs prescribed or administered;

    5. Results of diagnostic tests & examinations;

    6. Progress notes detailing the recipients treatment responses, changes in treatment, and changes in diagnosis; and

    7. Written orders for the service.

Records Retention

- South Dakota Medicaid requires that all medical and financial records be retained for at least six years after the last claim is paid or denied per ARSD § 67:16:34:05.

- There are no exceptions to records retention. Records must be retained even if:

    - The agency closes or combines with another agency; or
    - The therapist leaves employment with the agency.

- Remember that as the enrolled provider, you are responsible for services provided by your practice, including record retention. Even if the provider works with a 3rd party, the provider is ultimately responsible for the records and record retention.

COMMON ERROR REASONS & HOW TO AVOID THEM

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Common Error Reasons

- **PCP/HHP Number Incorrect**
  - Verify that you have the child's correct PCP or Health Home information. This information can be obtained via the Online Portal SD Medicaid IVR at 1-800-452-7691.

- **Recipient has Private Health Insurance**
  - Remember that Medicaid is the payer of last resort. You must submit to private health insurance prior to submitting claims to Medicaid.

- **NPI Number Missing/Invalid**
  - List the PCP NPI number in Block 17b of the claim. REMEMBER: You must list an NPI number if Block 17b of the claim, even if the child does not have a PCP or Health Home. If unsure of referring provider, refer to the Online Portal.
    - If a child does not have a PCP or HHP, the referring provider cannot be a facility, it must a medical provider at a facility.
      - Example: You cannot use Falls Community Health as the referring provider, you must specifying a specific provider at Falls Community Health.

Common Error Reasons

- Exact Duplicate of Another Claim
  - A claim with the same information exists in the SD Medicaid system. Check to see if you submitted the same claim twice or if you submitted two claims with overlapping date spans.

- Recipient Not Eligible on Date of Service
  - Check to see if the child is Medicaid eligible by using the Online Portal, SD Medicaid IVR or contacting the TSU at 1-800-452-7691.

- Recipient Individual Record Not on File
  - Check to make sure the child's Medicaid ID number is correct and that the child's name is spelled correctly. The ID number can be found on the Medical Benefits ID card. You may verify via the Online Portal

- Diagnosis Code Not on File
  - The diagnosis Code is not on file with SD Medicaid. Check to see if the diagnosis code is valid.