

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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Strong Families - South Dakota's Foundation and Our Future

ATTENTION: South Dakota Medicaid Providers

FROM: South Dakota Medicaid

RE: Claim Review and Coverage Request

On June 1, 2018 South Dakota Medicaid implemented an “Add Communication” tool for providers to submit Appeals (Claim Reviews) and Coverage Requests in the Provider Online Portal. This feature will allow providers to submit, edit, and view responses to reviews and requests directly in the Portal. While South Dakota Medicaid currently allows this communication to be submitted on paper, we encourage you to use this new tool going forward.

Effective August 1, 2018 requests for claims review will only be considered if the request is received within 6 months of the date of service or within 3 months of the date a claim was denied. A claim review should only be submitted if a provider does not agree with a denial determination and has attempted to resolve any claim issues with the Medicaid Telephone Service Unit. As a reminder per [ARSD 67:16:35:03](#) a provider may only submit claims for those supplies and services provided which the provider knows, or should have known are covered by South Dakota Medicaid.

In addition, effective July 1, 2018 South Dakota Medicaid is implementing a new review process for provider requested diagnosis and procedure code coverage requests and fee schedule changes. Coverage requests and fee schedule requests are not claim specific and will not be used to re-adjudicate specific claims. These requests will be reviewed on a quarterly basis. Only requests from enrolled providers will be considered. If the request is approved, the provider will be notified in writing via the portal.

Information about how to login to the Portal and submit appeals is available online here: [Medicaid Portal](#)

Thank you,
South Dakota Medicaid