

RECONSIDERATIONS, APPEALS, AND GRIEVANCES

RECONSIDERATIONS & APPEALS

If dental services are denied in whole or in part, providers have the right to a full and fair review.

The initial step of this process is the reconsideration. A reconsideration can be requested by an office when a pre-determination or claim is initially denied, and the dental office or patient wishes to submit additional information to support the service and coverage. Additional information may include clinical notes, x-rays, photographs, or other documentation not submitted originally. To request a reconsideration, contact the dental vendor at 1-877-841-1478.

When a denial is upheld through the reconsideration process, the provider or patient can submit a formal appeal. The appeal request must be in writing and submitted within 90 days from the initial denial. The appeal must include a copy of the Explanation of Benefits (EOB) or Predetermined Voucher on which the dental services were denied, along with written comments on the reason why the provider disagrees with the decision and any additional documentation to support the appeal.

Within 30 days of receiving the appeal, a written decision or a new Predetermined Voucher indicating any action that has been taken will be issued. If additional time is needed for a clinical evaluation of the patient, the provider will be notified by the dental vendor.

If, after exhausting the dental vendor's reconsideration and appeal processes, the dental office or patient is still not satisfied, the provider may contact the South Dakota Department of Social Services Office of Administrative Hearings at 605-773-6851.

GRIEVANCES

The dental vendor maintains a grievance process for Medicaid recipients.

A patient can report a grievance to the dental vendor by contacting 1-877-841-1478. Upon receiving a verbal grievance, the dental vendor will send the patient the Patient Grievance/Complaint Form. The form must be returned to the dental vendor within 30 days. Within 30 days of receiving the grievance form, a written decision indicating any action that has been taken will be issued to the patient.

The dental vendor will engage providers in the grievance process as needed.

If, after exhausting the dental vendor's grievance processes, the patient is still not satisfied, the provider may contact the South Dakota Department of Social Services Office of Administrative Hearings at 605-773-6851.



Address: _____

Dentist Address: _____

[illegible]

Signature: _____ Date: _____

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TIMELY FILING

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

DEFINITIONS

1. "Dental Vendor", the Department of Social Services contracts with a vendor for dental claims adjudication and administration services.
2. "Predetermined Voucher", a document issued by the dental vendor when a provider requests review of a treatment plan in advance. The predetermined voucher outlines the anticipated coverage and payment.

REFERENCES

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

QUICK ANSWERS

1. **I received a denial for a service I provided to a patient with Medicaid coverage. I think it should be covered based on the patient's need. What should I do?**

Review the explanation of benefits or predetermined voucher to understand why the claim was denied. Contact the dental vendor to request reconsideration of the claim. Send in any supporting documents that were not submitted initially for review.

2. **The service I provided my patient is not a covered benefit under the Medicaid program, but I believe my patient has a special circumstance that should be considered.**

Contact the dental vendor to discuss the situation and request special consideration of the claim. Send in any supporting documents that demonstrate the special circumstances (i.e., letter from medical doctor).

3. **My patient is not happy with a service I provided to them. Is there anything the dental vendor can do to help?**

Yes, refer the patient to the dental vendor to file a grievance. The dental vendor will review the grievance, supporting documentation from the provider, and, potentially, ask a third-party

provider to conduct a clinical review. The dental vendor will issue a written response to the patient.

- 4. I have a patient who has come to me for dentures. They had a new set of dentures paid for by Medicaid within the past 5 years, but they don't fit. The patient says they have never fit. Is there anything we can do?**

Yes, refer the patient to the dental vendor to file a grievance. The dental vendor will review the grievance, supporting documentation from the provider that made the dentures, and ask a third-party provider to conduct a clinical review. The dental vendor will issue a written response to the patient. If it is determined that the dentures never fit, a new set of dentures may be authorized.