

School District Medicaid Claiming

June 2018



Medicaid Portal

ONLINE PORTAL

- The Portal allows an organization to create and establish appropriate account access and permissions to their providers and staff.
- Portal Functionality:
 1. Ability to view and download copies of Remittance Advices (RAs)
 2. Ability to verify eligibility of student
 - PCP/HHP status and current medical provider
 - Verify spelling of students name
- Portal Contact Information:
 - Website: <https://dss.sd.gov/medicaid/portal.aspx>
 - Email: DSSonlineportal@state.sd.us

Provider Enrollment & Maintenance

LICENSING REQUIREMENTS FOR SERVICING PROVIDERS

Licensing requirements are listed in [ARSD § 67:16:37:05](#). Servicing providers must be enrolled with SD Medicaid and linked to the school districts billing SD Medicaid.

- Psychological Services
 - Licensed Psychologist
 - Certified School Psychologist or School Psychological Examiner
- Physical Therapy Services
 - Licensed Physical Therapist
 - Certified Physical Therapy Assistant
- Occupational Therapy Services
 - Licensed Occupational Therapist
 - Licensed Occupational Therapy Assistant
 - Occupational Therapy Aide
- Speech Therapy Services
 - Speech-Language Pathologist
 - Speech-Language Pathology Assistants
- Audiology Services
 - Certified Audiologist
- Nursing Services
 - Registered Nurse or Licensed Professional Nurse

PROVIDER ENROLLMENT & MAINTENANCE

- Most schools, as well as most individuals associated to the schools will have two taxonomy codes. One for their license, and one for birth-to-three. The taxonomy code on submitted claim forms must match your enrollment record to avoid denial of the claim.
- The taxonomy represents the individual's provider type and area of specialization which can often be found on NPES at <https://npiregistry.cms.hhs.gov/> .
- The most common taxonomy codes for school providers are shown below:
 - 225100000X – physical therapist
 - 225X00000X – occupational therapist
 - 231H00000X – audiologist
 - 235Z00000X – speech language pathologist
 - 103T00000X – psychologist
 - 252Y00000X – listed as an additional taxonomy for any provider rendering Birth-to-Three services.
- In the MEDX system, the taxonomy code is displayed in the order of Specialty/subspecialty and Provider type. In the example to follow, the taxonomy code is 252Y00000x

<input type="checkbox"/>	Specialty/Subspecialty ▲▼	Provider Type ▲▼	Administration ▲▼	Start Date ▲▼	End Date ▲▼	Operational Status ▲▼	Status ▲▼	Inactivation Date ▲▼	End Reason ▲▼	Location Code ▲▼
<input type="checkbox"/>	2Y-Early Intervention Provider Agency/00000-Early Intervention Provider Agency	25-Agencies	SDMA	01/01/2016	12/31/2999	Active	Approved			00
<input type="checkbox"/>	13-Local Education Agency (LEA)/00000-Local Education Agency (LEA)	25-Agencies	SDMA	01/01/2016	12/31/2999	Active	Approved			00

PROVIDER ENROLLMENT & MAINTENANCE

- If you have new staff coming on board, or require a refresher on the SD MEDX Provider Enrollment system, please refer to the SD MEDX Training tab on the DSS website <https://dss.sd.gov/medicaid/providers/training/>
- For new staff, the revalidation webinar provides verbal and visual real-time instruction navigating the MEDX system. Click on this link and select “Slides with audio”.
- <https://dss.sd.gov/medicaid/providers/maintenancerevalidation.aspx>
- For questions not addressed in the training materials, providers can reach the Provider Response Team hotline by calling 866.718.0084, or emailing SDMEDXGeneral@state.sd.us .

Common Questions

WHEN CAN A DISTRICT BILL MEDICAID?

- School districts can bill Medicaid anytime a Medicaid eligible service is provided to a Medicaid eligible child. To be a Medicaid eligible service, the service must be:
 - Medically necessary according to [ARSD § 67:16:01:06.02](#);
 - Documented on the child's care plan/IEP;
 - Ordered by the child's primary care provider;
 - Provided by an eligible practitioner; and
 - The child's parents have given parental consent to bill Medicaid.

DOES MEDICAID REQUIRE PARENTAL CONSENT?

- Parental consent to access Medicaid is required by 34 CFR 300.154(d).
- Consent must:
 - Be obtained prior to accessing Medicaid.
 - Occur after written notification to a student's parents.
 - Be kept on file in the district.
- The SD Dept. of Education has developed a Medicaid Consent Form and Written Notification that meet state and federal requirements for consent and notification. The forms are available on the DOE website: <http://doe.sd.gov/sped/IEP.aspx>
- This flow chart describes the process for parent consent:



WHAT CAN BE BILLED TO MEDICAID?

- Direct Medicaid Services in School Districts are described in [ARSD § 67:16:37](#)
- Services are limited to:
 - Psychological Services
 - Physical Therapy Services
 - Occupational Therapy Services
 - Speech Therapy Services
 - Audiology Services
 - Nursing Services
- All Services must be within the provider's scope of practice and be medically necessary

WHAT CPT CODES SHOULD I USE ON THE CLAIM FORM?

- School districts must use specific CPT codes designated by South Dakota Medicaid. Other CPT codes will not be accepted. The CPT codes are found in South Dakota Medicaid's *Professional Services Billing Manual*, available online:
<http://dss.sd.gov/medicaid/providers/billingmanuals/>
 - Psychology Services: 90899
 - Physical Therapy Services: 97799
 - Occupational Therapy Services: 97139
 - Speech Therapy Services: 92507
 - Audiology Services: 92700
 - Nursing Services: T1002
- All services must be billed in 15 minute units of time spent face-to-face with the child.

WHAT IS A REFERRAL? IS A REFERRAL NEEDED?

- Referrals are an authorization or direction of care from a provider for a Medicaid recipient to receive services from another medical provider.
- [ARSD § 67:16:37:03](#) requires a primary care provider's written orders for all services listed on a child's care plan or IEP.
- Federal regulations require that **ALL** claims for services have a written referral/order from a physician.
 - When a student has a primary care provider (PCP) or a Health Home Provider (HHP), the referral should come from the student's PCP or Health Home Provider. Information about how to contact the child's physician is available through SD Medicaid's IVR at 1-800-452-7691 or via the Online Portal. Know your NPI number and the student's Medicaid ID number. Calls take approximately 1 minute to complete.
 - Students without a PCP or Health Home Provider also need a referral from a physician. Be sure the referring provider is medical provider, not a clinic.

WHEN IS A REFERRAL NEEDED?

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

Block 17 and 17b

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

- If you do not list an NPI in box 17b, your claims will deny or may be subject to post-payment review and recoupment.
 - The DN indicator is required on all claims
- If a claim denies for PCP/HHP, verify the child's PCP/HHP via the Online Portal or the Medicaid IVR (automated system) 1.800.452.7691.
 - If the provider has changed, you will need to obtain a new referral.
- All students need a referral even if they do not have a PCP/HHP.

WHAT IS THE FMAP?

- Funding for Medicaid is shared between the state and the federal government.
- The federal government's share of a state's expenditures for most Medicaid services is called the federal medical assistance percentage (FMAP).
 - The FMAP is determined annually on each Federal Fiscal Year (October 1) using the previous three years of personal income data relative to the national average.
- Medicaid and CHIP have a different FMAPs.
 - The FMAP for FFY 18 for Medicaid is 55.34% federal funds and 44.68% state funds.
 - The FFY18 FMAP for CHIP is 91.74% federal funds and 8.26% state funds
- School districts are reimbursed the federal dollars for Medicaid services, and must complete a Certificate of Public Expenditures (CPE) form each quarter to attest that the federal dollars are matched with state or local funds.



55 cents (Federal) 45 cents (State)

IS DOCUMENTATION REQUIRED?

- [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.

Claim Example

TOP HALF OF CLAIM FORM



HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> <input type="checkbox"/> PICA							PICA <input type="checkbox"/> <input type="checkbox"/>		
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 I.D. NUMBER (For Program in Item 1) 123456789			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Jones, Jill				3. PATIENT'S BIRTH DATE SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)			
5. PATIENT'S ADDRESS (No., Street) CITY STATE				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) CITY STATE			
ZIP CODE TELEPHONE (Include Area Code) ()		8. RESERVED FOR NUCC USE				ZIP CODE TELEPHONE (Include Area Code) ()			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>			
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. OTHER CLAIM ID (Designated by NUCC)			
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME			
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO # if yes, complete items 9, 9a, and 9d.			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.			
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.						SIGNED _____ DATE _____			
SIGNED _____ DATE _____						SIGNED _____			

CARRIER

PATIENT AND INSURED INFORMATION

BOTTOM HALF OF CLAIM FORM

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 DN Barry Fixit, Dr						17a. NPI 123456789			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY										
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) A. Q90.9 B. C. D. ICD Incl. 0 E. F. G. H. I. J. K. L.						22. RE 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) EPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD9/10 Per I. ID. QUAL J. RENDERING PROVIDER ID. #													
1	07	19	16	07	19	16	3		92507				A	14	50	1		ZZ	235Z00000X
2																			
3																			
4																			
5																			
6																			
25. FEDERAL TAX I.D. NUMBER			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. clients, see back)			28. TOTAL CHARGE			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.)			32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # (605) 000-0000										
Signature			5/21/18						ANYTOWN SCHOOL DISTRICT 1-1 1000 STREET NAME ANYTOWN, SD 00000-0000										
BIGNED			DATE						111122221			ZZ251300000X							

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)



QUICK NOTES

- School are not required to bill primary insurance, however DSS will bill primary insurance after the claim is paid by DSS.
 - Some private insurance reimburses for school based services.
 - Parental consent allows DSS to bill primary insurance.
- Remember, that as the enrolled provider, the school district is responsible for services provided in the district, including record retention. Even if the school district works with a cooperative or a contractor, the district is ultimately responsible for the records and record 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](#).
 - Records must be retained even if a school closes or therapist leaves

REMINDERS FOR THE UPCOMING SCHOOL YEAR 2018-2019

- Check your SDMEDX enrollment against your upcoming school year providers and make any updates.
- Look for more information about cost settlement and rate setting coming soon.
 - DSS will update the worksheet for rate setting.
 - Cost settlement page must contain the prior year's rates. DSS will return the form to you if the rates are not listed.
 - All rates must be completed for services provided by the school even if the rate did not change from the previous year.

QUESTIONS?

THANK YOU FOR PARTICIPATING

Medicaid contact: Valerie Kelly 773.3495