Sep 12, 2016

ATTENTION: South Dakota Medicaid Providers

FROM: South Dakota Medicaid

RE: Reminder: Out-of-State Services Require Prior Authorization

South Dakota Medicaid requires prior authorization for elective services received outside South Dakota. Please find a few helpful reminders regarding out-of-state prior authorizations below:

- Requests for elective out-of-state services should be generated by the referring in-state physician/specialist at the time of the referral. Medical records from the visit that prompted the referral should accompany the prior authorization request form.
- Requests from the out-of-state provider will only be accepted when a recipient’s care has already been established there. Requests from out-of-state providers should be accompanied by records of the recipient’s most recent services there.
- Authorization requests should also include a schedule of planned care throughout the next year if more than one service is anticipated. This will decrease the number and frequency of authorizations needed.
- The division has up to 30 days to make a prior authorization determination. However, requests are generally completed earlier when sufficient documentation is received.
- Prior authorization is only required for elective services. Any urgent or emergent care is exempt from prior authorization requirements. Retro authorizations can be requested after the service is provided if care was suspected to be urgent/emergent at the time, but will be billed as elective.
- A list of frequently asked questions is available on our website: http://dss.sd.gov/medicaid/generalinfo/faq.aspx#pa

All services requiring prior authorization and the associated Prior Authorization Request Forms are located on our website: http://dss.sd.gov/medicaid/providers/pa/

Prior Authorization criteria and detailed instructions regarding forms and submission of prior authorization requests are located in the Prior Authorization Manual.

Thank you,
South Dakota Medicaid