



Birth to Three Medicaid Services

May 13, 2014



Strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with our partners that foster independent and healthy families.

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Medicaid 101

- South Dakota Medicaid is a health insurance program for low income families jointly funded by the federal government and the State of South Dakota.
- The Department of Social Services is the single state agency responsible for administering the Medicaid program in South Dakota.
- Covered Medicaid services must meet the federal requirements found in the Code of Federal Regulations (CFR) and Administrative Rule of South Dakota (ARSD).
- To provide Medicaid services, providers must enroll with the Department of Social Services. If you are not enrolled, or do not know your status with the Department, please contact us directly at 605-773-3495.

Administrative Rule

- Administrative Rule of South Dakota is maintained by the Legislative Research Council (LRC). Rules can be found on the LRC website: <http://legis.sd.gov/rules/>
- Rules are proposed by State Agencies and reviewed by the Rules Committee of the SD State Legislature. Rules must receive approval from the Rules Committee before adoption and implementation.
 - Proposed Rules can be viewed online: <https://rules.sd.gov>
 - Notice of proposed rules is published in the *SD Register*.

Administrative Rule

- South Dakota Medicaid is governed by the rules found in Article 67:16.
 - If you are a school district providing Birth to Three services, you must follow the rules contained in chapter [67:16:37](#).
 - If you practice independently, you must follow the rules in chapter [67:16:02](#).
- South Dakota Medicaid has proposed rule changes to the school district chapter. Those changes can be viewed online: <https://rules.sd.gov/detail.aspx?Id=99>
- The proposed rules are set to be heard at the June 3, 2014 Interim Rules Committee hearing.

Provider Enrollment

How do I enroll as a Medicaid Provider?

- To be eligible for payment, all providers must complete the Medicaid enrollment process.
- Birth to Three providers must specify their status as a Birth to Three provider during enrollment with the Birth to Three taxonomy, 252Y00000X.
- Our Provider Enrollment staff is available to answer questions about the enrollment process: **1-866-718-0084**.
- Begin the enrollment process online:
<https://dss.sd.gov/sdmedx/includes/providers/becomeprovider/index.aspx>

Medicaid Eligibility

How do I confirm Medicaid eligibility?

- All South Dakota Medicaid recipients are issued a Medical Benefits Card that contains their Medicaid ID number. Eligibility for Medicaid can change. We recommend confirming eligibility for Medicaid prior to providing services.
- You may confirm eligibility by accessing the South Dakota Medicaid Interactive Voice Response (IVR) System. The IVR is an automated system that responds to eligibility inquiries over the phone.
- You must know your NPI number and the recipient's Medicaid ID number when you call. Calls take approximately 1 minute to complete.
- Call the Medicaid IVR at **1-800-452-7691**.



Medicaid Eligibility

What if I cannot obtain the Medicaid ID number from the recipient? Is there another way to request that information?

- If a parent consents to bill Medicaid, but attempts to obtain the Medicaid ID number are unsuccessful, the provider may make a written request to South Dakota Medicaid to obtain the Medicaid ID number.
- Staff resources for responding to written requests is limited. Written requests are limited to 5 recipient eligibility requests per week. South Dakota Medicaid has 30 days from the date of the request to respond and may deny the request based on staff availability.

Medicaid Eligibility

What information should be included in a written request?

- Written requests must be printed on the district's letterhead and contain the following information:
 - Provider's NPI Number
 - Either:
 - Recipient's Last Name, First Name and Date of Birth
 - Recipient's Last Name, First Name and Last Four Digits of SSN
 - Dates of Eligibility Requested
 - Date of Service
- Written requests may be faxed to South Dakota Medicaid at **605-773-5246**.

Referrals

What is a referral?

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

Why do services need a referral?

- Recipients in the Managed Care Program or Health Home Program require a referral before receiving most services from a provider other than their PCP or Health Home.
- Most children enrolled in CHIP and Medicaid are required to participate in the Managed Care Program.

MEDICAID MANAGED CARE REFERRAL CARD	
I'm referring (authorizing) _____ to _____ (Recipient Name)	
_____ (Specialty Provider) for medically necessary Medicaid covered _____ services.	
<small>Authorization limits services to three (3) months or less</small>	
Primary Care Provider Name/Phone Number _____	Primary Care Provider Medicaid ID # _____
NPI (required) and/or Taxonomy code (if applicable) _____	
Primary Care Provider Mailing Address _____	
Attending Physician Signature/Authorization _____	Date _____
Signature of Specialty Provider _____	Date _____
Signature of Further Specialty Provider _____	Date _____
When the above services have been completed, the final specialty provider should send a copy of this card back to the Primary Care Provider.	

Referrals

Do services still need a referral if the child is exempt from Managed Care and not part of a Health Home?

- Certain children are exempt from Managed Care and do not have a Primary Care Provider or Health Home on record with the Department. To find out if a child is exempt from Managed Care, use the SD Medicaid IVR by calling **1-800-452-7691**.
- Claims submitted on behalf of children exempt from Managed Care **do not** require a PCP referral on the claim form. **However**, administrative rule requires a referral from a physician for all therapy services.
- Written orders must be obtained prior to start of services.

Referrals

How often do I need to obtain a new referral?

- The physician writing the referral specifies the length of the referral.
- We recommend that new referrals are obtained at least annually or as medical needs change.

Will the primary diagnosis be on the referral?

- South Dakota Medicaid does not require a diagnosis for payment for therapy services. Services may be billed without a diagnosis.
- South Dakota Medicaid encourages providers to collaborate to ensure services are medically necessary and do not duplicate other services.

Referrals

Who may sign a referral?

- Referrals may be signed by the recipient's PCP or a designated staff member. Referrals must always be initiated by the recipient's PCP or Health Home.
- Children participating in the Health Home program may have a Community Mental Health Center as their Health Home.

How do I find contact information for a recipient's PCP?

- 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.

Medicaid Services

What services can be billed to Medicaid?

- Services must be a covered Birth to Three Service.
- All services must be within the provider's scope of practice and be medically necessary.

What is the definition of Medically Necessary?

- This term is defined according to [ARSD § 67:16:01:06.02](#). Services must meet **all** of the following conditions:
 1. Consistent with the recipient's symptoms, diagnosis, condition, or injury;
 2. Recognized as the prevailing standard and consistent with generally accepted professional medical standards of the provider's peer group;

Medicaid Services

What is the definition of Medically Necessary? (Cont.)

3. Provided in response to a life-threatening condition; to treat pain, injury, illness, or infection; to treat a condition that could result in physical or mental disability; or to achieve a level of physical or mental function consistent with prevailing standards for diagnosis or condition;
4. Not furnished primarily for the convenience of the recipient or the provider; and
5. There is no other equally effective course of treatment available or suitable for the recipient requesting the service which is more conservative or substantially less costly.

Documentation

Is documentation of services required?

- Yes. Failure to document required progress or treatment notes will result in denial of claims or recoupment of previously paid claims.
- [ARSD § 67:16:01:08](#) identifies non-documented services as a non-covered service.

How long do providers need to maintain medical records?

- [ARSD § 67:16:34:05](#) requires that medical and financial records be retained for at least six years after the last claim is paid or denied.

Documentation

What documentation of services is required?

- [ARSD § 67:16:34:03](#) contains the requirements for medical records.
- Documentation must:
 - Identify the recipient receiving the service on each page of the record;
 - Be signed and dated by the individual providing the care each time a service is received; and
 - Include the following:
 - Diagnoses, assessments, & evaluations;
 - Case History;
 - Plan of Treatment, Care Plan, or IEP;
 - Quantities and dosages of drugs prescribed or administered;
 - Results of diagnostic tests & examinations;
 - Progress notes detailing the recipients treatment responses, changes in treatment, and changes in diagnosis; and
 - Physician's written orders for the service.

Program Integrity

How does Medicaid audit Birth to Three providers?

- South Dakota Medicaid strives to maintain a high standard of program integrity. The SURS Unit reviews paid claims data to monitor trends and identify claims that may have been paid inappropriately.
- The SURS Unit will request documentation when a review is initiated. Providers are required to grant access to records under [ARSD § 67:16:34:08](#).
- South Dakota Medicaid is also subject to federal audit programs such as the Payment Error Rate Measurement (PERM) Project.
- A new PERM cycle began In October 2013 .

Medicaid Rates

How are Medicaid rates set?

- Independent practitioners are paid according to the Birth to Three fee schedule. The Birth to Three fee schedule is available on the DOE website:
http://doe.sd.gov/oess/Birthto3_servcoord.aspx
- Rates are appropriated by the South Dakota State Legislature. Rate changes are implemented annually at the start of the new State Fiscal year on July 1.
- School district providers negotiate a rate with the Department of Social Services per 15 minute unit per
[ARSD § 67:16:37:12.](#)

Claim Forms

When should Birth to Three providers complete and submit claim forms?

- Claim forms should be submitted every time an eligible service is provided to an eligible Medicaid recipient. We recommend submitting a claim form as soon as possible following the date of service.
- Claim forms must be submitted within 6 months following the month of the date of service in accordance with [ARSD §67:16:35:04](#).
 - Example: For a date of service of 1/17/2014, claim forms must be submitted by 7/31/2014.

Claim Forms

What CPT codes should providers use to bill for Medicaid services?

- Independent practitioners should use the applicable procedure code from the Birth to Three rate sheet, available on the DOE website:
http://doe.sd.gov/oess/Birthto3_servcoord.aspx
- School districts must use the following CPT codes:
 - Physical Therapy Services: 97799
 - Occupational Therapy Services: 97003
 - Speech Therapy Services: 92507
 - Audiology Services: 92700

Claim Forms

What is a taxonomy? When do I bill with one?

- Taxonomy codes are designed to categorize the type, classification, and/or specialization of health care providers.
- Taxonomies help the SD Medicaid payment system match the information on the claim to the correct provider record.
- Billing without a taxonomy can result in unpaid claims, as the system is not able to match the claim to a valid provider.
- **Always bill with the appropriate taxonomy:**
 - 252Y00000X: Early Intervention Provider Agency

Claim Forms

How do I update my provider record?

- Login to SDMEDX: <https://dss.sd.gov/sdmedx/login/login.aspx>
 - If you don't know your login information, send an email to SDMEDXsecurity@state.sd.us
 - In your email, include the login information you are requesting: Domain, Username, Password, or all three.
 - Include your NPI in the email.
 - If you are new to your position, be sure to include the name of the person you replaced so our staff can validate it against the information listed on your record.



The image shows a screenshot of a login form with an orange background. It contains three input fields labeled "Domain", "Username", and "Password". Below the "Password" field, there is a link for "Forgot password?" and a "Login" button.

Claim Forms

What do I need to update on my record?

- Step 1 & 2: Contact Information
- Step 3: Specialization (Taxonomy)
 - Update this to reflect your billing situation. If you're billing for both Birth to Three and other Medicaid services, you must have two taxonomies listed.
 - When you select a taxonomy, it will make the licensure step mandatory. Complete this step with your licensure information.

Claim Forms

What do I need to update on my record?

- Step 4: Ownership
 - New requirement of the Affordable Care Act. If you make updates to your record, you must also update this step.
- Step 17: Submit Modification for Review
 - You must complete this step when you're finished reviewing your record. If you do not complete this step, our staff will not be made aware of your updates.
- Enrollment Questions? Call **1-866-718-0084**.

Claim Forms

- CMS 1500
- Required Fields
 - Recipient Full Name
 - Medicaid ID Number
 - Third Party Liability Information, if applicable
 - Date of Service
 - Place of Service
 - Provider Usual and Customary Charge
 - Procedure Code
 - Units of Service
 - Provider Name
 - Provider NPI Number and Taxonomy

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 0805

PICA PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA (LAW) OTHER
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID) (SSN or ID) (SSN) (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
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)
8. PATIENT STATUS (Single | Married | Other) EMPLOYED (Full-Time Student | Part-Time Student)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES | NO
b. AUTO ACCIDENT? YES | NO PLACE (State)
c. OTHER ACCIDENT? YES | NO

11. INSURED'S POLICY GROUP OR FECA NUMBER
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 governmental benefits either to myself or to the party who accepts assignment below.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS (First Symptom) OR INJURY (Accident or Pregnancy) (MM | DD | YY) GIVE FIRST DATE (MM | DD | YY)
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR PREGNANCY (MM | DD | YY) GIVE FIRST DATE (MM | DD | YY)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM | TO) (MM | DD | YY) (MM | DD | YY)
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (17a | 17b | 17c) (NPI)
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM | TO) (MM | DD | YY) (MM | DD | YY)
19. RESERVED FOR LOCAL USE
20. OUTSIDE LAB? YES | NO \$ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 9 or 4 to item 24E by Line)
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. PROCEDURE(S)	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DATE ON UNIT	H. PAYER/INSURER	I. ID. CHAL.	J. RENDERING PROVIDER ID #
From MM DD YY To MM DD YY	EMG	CPT/ICDPCS	MO/CS/DR						NPI
1									NPI
2									NPI
3									NPI
4									NPI
5									NPI
6									NPI

25. FEDERAL TAX I.D. NUMBER SEN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For pre-claim use only) YES | NO
28. TOTAL CHARGE \$
29. AMOUNT PAID \$
30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the signatures on this invoice apply to this bill and are made a part thereof.)
32. SERVICE FACILITY LOCATION INFORMATION
33. BILLING PROVIDER INFO & PH # ()

SIGNED: DATE: NUI P I S
NUCC Instruction Manual available at: www.nucc.org OMB APPROVAL PENDING

ICD-10

What is ICD-10?

- ICD-10 is the International Classification of Diseases, 10th Edition and is used to denote a recipient's diagnosis on a claim. ICD-10 replaces ICD-9 and significantly expands the number of diagnosis codes.

What is ICD-10's effective date?

- Congress delayed implementation of ICD-10 until at least October 1, 2015. The Secretary of the US Department of Health and Human Services has not released an official implementation date.

ICD-10

**How does ICD-10 affect the Birth to Three program?
Will South Dakota Medicaid have new coding requirements?**

- Per ARSD [§67:16:02:18](#), therapy services are currently exempt from diagnosis code requirements in ICD-9. The diagnosis is not required to be on the claim for payment.
- South Dakota Medicaid will not require therapy services to have the diagnosis code on the claim for payment in ICD-10.

Example Claim Form

Recipient: John Andrew Doe

Medicaid ID #: 000111222

PCP Provider: Jane Physician, MD

PCP NPI: 123456789

Third Party Liability: John does not have other insurance.

January 2014: John received 15 minutes of speech therapy on Tuesdays and Thursdays.

Example Claim Form

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<input type="checkbox"/> <input type="checkbox"/> PICA		PICA <input type="checkbox"/> <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)	
TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> (Member ID)	
GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)		FECA BLK (LUNG) <input type="checkbox"/> (SSN)	
OTHER <input type="checkbox"/> (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, A.		3. PATIENT'S BIRTH DATE MM DO YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY _____ STATE _____		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
9. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) CITY _____ STATE _____	
ZIP CODE _____ TELEPHONE (Include Area Code) _____ ()		9. PATIENT STATUS Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DO YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10a. RESERVED FOR LOCAL USE	
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 _____		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DO YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
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 _____		b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.	

CARRIER

PATIENT AND INSURED INFORMATION

Claim Forms

What is a Remittance Advice?

- Remittance Advices serve as the Explanation of Benefits (EOB) from South Dakota Medicaid.
- The current status of all claims that have been processed during the past week are shown on the Remittance Advice.
- It is the provider's responsibility to reconcile the Remittance Advice with submitted claims.
- If a claim is submitted to the Department and does not appear on a Remittance Advice within 30 days as Paid, Pended, or Denied, contact the TSU at 1-800-452-7691.

Resources

Phone Resources

- **Medicaid IVR & Telephone Service Unit:** 1-800-452-7691
 - Eligibility Questions, Claim Questions
- **Provider Enrollment:** 1-866-718-0084
- **Other Medicaid Questions:** 605-773-3495

Online Resources

- **Administrative Rule of South Dakota:**
<http://legis.sd.gov/rules>
- **South Dakota Medicaid Website:**
<http://dss.sd.gov/sdmedx/providers.aspx>
- **South Dakota Medicaid Listserv:**
<http://dss.sd.gov/sdmedx/includes/providers/archive/listservinfo.aspx>
- **Birth to Three Billing Manual:**
http://doe.sd.gov/oess/Birthto3_servcoord.aspx

