

# South Dakota Medicaid Provider News

Winter 2023



## Ending a Recipient's Active Primary Care Provider

On occasion, providers request that the Medicaid Care Management staff end the recipient's current Primary Care Provider (PCP) because the recipient has failed to change their PCP as requested by clinic, failed to establish care, or to bypass the referral requirement.

The Medicaid Care Management staff has established the following guidelines for providers who make this request. The provider should use the PCP/HH online selection tool <https://pcphhselection.appssd.sd.gov/> to assist the recipient with a PCP change, or the provider must send a letter to the recipient requesting them to change their PCP and cc Medicaid Care Management on that letter. Once the letter is received, Medicaid Care Management staff will take the action to end the provider and the recipient will receive a letter to pick a new provider.

## Family Planning Services

When billing for [family planning services](#) provided during an office visit billed on a [CMS 1500 claim form](#), please be sure to enter an "F" in the unshaded portion in field H. Family planning claims being submitted via the Medicaid Portal will use the drop-down option and select Family Planning.

## Long-Acting Reversible Contraceptives (LARC)

- South Dakota Medicaid reimburses providers paid at an encounter rate (FQHCs, RHCs, and IHS/Tribal 638 providers) at the fee-for-service rate for most LARC to help ensure access to these services.
- Refer to the [FQHC/RHC](#) manual or the [IHS/Tribal 638](#) manual for the specific codes reimbursed on a fee-for-service basis. The fee-for-service reimbursement is in addition to reimbursement for an encounter if one occurred.

## Tips for Faster Service

When calling the SD Medicaid Claims Advice and Processing toll free number, please have your remittance advice at your fingertips; the remittance advice will have most of the information necessary for staff to efficiently look up your claim, including: the provider NPI, the recipient number, the claim reference number, the date(s) of service, and the denial reason. Having this information readily available will facilitate a more efficient response to your questions.

For faster claims processing, utilize the Medicaid Portal for claim submission by visiting:  
<https://dss.sd.gov/medicaid/portal.aspx>



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