

MEDICAID BILLING



PROVIDER REVALIDATION

THANK YOU FOR REVALIDATING

- If you have not yet completed revalidation, please do so immediately.
- When your revalidation is formally approved, you will receive an email from SD Medicaid indicating approval.

- Record Updates:
 - If you need to add additional providers, go to step 14 to add providers.
 - All Medicaid providers, including Birth to Three, are expected to maintain their enrollment record:
 - Report any changes (staff, address, updated license etc.) to SD Medicaid.

Best Practice: Schedule a reminder to review your record on a regular basis and make any necessary updates at that time.



ONLINE PORTAL

WHAT IS THE ONLINE PORTAL?

- The Online Portal is a new tool that South Dakota Medicaid is using to make reports available to providers electronically.
- Initial implementation of the Online Portal includes two key components: Administration and Reports
 - The Portal allows an organization to create and establish appropriate account access and permissions to their providers and staff.
 - Ability to view and download copies of Remittance Advices (RAs).

If you have not already done so, please register for the Online Portal to begin downloading copies of your Remittance Advice electronically.

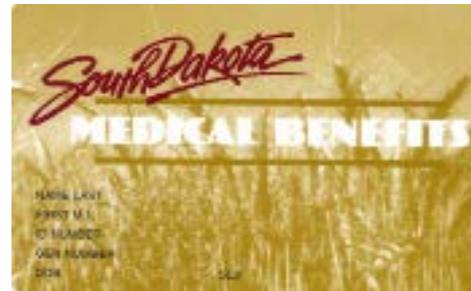
- Portal Website
 - Login, FAQ and User Guide are available online:
<https://dss.sd.gov/medicaid/portal.aspx>
- For more information and Assistance:
 - Email: DSSonlineportal@state.sd.us

MEDICAID ELIGIBILITY

MEDICAID ELIGIBILITY

How do I confirm Medicaid eligibility?

- All South Dakota Medicaid recipients are issued a Medical Benefits Card that contains their Medicaid ID number. Eligibility for Medicaid can change. We recommend confirming eligibility for Medicaid prior to providing services.
- You may confirm eligibility by accessing the South Dakota Medicaid Interactive Voice Response (IVR) System. The IVR is an automated system that responds to eligibility inquiries over the phone.
- You must know your NPI number and the recipient's Medicaid ID number when you call. Calls take approximately 1 minute to complete.
- Call the Medicaid IVR at **1-800-452-7691**.



REFERRALS FOR SERVICES

REFERRALS

What is a referral?

- Referrals are an authorization or direction of care from a provider for a Medicaid recipient to receive services from another medical provider.

Why do services need a referral?

- New federal regulations require that **ALL** claims for services that require an order have the referring provider's information on the claim form.
 - When a child has a primary care provider (PCP) or a Health Home, the referral should come from the student's PCP or Health Home. Information about how to contact the child's physician is available through SD Medicaid's IVR at 1-800-452-7691. Know your NPI number and the student's Medicaid ID number. Calls take approximately 1 minute to complete.
 - Children without a PCP or Health Home also need a referral from a physician.

REFERRALS

How long are referrals valid?

- Written orders must be obtained prior to start of services. The physician may specify the time referral is valid, up to 1 year. Your agency should retain the order for the service with the medical records in case of audit or review.

Where do I put the referral on the claim form?

- Box 17 and 17b.

PREGNANT (LMP)		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	
DN Jane Physician, MD	17b. NPI	123456789

- Please populate this field on all claim forms submitted to Medicaid.** If you do not list an NPI in box 17b, your claims will deny or may be subject to post-payment review and recoupment.
- DN indicator is required prior to the physicians name.

REFERRALS

How do I find contact information for a child's PCP or Health Home?

- Call the Medicaid IVR at 1-800-452-7691. Know your NPI number and the recipient's Medicaid ID number. Calls take approximately 1 minute to complete.
- Some children may not have a PCP or Health Home on file with Medicaid. These children will still need a referral from a provider, and the referring provider's NPI on the claim form in order for the claim to be paid.

SERVICING PROVIDERS

SERVICING PROVIDER CLAIM REQUIREMENTS

What are requirements for servicing providers on the claim form?

- Federal regulations require **all** eligible servicing providers to be enrolled with South Dakota Medicaid.
 - If you submit a claim for a provider not enrolled, your claim will deny. Please remember to keep your list of servicing providers up-to-date.
- Federal regulations require **all** enrolled servicing providers to be listed on the claim form. The servicing provider's NPI must be located in the unshaded portion of box 24J and the servicing provider's taxonomy must be located in the shaded portion of 24J.
 - Please begin billing this way as soon as possible. Your claims may be denied or subject to post-payment review and possible recoupment if you do not include the servicing provider NPI on the claim.

**Servicing
NPI**



I. ID. QUAL.	J. RENDERING PROVIDER ID. #
NPI	

FORMATION



B-3 Taxonomy

DIAGNOSIS CODES

DIAGNOSIS CODES

What is a diagnosis code?

- International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) is a collection of codes produced by the World Health Organization (WHO) that classified and describes (1) diseases and disorders and (2) signs, symptoms and conditions.

Are diagnosis codes required on the claim form?

- Federal regulations for HIPAA-related transactions require diagnosis codes on the claim form.
- All claims **must** have a diagnosis code.

DIAGNOSIS CODES

What diagnosis codes should providers use?

- Providers must use ICD-10 diagnosis codes. The diagnosis code should match the diagnosis used on the child's care plan and the diagnosis used in the written order from the referring provider.

Where can a provider find ICD-10 diagnosis codes?

- Providers who give written orders for the service may diagnose the child and provide the ICD-10 code for that diagnosis. South Dakota Medicaid encourages you to contact the referring provider for the diagnosis code.
- Medical professionals (i.e. OT, PT, or SLP) may also assign an appropriate diagnosis code for the claim.

CLAIM FORMS & CLAIM SUBMISSION

WHO MAY SUBMIT A CLAIM TO MEDICAID?

- Providers may work with a third party, including a contractor or clearinghouse, to submit claims to Medicaid.
- Even if a provider works a third party to submit claims to Medicaid, the provider is still responsible for the information on the claim, including:
 - Ensuring all services are medically necessary and appropriate;
 - Ensuring all services are documented;
 - Verifying all providers are eligible to bill Medicaid;
 - Ensuring all claims are true and accurate; and
 - Retaining all necessary records and documentation.
- Claims may be submitted electronically or on paper. South Dakota Medicaid prefers electronic claims, but also accepts paper claims.

CLAIM FORMS

■ CMS 1500

- Must use (02-12)CMS approved version . CMS approved forms are printed in special OCR-scannable red ink.
- Data must be within the lines of the fields and cannot crossover into other fields.
- Claims should always be typewritten.

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

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA (FELING) (ID#) OTHER (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)

7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) b. AUTO ACCIDENT? c. OTHER ACCIDENT? 10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)

13. OTHER CLAIM ID (Designated by NUCC)

14. INSURANCE PLAN NAME OR PROGRAM NAME

15. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES NO) #yes, complete items 9, 10a, and 10d.

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.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (M/P) (MM DD YY) QUAL. 15. OTHER DATE (MM DD YY) QUAL.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NAME 17b. NP

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAST \$ CHARGES (YES NO)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (State A-L to service line below (24E)) ICD-9-CM

22. SUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From (MM DD YY) To (MM DD YY) B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT-4/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DATE OF SERVICE (MM DD YY) H. ICD-9-CM QUAL. I. RENDERING PROVIDER ID. #

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. debts, see back) (YES NO) 28. TOTAL CHARGE 29. AMOUNT PAID 30. Paid for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED DATE 34. 35. 36. 37.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0-930-1197 FORM 1500 (02-12)

EXAMPLE CLAIM

Student: John Doe

Medicaid ID #: 000111222

Referring Provider: DN Jane Physician, MD

Referring NPI: 123456789

Diagnosis: Down syndrome (Q90.9)

B-3 Taxonomy: 252Y00000X

Servicing Provider NPI: 111111111

Billing Provider: ABC Therapy

Billing NPI: 111122221

B-3 Taxonomy: 252Y00000X

December 2016: John received 15 minutes of speech therapy on Tuesday, December 19 from Tom Speech (NPI 111111111).

****If the child has primary insurance, they must be billed first.**

EXAMPLE CLAIM



HEALTH INSURANCE CLAIM FORM

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

PICA		PICA	
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medical#) TRICARE <input type="checkbox"/> (ID#DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)		1a. INSURED'S ID. NUMBER (For Program in Item 1) 000111222	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, John		3. PATIENT'S BIRTH DATE SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE	
ZIP CODE TELEPHONE (Include Area Code) ()		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? PLADE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO	
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)	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		11. INSURED'S POLICY GROUP OR FECA NUMBER QDA1122222	
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.		a. INSURED'S DATE OF BIRTH SEX MM DD YY M <input checked="" type="checkbox"/> F <input type="checkbox"/> 02 28 2015 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
SIGNED DATE		b. OTHER CLAIM ID (Designated by NUCC) xxxxxx	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		c. INSURANCE PLAN NAME OR PROGRAM NAME Aetna	
SIGNED DATE		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO # if yes, complete items 9, 9a, and 9d.	

CARRIER

PATIENT AND INSURED INFORMATION

EXAMPLE CLAIM

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.			15. OTHER DATE QUAL. MM DD YY			18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN Jane Physician, MD			17a. NPI			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																							
17b. NPI 123456789			19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) F80.9			ICD Incl. 0			22. RESUBMISSION CODE ORIGINAL REF. NO.																							
23. PRIOR AUTHORIZATION NUMBER			24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY			B. PLACE OF SERVICE EMG			C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			D. DIAGNOSIS POINTER			E. \$ CHARGES			F. G. DAYS OR UNITS			H. ICD-9-CM Code			I. L. ID. QUAL.			J. RENDERING PROVIDER ID. #		
1			12 19 16 12 19 16			3			92507			A			14 50			1			ZZ			252Y00000X					
2																													
3																													
4																													
5																													
6																													
25. FEDERAL TAX I.D. NUMBER			88N EIN			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For opt. assign, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ 14 50			29. AMOUNT PAID \$			30. Paid 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.) 			7/22/16 DATE			32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & PH # (605) 000-0000 ABC Therapy 1000 STREET NAME ANYTOWN, SD 00000-0000			111122221			ZZ 252Y00000X														

PHYSICIAN OR SUPPLIER INFORMATION

DOCUMENTATION REQUIREMENTS

DOCUMENTATION REQUIREMENTS

- [ARSD § 67:16:34:03](#) contains the requirements for medical records.
- Services that are not documented in a recipient's medical record are non-covered services.
- Documentation must:
 - Identify the recipient receiving the service on each page of the record;
 - Be signed and dated by the individual providing the care; and
 - Include the following:
 1. Diagnoses, assessments, & evaluations;
 2. Case History;
 3. Plan of Treatment, Care Plan, or IEP;
 4. Quantities and dosages of drugs prescribed or administered;
 5. Results of diagnostic tests & examinations;
 - 6. Progress notes detailing the recipients treatment responses, changes in treatment, and changes in diagnosis; and**
 7. Written orders for the service.

RECORDS RETENTION

- South Dakota Medicaid requires that all medical and financial records be retained for at least six years after the last claim is paid or denied per [ARSD § 67:16:34:05](#).
- There are no exceptions to records retention. Records must be retained even if:
 - The agency closes or combines with another agency; or
 - The therapist leaves employment with the agency.
- Remember that as the enrolled provider, you are responsible for services provided by your practice, including record retention. Even if the provider works with a 3rd party, the provider is ultimately responsible for the records and record retention.

PROGRAM INTEGRITY

How does Medicaid audit Birth to Three providers?

- South Dakota Medicaid strives to maintain a high standard of program integrity. The SURS (Surveillance Utilization Review System) Unit reviews paid claims data to monitor trends and identify claims that may have been paid inappropriately.
- The SURS Unit will request documentation when a review is initiated. Providers are required to grant access to records under [ARSD § 67:16:34:08](#).
- South Dakota Medicaid is also subject to federal audit programs such as the Payment Error Rate Measurement (PERM) Project.

**COMMON ERROR
REASONS &
HOW TO AVOID THEM**

COMMON ERROR REASONS

- PCP/NPI Number Incorrect
 - Verify that you have the child's correct PCP or Health Home information. This information can be obtained via the SD Medicaid IVR at 1-800-452-7691.
- PCP/NPI Number Missing/Invalid
 - Check if the child has a PCP or a Health Home by calling the Medicaid IVR at 1-800-452-7691. List the PCP NPI number in Block 17b of the claim. **REMEMBER: You must list an NPI number if Block 17b of the claim, even if the child does not have a PCP or Health Home.**
- Recipient has Private Health Insurance
 - Remember that Medicaid is the payer of last resort. You must submit to private health insurance prior to submitting claims to Medicaid.
- Taxonomy Code Missing/Invalid
 - Remember to list your taxonomy in Block 24J and Block 33b. Your billing taxonomy should indicate if it is a Birth-to-Three service.

COMMON ERROR REASONS

- **Exact Duplicate of Another Claim**
 - A claim with the same information exists in the SD Medicaid system. Check to see if you submitted the same claim twice or if you submitted two claims with overlapping date spans.
- **Recipient Not Eligible on Date of Service**
 - Check to see if the child is Medicaid eligible by using the SD Medicaid IVR or contacting the TSU at 1-800-452-7691.
- **Recipient Individual Record Not on File**
 - Check to make sure the child's Medicaid ID number is correct and that the child's name is spelled correctly. The ID number can be found on the Medical Benefits ID card.
- **Diagnosis Code Not on File**
 - The diagnosis Code is not on file with SD Medicaid. Check to see if the diagnosis code is valid.
- **Recipient Name/Number do Not Match**
 - Check if the child's name matches the Medical Benefits ID card. Do not use nicknames when submitting claims.

COMMON ERROR REASONS

- Claim Denied Due To Diagnosis Code
 - Ensure diagnosis code in A can be a primary diagnosis code
 - If you have a questions about the validity of a diagnosis code by SD Medicaid, contact Valerie Kelly
 - Ensure the diagnosis code is a valid ICD-10 code
- Claim exceeds 6 months
 - Timely filing error. Claims need to be submitted within 6 months from the date of service.

FAQ

- **Can we bill retroactively from when we first made a request to become a Medicaid provider?**
 - Yes, as long as it falls within Medicaid's 6-month timely filing rule.
- **How is billing for B-3 different from billing Medicaid for OT, PT, and Speech?**
 - Birth to Three services are billed with the Birth to Three taxonomy code.
- **I am providing services to a foster child who was receiving B-3 services while in another placement. How do I get a referral or physician's order if child has not seen a physician in new placement?**
 - The child's CPS Family Services Specialist should be able to obtain a written order from the physician the child had seen previously.
- **How does one determine if services are medically necessary?**
 - Medical Necessity is defined in [ARSD § 67:16:01:06.02](#).
 - Physician order for services helps support medical necessity.
 - Ultimately, you as the provider, are responsible for ensuring services are medically necessary. If you believe the services to be educational in nature or not medically necessary, you should not bill them to Medicaid.

RESOURCES

Phone Resources

- **Medicaid IVR & Telephone Service Unit:** 1-800-452-7691
 - Eligibility Questions, Claim Questions
- **Provider Enrollment:** 1-866-718-0084
- **Other Medicaid Questions:** 605-773-3495

Online Resources

- **Administrative Rule of South Dakota:**
<http://legis.sd.gov/rules>
 - Service & Provider Requirements
- **South Dakota Medicaid Website:**
<http://dss.sd.gov/medicaid/providers/>
Provider Billing Manuals
- **South Dakota Medicaid Listserv:**
<http://dss.sd.gov/medicaid/contact/ListServ.aspx>

THANK YOU