

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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Strong Families - South Dakota's Foundation and Our Future

Aug 11, 2017

ATTENTION: South Dakota Medicaid Providers

FROM: South Dakota Medicaid

RE: South Dakota Medicaid Prior Authorization Updates

South Dakota Medicaid has updated the Prior Authorization Manual with additional criteria for services requiring Prior Authorization. The Manual is available online: <https://dss.sd.gov/medicaid/providers/pa/>. Changes are summarized below:

- **Genetic Testing:** Most genetic testing CPT codes have pended for pre-payment review by South Dakota Medicaid. In order to allow providers to more accurately determine if a service will be covered before provision of the service and to simplify claims processing, South Dakota Medicaid is revising this process to require prior authorization for most genetic testing CPT codes. **Effective for claims submitted September 1, 2017 genetic testing CPT codes will require a prior authorization.** Providers may begin requesting prior authorization immediately. Prior authorization coverage will also be available for Lynch syndrome and other inherited colon cancer syndromes for people with a significant risk beginning in September.

Prior authorization must be obtained before the service is provided. Please contact South Dakota Medicaid at 605-773-3495 with questions about prior authorization for genetic tests. Please note that the coverage criteria for genetic testing will not change in the transition from pre-payment review to prior authorization. Coverage criteria may be found in the [Prior Authorization Manual](#).

- **Note:** Certain tests are exempt from Prior Authorization. The following CPT codes do **not** require prior authorization from South Dakota Medicaid: 81170, 81206, 81207, 81208, 81218, 81219, 81235, 81242, 81243, 81245, 81246, 81250, 81255, 81256, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81270, 81287, 81310, 81315, 81316, 81340, 81341, 81342, 81506, 81507, 81508, 81509, 81510, 81511, and 81595.
- **Megnetoencephalography and Magnetic Source Imaging (MEG/MSI):** Criteria has been added to the [Prior Authorization Manual](#).
- **Botox:** Criteria has been added to the [Prior Authorization Manual](#) for treatment of hyperhidrosis and migraines. All other indications must be considered standard of care and medically necessary.
- **Spinraza:** Criteria has been added to the [Prior Authorization Manual](#).

- **Continuous Glucose Monitoring (CGM):** Criteria has been updated in the [Prior Authorization Manual](#).

Please note that all prior authorization request forms have been updated to include a new fax number and email. Remember: SD Medicaid has up to 30 days to make a prior authorization determination; requests are generally completed earlier when sufficient documentation is received.

Please share this listserv with other individuals in your organization.

Thank you,
South Dakota Medicaid