HEALTH DEPARTMENT CLINICS

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.

South Dakota Department of Health clinics must be enrolled with South Dakota Medicaid to receive reimbursement. Physicians, physician assistants, and nurse practitioners associated with a Department of Health clinic must be an enrolled provider. Registered nurses and licensed practical nurses are not eligible to enroll.

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.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to copays, coinsurance, and deductibles on Medicare A and B covered services.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

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.

Clinic Services

Per 42 CFR 440.90, clinic services are limited to preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. The term includes the following services furnished to outpatients:

- Services furnished at the clinic by or under the direction of a physician or dentist.
- Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

Health Department Clinics Covered Services

South Dakota Medicaid covers family planning services, associated laboratory services, vaccines, and vaccine administration provided by Department of Health clinics as allowed within the individual provider's scope of practice. These services must be ordered by a physician, nurse practitioner, or physician assistant. Flu vaccines do not require a physician or other licensed practitioner order. For additional information regarding South Dakota Medicaid's coverage of these services refer to the Family Planning manual and the Physician Administered Drugs, Vaccines, and Immunizations manual.

The following services are also covered when provided to children from birth to age 5 by a non-physician practitioner:

- Developmental screening (CPT code 96110)
- Maternal depression screening (CPT code 96161)
    - This service must be billed under the child's South Dakota Medicaid recipient ID. It is covered at a maximum of 4 visits for children under 1.
- Mental health assessment, by non-physician (CPT code H0031)
- Preventative medicine counseling, approximately 15 minutes (CPT code 99401)
- Topical Fluoride varnish (CPT code 99188)
    - This service is covered a maximum of 3 times a year per recipient.
- Newborn hearing screenings using an Otoacoustic Emissions (OAE) device (CPT code 92558)

Additional services such as E/M services and well-child check-ups may be provided by a physician, physician assistant, or certified nurse practitioner.

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.

Health Department Clinic Non-Covered Services
Services outside a practitioner's scope of practice are not covered. Immunization administration CPT codes 90460 and 90461 are not covered if the associated counseling is done by a non-advanced practice nurse such as a registered nurse.

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. 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.

Upper Payment Limits
Under 42 CFR 447.321, upper payment limit tests are required to ensure that Medicaid payments made under the state plan do not exceed what would be paid for the services furnished by the group of facilities under Medicare payment principles. South Dakota Medicaid performs this analysis on a yearly basis. Payments in excess of the upper payment limit are subject to recoupment.

Reimbursement
A claim must be submitted at the provider's usual and customary charge. Payment is the lesser of the

provider's usual and customary charge or the fee listed on the applicable fee schedule website.

Claim Instructions
Claims must be submitted on a CMS 1500 claim form or on a 837P. Detailed instructions for completing a claim for are provided on our website. A claim for optical supplies may not be submitted until after the item is delivered to the recipient. Refer to the instructions for electronic claims.

If a physician assistant or nurse practitioner provides the service, the physician assistant or nurse practitioner's NPI must be listed as the servicing provider.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **Are Health Department services exempt from Care Management program referrals?**

   Family planning services, immunizations, maternal depression screenings, and topical fluoride varnish are exempt from referrals. Physician services such as an office visit or a well-child check-up require a referral. Please review the Referrals manual for a list of services that require a referral.