



Out-of-State Prior Authorization



Overview of South Dakota Medicaid PA requirements

SD Medicaid Prior Authorization

- **Several services/procedures covered by South Dakota Medicaid require prior authorization:**
 - **Regardless of location.**
 - **Providers must have PA in order for resulting claim to be paid.**
 - **PAs are subject to recipient Medicaid eligibility and provider enrollment.**

SD Medicaid PA Categories

All services/procedures requiring Prior Authorization are listed on the DSS website at:
<http://dss.sd.gov/sdmedx/includes/providers/programinfo/pa/index.aspx>

Examples:

- Wound vacs
- Cochlear Implants
- Private Duty Nursing for children

How to obtain a Prior Authorization

- Provider must submit a complete Prior Authorization Request Form for the PA type.
- Provider must submit any requested supporting documentation, i.e. medical records.
- Provider must submit any additional information requested by nurse consultant.
- DSS will send provider and recipient PA approval or denial.

Out-of-State Prior Authorization requirement

Out-of-State PA

- On January 13, 2014 South Dakota Medicaid implemented a Prior Authorization requirement on all out-of-state inpatient hospitalizations.
- On September 1, 2014 that requirement was expanded to include most remaining medical services provided out-of-state*.

*Out-of-state = providers more than 50 miles outside of the state of South Dakota, except Bismarck, ND.

Benefits

- Coordinated identification of out-of-state provider when needed:
 - Location and enrollment status
- Attain cost savings:
 - transportation

Frequently Asked Questions

Does anything require two PAs?

- No. If a PA is already required for a specific service/procedure, it does not also require out-of-state PA.

Does every service out-of-state need a PA?

- Some services are exempt, including certain lab, radiology or pathology services, durable medical equipment, pharmacy and telemedicine.

Frequently Asked Questions

Who completes the request?

- Referring provider.
- May be in collaboration with servicing provider.

What if the recipient has Medicare or other insurance?

- Medicare – follow Medicare process – no PA required from Medicaid.
- PHI – need a PA; if recipient's insurance dictates where services are provided, this should be specified on the request form.

Provider Resources

FAQs:

<http://dss.sd.gov/sdmedx/includes/providers/programinfo/pa/index.aspx>

Nurse Consultants:

605-773-3495

Questions?
