

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.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement. Providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form.

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

Effective February 1, 2019 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 primary care physician/health home 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

Record Retention

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. Medical and financial records must be retained for at least six years after the last claim is paid or denied. Records may not be destroyed when an audit or investigation is pending. Providers must grant access to these records to agencies involved in a Medicaid review or investigation.

Required Medical Records

Per [ARSD 67:16:01:08](#) health services that are not documented are not covered. A provider must maintain a medical record on each recipient which discloses the extent of services furnished. Each page of the record must name or otherwise identify the recipient and each entry in the record must be signed and dated by the individual providing the care. If care is provided by one individual who is working under the supervision of another who is a participating provider, the supervising individual must countersign each entry. If the care is provided in an institution by one of its employees, the entry need not be countersigned unless the institutional provider is responsible for monitoring the provision of such health care. The individual's medical record must include the following additional items as applicable:

- Diagnoses, assessments, or evaluations;
- Case history and results of examinations;
- Plan of treatment or patient care plan;
- Quantities and dosages of drugs prescribed or administered;
- Results of diagnostic tests and examinations;
- Progress notes detailing the recipient's treatment responses, changes in treatment, and changes in diagnosis;
- Copies of any consultation reports;
- Dates of hospitalization relating to the services provided; and

- A copy of the summary of surgical procedures billed to the medical services program.

Child's Advocacy Documentation

It is the provider's responsibility to retain documentation in medical records regarding the qualifying Child's Voice 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](#). The maximum reimbursement amount for a forensic interview, CPT 99499, is \$262.66.

Claim Instructions

Services meeting the requirements should be submitted using the provider appropriate claim form. Services meeting the requirements of this program must use the Q4 modifier to designate the services as part of this program. Child Advocacy Program related services will be exempt from the primary care physician/health home 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.

QUICK ANSWERS

1. Can I bill "W" codes for Child Advocacy program services?

"W" codes may only be billed for services rendered prior to February 1, 2019.

2. Is a primary care physician/health home referral required?

No, services should be billed with the Q4 modifier.

3. 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.