SWING BED SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

Hospitals must be licensed and enrolled as a swing bed provider with South Dakota Medicaid. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirement.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

To qualify for swing bed services a recipient must be determined eligible for Long-Term Care (LTC) by the Division of Economic Assistance and the Division of Long-Term Services and Supports (LTSS).

Request for Coverage

If an individual is already a Medicaid recipient, the provider must complete form DSS-EA-265 and submit to the Division of Economic Assistance. For individuals that are not yet eligible for Medicaid, but may be determined eligible, the provider must complete form DSS-EA-240 and submit to the Division of Economic Assistance. Completed forms must be submitted to the nearest DSS local office that makes long term care determinations. Please refer to the DSS website to determine the applicable local office.

Coverage Determination

After the request for coverage form is received by the Division of Economic Assistance, the Division of Long-Term Services and Supports (LTSS) will complete a Level of Care (LOC) determination.

COVERED SERVICES AND LIMITS

General Coverage Principles

Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Swing Bed Coverage
Medically necessary swing bed services are covered for recipients that require skilled care and are determined eligible for Long-Term Care (LTC) by the Division of Economic Assistance and the Division of Long-Term Services and Supports. Admission to a swing bed requires an inpatient hospitalization within 30 days of the admission.

Swing Bed Services
Swing bed services included in the per diem include room and board, surgery supplies, and oxygen.

Ancillary Services
Ancillary services are separately covered and reimbursed in addition to the per diem for room and board. Ancillary services are physician-ordered services including laboratory services, radiology service, therapy services, and IV antibiotics. Ancillary services should be reported on a separate claim form.

Non-Covered Services

General Non-Covered Services
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Documentation Requirements

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Reimbursement and Claim Instructions

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
Swing bed services are reimbursed at the per diem rate listed on the Swing Bed Hospitals fee schedule. Ancillary services are separately reimbursed at the hospital's outpatient reimbursement methodology.

Claim Instructions
A claim for swing bed services and ancillary services must be submitted at the hospital's usual and customary charge. Swing bed claims must be sent monthly or at the conclusion of treatment on a UB-04 or through an 837I electronic transaction. Submit claims for ancillary services on a separate claim form. Detailed claim instructions are available on our website.

Medicare Crossover Claims
If a claim submitted to Medicare does not automatically crossover, a UB-04 claim should be submitted to South Dakota Medicaid for the remaining co-insurance and/or deductible. Ensure that the Medicare EOMB is attached to the claim.

If Medicare denies the swing bed claim as not medically necessary, the swing bed services are not covered by South Dakota Medicaid. The provider may only submit a claim for ancillary services to South Dakota Medicaid when swing bed services are denied by Medicare as not medically necessary.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
  - 44:75:11:10
  - 44:75:11:11
  - 44:75:11:12
  - 44:75:11:13
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **How long will South Dakota Medicaid pay for Swing Bed services?**

   Swing Bed services are reimbursable by South Dakota Medicaid as long as there is not another primary payor source, services provided are medically necessary, the recipient requires skilled care, and less restrictive care settings are unavailable.

2. **Does South Dakota Medicaid follow Medicare's requirement that a three consecutive calendar day inpatient hospital stay is required prior to moving to a swing bed.**

   No, South Dakota Medicaid requires an inpatient stay, but does not require that it is three consecutive calendar days.