

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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December 5, 2018

ATTENTION: Pharmacies

FROM: South Dakota Medicaid

RE: Pharmacy Administered Vaccines and Lab Tests

South Dakota Medicaid is clarifying billing instructions regarding pharmacy administered vaccinations. South Dakota Medicaid covers vaccines provided by a pharmacy in accordance with [ARSD Chapter 20:51:28](#).

Vaccine claims must be submitted on the CMS 1500 claim form. CMS 1500 billing instructions are available in the Professional Services Billing Manual, available online at <https://dss.sd.gov/medicaid/providers/billingmanuals/>. Flu vaccine claims do not require a prescriber order. All other vaccines must include the prescriber's name in box 17 and their NPI number in box 17b of the claim form.

Procedure and Diagnosis Codes

- List the administration CPT code (90471 or 90473) first, then list the appropriate vaccine CPT code. Claims without both CPT codes in the correct order will deny.
 - Because the CPT codes for the administration and the vaccine are required to be billed together, both codes must be denied or voided before you can resubmit the claim. Instructions for how to void a claim are located in the [Professional Services Billing Manual](#) beginning on page 142.
- Bill the administration code and the vaccine code with 1 unit per vaccine; do not bill in milliliters.
- A diagnosis code must be entered in box 21.

Taxonomy Code

- Claims for vaccines administered or tests performed by the pharmacy must be submitted with a pharmacy taxonomy code beginning with 3336.
- Claims submitted without a taxonomy code or with a taxonomy code that does not begin with 3336 will deny.
- The taxonomy code on the claim must match the taxonomy code in your pharmacy's [SD MEDX](#) record. Before billing please verify the taxonomy submitted on the claim matches the taxonomy entered for your pharmacy during Step 3 (Specializations) of the SD MEDX provider enrollment process. If you cannot access your pharmacy's SD MEDX record you will have to contact the appropriate person within your organization.

Looking Up Your Taxonomy Code

- Login to SD MEDX at <https://dss.sd.gov/sdmedx/login/login.aspx> Note: The domain is usually your billing NPI. If you do not know your Domain, Username, or need a password reset, contact SDMEDXsecurity@state.sd.us with your billing NPI.

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305.

ATENCIÓN: is habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).

- To find your taxonomy code once logged SD MEDX follow these steps:
 - From the main menu select “Ext Provider Credentialing”
 - Select “Manage Provider Information”
 - Select “Step 3”
 - The first two digits of your taxonomy code are found under provider type. The following digits are found in the Specialty Subspecialty section (Only the alpha numeric numbers, not the word.)

	Specialty/Subspecialty ▲▼	Provider Type ▲▼	Administration ▲▼	Start Date ▲▼	End Date ▲▼	Operational Status ▲▼	Status ▲▼	Inactivation Date ▲▼	End Reason ▲▼	Location Code ▲▼
<input type="checkbox"/>	36-Pharmacy/00000-Pharmacy	33-Suppliers	SDMA	01/15/2006	12/31/2999	Active	Approved			00

- Using the example above the taxonomy code is: 333600000X. Please note that a X must be added to the numeric digits located on SD MEDX.

An example claim form is attached.

Sincerely,

South Dakota Medicaid



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER
PATIENT AND INSURED INFORMATION

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare#) <input checked="" type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> (Medicaid#) <input type="checkbox"/> TRICARE <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (ID#) <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> (ID#) <input type="checkbox"/> OTHER <input type="checkbox"/> (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) XXXXXXXXXX	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, Jane K		3. PATIENT'S BIRTH DATE MM DD YY XX XX XXXX SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) Recipient Address		7. INSURED'S ADDRESS (No., Street)	
CITY Pierre STATE SD		CITY STATE	
ZIP CODE 57501 TELEPHONE (Include Area Code) (605) XXX-XXXX		ZIP CODE TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER		11. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Signature on File SIGNED DATE 11/19/2018		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. Signature on File SIGNED	

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL		15. OTHER DATE MM DD YY QUAL		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
		17b. NPI			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO		22. RESUBMISSION CODE ORIGINAL REF. NO.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. Z23 B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		ICD Ind. 0		23. PRIOR AUTHORIZATION NUMBER	

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
11 19 18 11 19 18 01	01		90471	A	23.00	001		ZZ	3336 (Your Taxonomy)
11 19 18 11 19 18 01	01		90686	A	43.00	001		NPI	Pharmacy NPI
								ZZ	3336 (Your Taxonomy)
								NPI	Pharmacy NPI
								NPI	
								NPI	
								NPI	

25. FEDERAL TAX I.D. NUMBER XX-XXXXXXX		SSN EIN <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. Patient Account #		27. ACCEPT ASSIGNMENT? (For govt claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 65.00		29. AMOUNT PAID \$ 0.00		30. Rsvd. for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Pharmacist Signature SIGNED DATE 11/19/18				32. SERVICE FACILITY LOCATION INFORMATION Pharmacy Pharmacy Address Pierre, SD 57501				33. BILLING PROVIDER INFO & PH # () Pharmacy Pharmacy Address Pierre, SD 57501					
				a. Pharmacy NPI		b. _____		a. Pharmacy NPI		b. ZZ3336 (Your Taxonomy)			

PHYSICIAN OR SUPPLIER INFORMATION