PRIOR AUTHORIZATION REQUESTS

OVERVIEW

This manual provides a list of services by services type and HCPCS code that require prior authorization. In addition to the services listed below, some services may require prior authorization for other reasons such as exceeding a service limit. Prior authorization criteria is listed in the applicable manual and links to the criteria are provided below.

South Dakota Medicaid has 30 days to make a prior authorization determination. However, in most circumstances' authorizations can be completed in less time, usually around 2 weeks. Prior authorization is only required for the elective services listed below. Urgent or emergent care is exempt from prior authorization requirements. Retro authorizations can be requested after the service is provided if care was suspected to be urgent/emergent at the time but will be billed as elective.

If an inpatient hospitalization admission is the result of an emergent or urgent situation, or is a transfer situation, the Prior Authorization Request Form should be submitted within 48 hours and authorizations will be expedited and completed within 2 business days of the request. No prior authorization is needed for the transportation. Please refer to the transportation manuals for transportation coverage requirements.

Only one prior authorization is needed for a hospital stay. Physician and other licensed practitioner services are included as part of the prior authorization for the inpatient stay. A prior authorization will be issued to the prior authorization contact for the inpatient facility for the dates of the approved hospital stay. In addition to the hospital facility, this authorization must be shared with all physicians to use for visits billed during that hospital stay.

Most out-of-state services require prior authorization. The out-of-state prior authorization requirement does not apply to telemedicine services if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State. If the service otherwise requires a prior authorization, the provider is still required to obtain prior authorization prior to providing the service. For questions regarding services rendered by an out-of-state provider please refer to the Out-of-State Providers manual.

REQUEST DOCUMENTATION

All prior authorization requests must be submitted with the following information:

- Appropriate prior authorization request form:
  - BRCA
  - Applied Behavior Analysis Therapy
  - Private Duty Nursing & Extended Home Health Services
  - Durable Medical Equipment
  - Medical Nutrition
  - Out-of-State Services
  - Long Term Acute Care (LTAC) And Out-Of-State Rehab
  - Genetic Testing
  - Incontinence Supply Family Support 360 Waiver
  - Incontinence Supply Supply HOPE Waiver
  - Incontinence Supply ADLS Support 360 Waiver

  - Incontinence Supply CHOICES Waiver
  - Physician Administered Drugs, Vaccines and Immunizations – see individual forms for each product on our Physician Administered Drugs, Vaccines and Immunizations page
  - General (Use if there is not a specific form for the requested service)
- Medical documentation, including medical records, to support medical necessity;
- Prescriptions.
- Any additional documentation required by South Dakota Medicaid as listed in the prior authorization criteria.

SUBMISSION

Prior Authorizations requests should be submitted to South Dakota Medicaid via secure email. Use secure email to send completed documentation to DSSMedicaidPA@state.sd.us

If secure email is unavailable, mail or fax completed documentation to:

South Dakota Department of Social Services
Division of Medical Services
Attn: Prior Authorization
700 Governors Drive
Pierre SD 57501

Fax – 605-773-5246

DENIED REQUESTS

Requests that are denied always include an explanation of the reason for denial, as well as instructions for recipients to exercise the right to appeal within 30 days of the date of the letter if desired. Providers may make a second prior authorization request with new medical records or documentation. Any time new requests and records are submitted, South Dakota Medicaid will consider the new records to make a new prior authorization determination.

SERVICES REQUIRING PRIOR AUTHORIZATION BY SERVICE TYPE

Service	Criteria Location	Form
Applied Behavior Analysis (ABA) Therapy Services	Applied Behavior Analysis Services	Prior Authorization Request Form
Bariatric Surgery	Surgical Services	General Prior Authorization Request Form
Bone Growth Stimulators	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form

Breast Pump (Hospital Grade Electric Breast Pump)	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Breast Reconstruction	Surgical Services	General Prior Authorization Request Form
Breast Reduction	Surgical Services	General Prior Authorization Request Form
Care Management For Rehabilitation Units	Inpatient Hospital Services	General Prior Authorization Request Form
Care Management Psychiatric Units	Inpatient Hospital Services	Out-of-State Prior Authorization Request Form General Prior Authorization Request Form
CAR T Cell Therapy	Physician Administered Drugs Vaccines and Immunizations	General Prior Authorization Request Form
Cochlear Implant	Surgical Services	General Prior Authorization Request Form
Continuous Glucose Monitoring Policy	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Continuous Passive Motion Devices	Surgical Services	DME Prior Authorization Request Form
Cough Stimulating Devices	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
EPSDT	Well Child, Well Adult, and Other Preventative Services	General Prior Authorization Request Form DME Prior Authorization Request Form Nutrition Prior Authorization Request Form
Gait Trainers	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Genetic Testing	Laboratory and Pathology Services	Genetic Testing Prior Authorization Request Form BRCA Testing Prior Authorization Request Form

High Frequency Chest Wall Compression Or Intrapulmonary Percussive Ventilation Devices	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Hyperbaric Oxygen Therapy	Outpatient Hospital Services	General Prior Authorization Request Form
Hysterectomy	Sterilization	Hysterectomy Acknowledgement of Information
Implanted Nerve Stimulators	Surgical Services	General Prior Authorization Request Form
Long Term Acute Care	Inpatient Hospital Services	General Prior Authorization Request Form
Low Air Loss / Pressure Reduction Therapy	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Lymphedema Pumps	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Magnetoencephalography (Meg) And Magnetic Source Imaging (Msi)	Outpatient Hospital Services	General Prior Authorization Request Form
Medically Complex / Rehab For Children	Inpatient Hospital Services	General Prior Authorization Request Form
Mental Health Visits Beyond The Coverage Limit	Independent Mental Health Practitioners	General Prior Authorization Request Form
Mental Health Visits For Children Under 2 Years Of Age	Community Mental Health Centers	General Prior Authorization Request Form
Negative Pressure Wound Therapy Pumps V.A.C.	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Neonatal Intensive Care Unit	Inpatient Hospital Services	General Prior Authorization Request Form
Nutrition Therapy	Nutritional Therapy Services and Nutrition Supplements	Nutrition Prior Authorization Request Form
Out-Of-State Services	Out-of-State Providers	Out-of-State Prior Authorization Request Form

Panniculectomy	Surgical Services	General Prior Authorization Request Form
Physician Administered Drugs, Vaccines and Immunizations	Physician Administered Drugs, Vaccines and Immunizations	Individualized per product
Private Duty Nursing	Private Duty Nursing	Private Duty Nursing & Extended Home Health Services Prior Authorization Request Form
Psychiatric Residential Treatment Facilities (PRTF)	Psychiatric Residential Treatment Facilities	State Review Team Facilitator Megan Newling Phone: 605-773-3448
Questionably Cosmetic Procedures	Surgical Services	General Prior Authorization Request Form
Removal Of Excess Skin	Surgical Services	General Prior Authorization Request Form
Specialty Mobility Devices	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Speech Generating Device	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	DME Prior Authorization Request Form
Spinal Surgery	Surgical Services	General Prior Authorization Request Form
Sterilization	Sterilization	Sterilization Consent Form
Transplants	Surgical Services	General Prior Authorization Request Form

SERVICES REQUIRING PRIOR AUTHORIZATION BY HCPCS

Services that require a prior authorization are identified at the HCPCs level in the Procedure Code Look-Up Tool.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations