

South Dakota Medicaid PROVIDER NEWSLETTER

Fall 2019

Incontinence Supplies

Effective July 1, 2019 incontinence supplies, including those through Home and Community Based Services (HCBS) Waivers, are provided through the Medicaid state plan as part of durable medical equipment and supplies benefit. In order to receive incontinence supplies recipients must have a medical condition that involves loss of bladder or bowel control and be at least 3 years of age.

The Medicaid state plan covers a maximum of \$1,345 in incontinence supplies during a plan year. An exception to this limit is Family Support waiver recipients. Recipients with a family support level of care have an annual maximum of \$2,250. A recipient who needs additional supplies can request them through the prior authorization process.

For additional information about incontinence supplies please refer to the bulletins on our [Provider Communication](#) page.

CMS-1500

Portal Submission

Providers can now submit a CMS-1500 claim with attachments directly to South Dakota Medicaid through our Provider Portal. Log-in to the [Provider Portal](#), click on "Claims" and then select Submit New CMS-1500. You can submit a professional claim with up to six lines. We accept Medicaid primary payer, Medicaid secondary payer, and Medicare (crossover) claims through the portal. You are also able to add up to two attachments to a claim submission.

Attachments are limited to PDF, JPEG, and/or GIF formats and can each be up to 10 MB. The most common type of attachments are invoices, medical records, and primary EOBs.

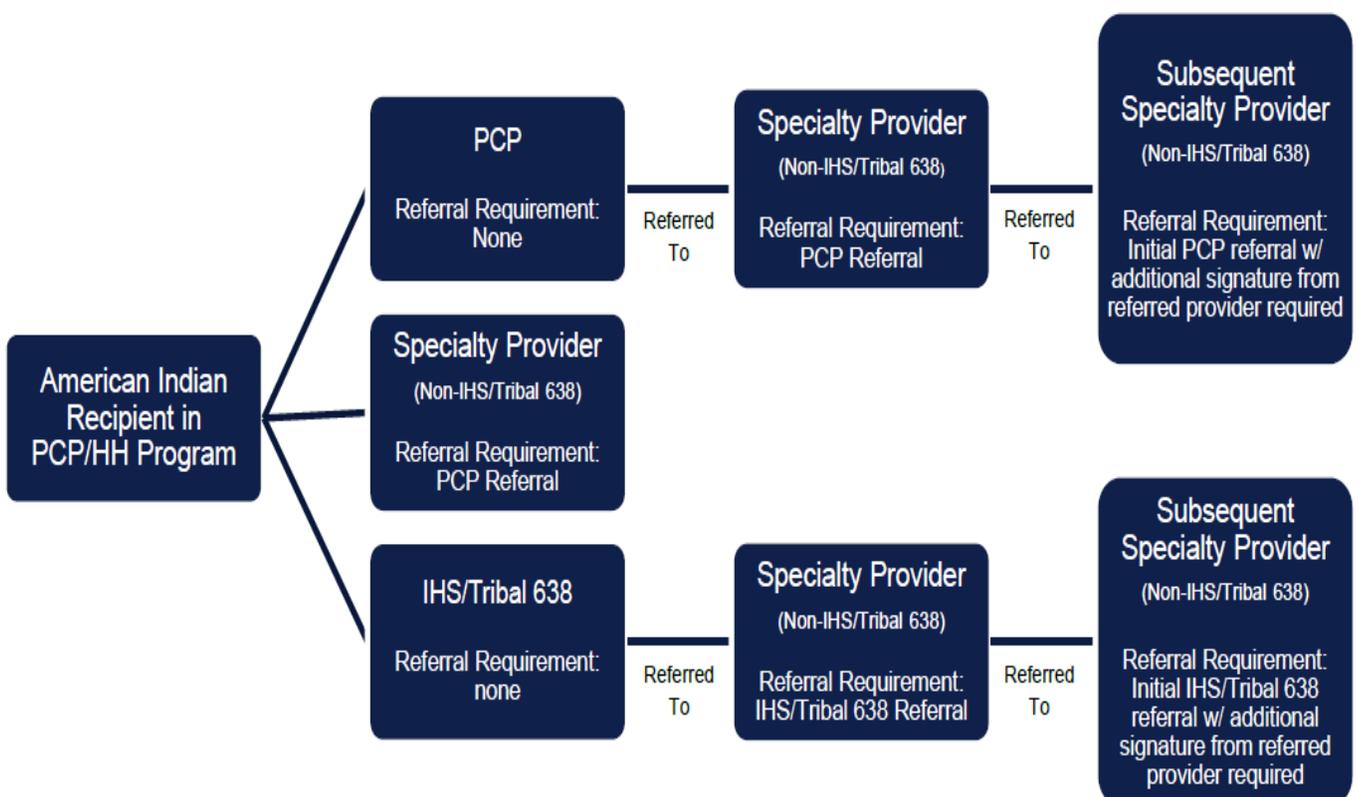
For more information please refer to the [Portal CMS 1500 Submission Guide](#) or check out our Portal Claim Submission Webinar on our [website](#).

Portal Claim Status Inquiry

Providers can now run a claim status inquiry via the Provider Portal. This allows providers to search for a claim's status using various options such as "recipient" or "date of service." The search queries the last 6 months of submitted claims. The results show whether the claim was paid, denied, adjusted (debit/credit), voided, or in process. If there is a result other than "in process," a link to the applicable remittance advice is provided. Please refer to our [Status Inquiry Guide](#) for more information.

Indian Health Service (IHS) and Tribal 638 Referrals

When a Medicaid recipient is IHS eligible, the recipient has the right to see their listed Primary Care Provider (PCP)/Health Home or an IHS or Tribal 638 provider. A PCP/HH referral is not required to see an IHS or Tribal 638 provider. Both the listed PCP/HH or the IHS/Tribal 638 provider has a right to refer the recipient to see a specialist. The specialist may refer the recipient on to a subsequent specialty provider. The flowchart below explains the referral process:



More information about referrals and IHS/Tribal 638 referrals is available in the [Referrals Policy Manual](#) online. The manual also outlines the methods that can be used to refer recipients for services as well as the information required for each Medicaid referral.

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