RECONSIDERATION REVIEWS, COVERAGE REQUESTS, AND FAIR HEARINGS

OVERVIEW

This manual explains how to submit a claim for reconsideration following a claim denial and how to request South Dakota Medicaid change our coverage of a service or item. All appeals and coverage requests must be submitted using the Medicaid Portal (Portal).

Reconsideration Reviews

The following requests may be sumitted to South Dakota Medicaid for reconsideration of a specific claim:

- NCCI-MUE Reconsideration Review
- Sterlization Reconsideration Review
- Timely Filing Reconsideration Review
- Other Claim Reconsideration Review

Claim reconsiderations are reviewed by South Dakota Medicaid. Reconsideration responses are sent to the provider via the Portal within 30 days of receipt. In some instances, claim issues and other unforeseen circumstances may result in longer processing times. Claim reconsiderations that are approved will be reprocessed by South Dakota Medicaid.

Coverage Requests

Providers may submit the following coverage requests to South Dakota Medicaid for our consideration:

- Coverage Request
- Fee Schedule Request

Coverage and fee schedules requests are reviewed quarterly. Following the quarterly review, South Dakota Medicaid will notify provider of our determination. Any changes to South Dakota Medicaid coverage or fees generally do not apply retroactively. The coverage request process is not for reconsideration of specific claims or prior authorization of services. Claim specific information will not be considered. Previously denied claims will not be reprocessed.

NCCI-MUE RECONSIDERATION REVIEWS

National Correct Coding Initiative or Medically Unlikely Edit denials (NCCI/MUE) reviews may be used to appeal a claim decision made by South Dakota Medicaid related to a NCCI-MUE limit. Requests must be received by South Dakota Medicaid within 6 months of the date of service or within 3 months from the denial remittance.

Providers must provide documentation that supports overturning the NCCI-MUE denial with their reconsideration. Reconsiderations without supporting documentation will be denied. Supporting documentation may include, but is not limited to: citations from coding manuals, the CMS website, or other sources for the allowable maximum units for the specific CPT/HCPC code in question.

The appeal must also include a completed claim form, medical records, and a description of the appeal in the "Comment-Provider" section of the Portal.

If this review and request is denied by South Dakota Medicaid for the NCCI/MUE, providers may send a request for reconsideration of the edit to:

National Correct Coding Initiative
Capitol Bridge LLC
2300 9th Street South
Suite PH3
Arlington, VA 22204

STERILIZATION RECONSIDERATION REVIEW

Sterilization denial reconsideration reviews may be used to appeal a claim decision made by South Dakota Medicaid regarding a sterilization procedure if the required sterilization forms and medical documentation was previously provided with the claim. If the initial claim did not contain the required sterilization form and medical document, providers should resubmit the claim with the required attachments through the regular claim submission process. Reconsideration reviews must be received by South Dakota Medicaid within 6 months of the date of service or within 3 months from the denial remittance.

Providers must provide documentation that supports overturning the sterilization denial with their reconsideration. Reconsiderations without supporting documentation will be denied.Supporting documentation must include, but is not limited to:

- Sterilization forms; and
- Medical documentation.

In addition to the above documentation, the appeal must include a completed claim form and a justification of why the procedure meets the federal regulations in the "Comment-Provider" section of the Portal.

TIMELY FILING RECONSIDERATION REVIEW

Timely Filing denial reconsideration reviews are used to appeal a claim decision made by South Dakota Medicaid regarding a timely filing denial. Reconsideration reviews must be received by South Dakota Medicaid within 6 months of the date of service or within 3 months from the denial remittance.

Providers must provide documentation that supports overturning the timely filing denial with their reconsideration. Reconsiderations without supporting documentation will be denied. Supporting documentation may include:

- An explanation of benefits showing that the claim was received and processed by South Dakota Medicaid within the timely filing deadlines;
- An explanation of benefits from another payor (TPL, Medicare, etc.) showing that the claim was submitted within the timely filing deadlines;
- Medical records as needed;
- Completed claim form; and
- Justification of timely filing in accordance with Medicaid Timely Filing rules in the "Comment-Provider" section of the Portal.

OTHER CLAIM RECONSIDERATION REVIEW

This reconsideration review is used for reconsideration of a claim decision made by South Dakota Medicaid regarding any other denial reason that does not fall into the above listed categories. Reviews must be received by South Dakota Medicaid within 6 months of the date of service or within 3 months from the denial remittance.

Providers must provide documentation that supports overturning the claim decision with their reconsideration. Reconsiderations without supporting documentation will be denied. Supporting documentation may include:

- An explanation of benefits to show that the claim has been received and processed by South Dakota Medicaid;
- An explanation of benefits from another payor (TPL, Medicare, etc.);
- Medical records as needed;
- Completed claim form; and
- An explanation of the appeal in the "Comment-Provider" section of the Portal including:
    - Details on why you are disputing the claim denial;
    - National coding standards that support the reconsideration; and
    - A description of each attachment included with reconsideration request.

FAIR HEARING REQUESTS

Providers have the right to appeal a decision on a claim reconsideration by requesting a Fair Hearing. Corporations must be represented by an attorney. A request for an appeal must be made to the Office of Administrative Hearings within 30 days of the decision date from South Dakota Medicaid. Your request must contain information specific to your disagreement with South Dakota Medicaid Appeals team decision.

Please address these appeals to:

Office of Administrative Hearings
700 Governors Drive
Pierre SD 57501-6851

Coverage and fee schedule requests decisions are final and cannot be appealed. If further questions, please contact Office of Administrative Hearings at the address above.

COVERAGE REQUEST

Providers may request South Dakota Medicaid change our coverage of a service or item. This includes:

- Coverage of a CPT, HCPCS, or CDT procedure code;
- Coverage of a procedure code for a specific provider type;
- Coverage criteria or service limits;
- ICD-10 diagnosis code coverage;
- Prior authorization criteria.

When submitting a coverage request, providers should submit relevent documentation supporting reconsideration of services. Requests without supporting documentation may not be considered. Supporting document may include:

- An explanation of the review or request;
- Documentation supporting the medical necessity of the service or item;
    - Letters/articles from physician associations;
    - Medical journals; and
    - FDA approvals.
- Applicable federal regulations; and
- Other payer policies.

FEE SCHEDULE REQUEST

Providers may request South Dakota Medicaid review the reimbursement rate for a CPT, HCPCS, or CDT procedure code. When submitting a fee schedule request, providers should submit relevent documentation supporting the request. Requests without supporting documentation may not be considered. Supporting document may include:

- An explanation of the review or request;
- Medicare fee schedules;
- National coding lists;
- Other states Medicaid agency fee schedules; and
- Invoices or rates from sources such as suppliers, manufactures and distributors.

MEDICAID PORTAL INSTRUCTIONS

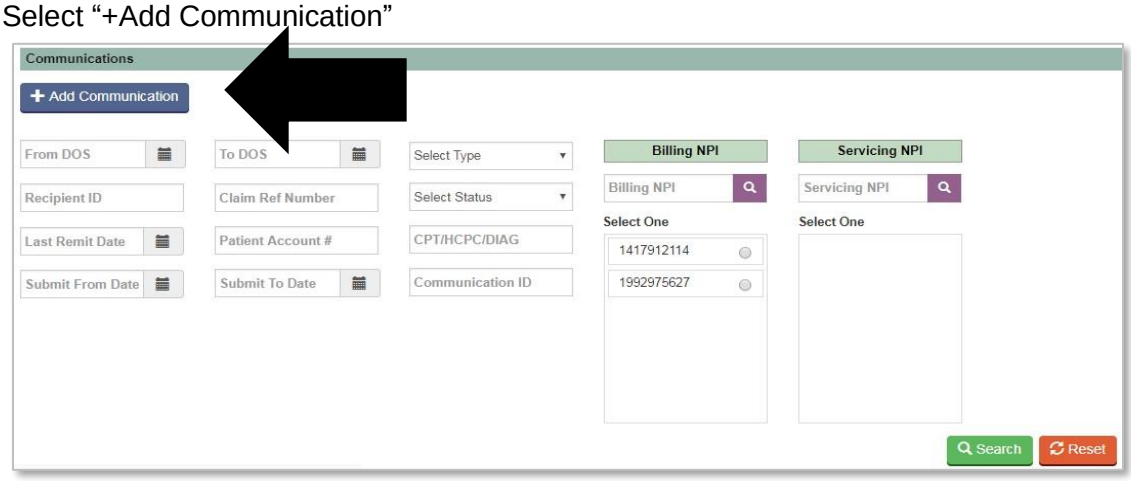
To submit a claim reconsideration or coverage request log-in to the Portal. Select the "Communictions" tab. If you do not see the communications tab, please contact your provider administrator. For more information on accessing the Portal or updating user's status please see the Online Portal User Guide.



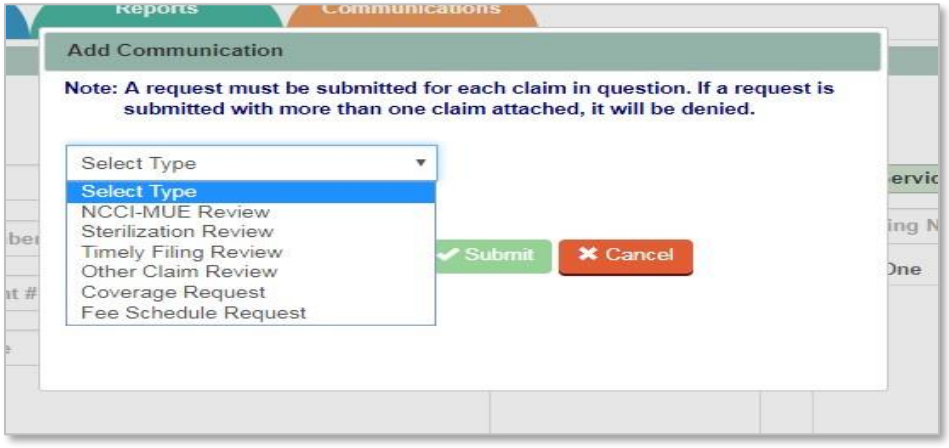
How to Submit a New Review or Request

Steps to submit a Review or Request:

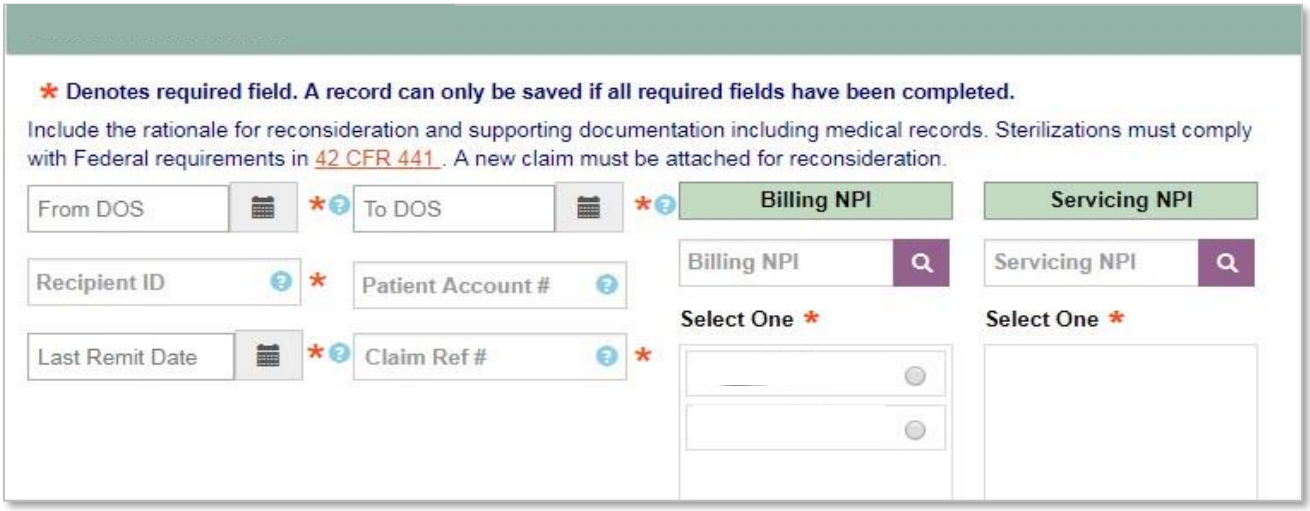
- Under the Communications menu, hover the mouse to display the sub-menu options
- Select "Reviews and Requests"
- Select "+Add Communication"



- Select the appropriate review or request option for your claim or coverage/fee schedule request



- For Claim Reconsideration Reviews
  - Enter From and To DOS (Date of Service)
  - Enter Recipient ID
  - Enter your internal Patient Account Number (Optional)
  - Enter Remit Date of your last denial. Date of submissions must be within six months of the date of service or three months of your last denial.
  - Enter Claim Reference Number of your last submitted claim.
  - Select applicable Billing NPI
  - Select applicable Servicing NPI



- For Coverage and Fee Schedule Request Request
  - Select applicable Billing NPI
  - Select applicable Servicing NPI
  - Enter the CPT, HCPC or Diagnosis Code that you are requesting coverage.



- Add Attachments. Up to five 10mb PDF,JPEG,GIF Excel and Word attachments can be added.
- Enter details of your request and submit your request.
    - Clicking "Save" saves your progress only and does not submit your request to South Dakota Medicaid. You must hit the green "Submit" button in order to successfully submit the request to South Dakota Medicaid for consideration.



STATUS INQUIRIES

As a Provider Administrator you will be able to see all claim reconsiderations and coverage/ fee schedule requests saved and submitted for the billing NPIs associated with your account. As a Provider User you will only be able to see claims you have worked on. There is a status coloumn that will update as your reconsideration or request is reviewed.

Status	Description
New	Review or request has been submitted to South Dakota Medicaid, but has not yet been viewed by the Reconsideration Team.
In Review	Review or request is currently under review by South Dakota Medicaid Reconsideration Team
Request for Info	Review or request has been sent back to submitter for more documentation by South Dakota Medicaid Reconsideration Team.
Resubmitted	Review or request has been resubmitted with requested documentation to South Dakota Medicaid Reconsideration Team.
Approved	South Dakota Medicaid Reconsideration Team has approved your review or request. Watch future remittance for further claim information.
Denied	South Dakota Medicaid Reconsideration Team has denied your Review or Request submission.

REFERENCES

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

QUICK ANSWERS

1. **Can providers submit an appeal via paper?**

   Appeals should be submitted through the Portal. Access can be found on our website at https://dss.sd.gov/medicaid/portal.aspx. If you do not have a log on, please contact your Portal administrator to grant you access.

2. **Why have I not received a decision regarding my reconsideration request?**

   Our goal is to provide reconsideration request responses within 30 days of receipt. In some instances, claim issues and other unforeseen circumstances may result in longer processing times.

3. **How do I check the status of my review and request?**

   Log-in to the Portal to see the status of your review/request.

4. **My review and request has been "in process" for over 3 days, what should I do?**

   In-process is a status indicating the provider has not submitted the review or request to South Dakota Medicaid. Please review the request and click "submit." The "Save" button does not submit review or request to South Dakota Medicaid.

5. **My review and request has been "in review" for over 30 days, what should I do?**

Open the review or request to verify if South Dakota Medicaid has sent an initial response. If you have not received a response, South Dakota Medicaid is still reviewing your request.