CHILD ADVOCACY PROGRAM

OVERVIEW

The purpose of the program is to provide medically necessary services as shown below for the diagnosis and treatment of a South Dakota Medicaid eligible child that has possibly been a victim of child maltreatment (neglect, physical, sexual abuse, or emotion abuse). The program was previously known as Child's Voice.

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements.

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.

There are no unique enrollment considerations needed for these services since these services will be billed as the provider bills other services provided. Any Provider that is appropriate to treat a child for sexual or physical abuse perform the exam and interview.

ELIGIBLE RECIPIENTS

Providers must have a referral from Law Enforcement or the Office of Child Protection. In a situation where a referral was not recorded, South Dakota Medicaid may seek recovery of the payment.

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. Medicaid/CHIP full coverage recipients are eligible for medically necessary services covered in accordance with the limitation described in this chapter:

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.

The following services are covered under the Child's Advocacy Program for recipients that meet the above referenced eligibility requirements:

Description	CPT Code
Forensic Interview	99499
Office Visit - Established	99212 99213 99214 99215
Office Visit – Not Established	99203 99204 99205
Medically necessary related ancillary services such as labs and/or imaging.	Various

For the Child Advocacy Program, a forensic interview is reimbursable in addition to the office visit. Child Advocacy Program services are exempt from the care management referral requirement, prior authorization requirements, and from the requirement to seek reimbursement from other liable third parties before billing Medicaid.

Non-Covered Services

Services not listed in the table above are considered non-covered.

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.

Child's Advocacy Documentation

It is the provider's responsibility to retain documentation in medical records regarding the qualifying Child's Advocacy Program referral for audit and tracking purposes. The provider may be requested to produce records demonstrating that the requirements have been met. This includes, but is not limited to, record of appropriate referral by law enforcement or the South Dakota Division of Child Protection Services and notes supporting the HCPCS billed and individuals rendering services. No portion of the records are exempt from a record request. In a situation where a referral was not recorded, South Dakota Medicaid may seek recovery of the payment.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months of the date of service. Requests for reconsiderations will only be considered if they are received within 6 months of the date of service or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid if one or more of the following situations exist:

- The claim is an adjustment or void of a previously paid claim and is received within 3 months after the previously paid claim;
- The claim is received within 6 months after a retroactive initial eligibility determination was made as a result of an appeal;
- The claim is received within 3 months after a previously denied claim;
- The claim is received within 6 months after the provider receives payment from Medicare or private health insurance or receives a notice of denial from Medicare or private health insurance; or
- To correct an error made by the department.

Reimbursement
Services must be billed at the provider's usual and customary charge. Services will be reimbursed at the lesser of the provider's usual and customary charge or the amount listed on the Physician's fee schedule.

Claim Instructions
Services meeting the requirements should be submitted using the provider appropriate claim form. Child Advocacy Program related services will be exempt from the care management referral requirement, the prior authorization requirement, and from the requirement to seek reimbursement from other liable third parties before billing South Dakota Medicaid. The Office of Recoveries & Fraud Investigations may also pursue third party liability from third party source after the claim is paid.

Modifiers
The Q4 modifier must be applied to services meeting the requirements of this program. The Q4 modifier is only intended for use in conjunction with the list of CPT codes referenced in the table above but may include follow-up services as necessary.

QUICK ANSWERS

1. **Is a care management referral required?**

   No, services should be billed with the Q4 modifier when they meet the requirements of the Child Advocacy Program.

2. **Is there an age limit for the Child Advocacy program services?**

   All children 18 or younger are eligible if they meet requirements of this program.