SCHOOL DISTRICT SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirement.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

A school district may be a South Dakota Medicaid provider if all of the following conditions are met:

- The school district is an educational unit which meets the requirements established in SDCL 13-5-1;
- The school district provides any of the services covered as outlined in the CPT table list below;
- The covered services are provided by an employee of the school district or by an individual who is under contract with the school district and who meets the applicable licensing or certification requirements; and
- The school district has a signed provider agreement with South Dakota Medicaid.

An agency which operates a special education program for children with disabilities, birth through 21 years of age and meets the requirements of ARSD Article 24:05 or a cooperative special education unit created by two or more school districts under SDCL 13-5-32.1 is able to enroll with South Dakota Medicaid if they meet the applicable requirements above and the school district(s) they are providing services for are not enrolled with South Dakota Medicaid. If the agency provides SD Medicaid covered services that are not an eligible school district service, such as ABA therapy, the agency may enroll as a group of professionals and bill only for the services not eligible to be provided by the school district.

Servicing Providers
Individual professionals employed by or under contract with a school district who provide medically necessary covered services must meet the appropriate licensure or certification requirement and be associated with the school district on the school district's provider enrollment record. Services may only be provided by the following provider types:

- A mental health provider listed in ARSD 67:16:41:03 or a school psychological examiner certified under ARSD 24:05:23:02.
- A licensed physical therapist or a certified graduate physical therapy assistant under SDCL Ch. 36-10.
- A licensed occupational therapist or a licensed occupational therapy assistant under SDCL Ch. 36-31 and ARSD Article 20:64:02.

- A speech-language pathologist licensed under SDCL Ch. 36-37, or a speech-language pathology assistant licensed under SDCL Ch. 36-37. If speech therapy services are provided by a speech-language pathology assistant, the supervising speech-language pathologist must meet the requirements for a supervising speech-language pathologist contained in ARSD 20:79:04. Additionally, the supervising speech-language pathologist must either be employed by or have a formal contractual agreement with the school district to supervise the speech therapy services provided to recipients by a speech-language pathology assistant. Supervisory requirements must be documented in the contractual agreement or included in the employee's job description.
- An audiologist licensed under SDCL 36-24.
- Nursing services listed in ARSD § 67:16:37:11 must be provided by a professional nurse who is licensed under SDCL 36-9.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

School District Coverage
South Dakota Medicaid covers medically necessary psychological, physical therapy, occupational

therapy, speech therapy, audiology, and nursing services provided by school districts once parental consent has been obtained.

All services provided by the school district must meet the following conditions:

- Services must be medically necessary and documented in recipient's record;
- Services must be outlined in the recipient's care plan;
- Services must be within the professional's scope of practice;
- Services must be provided through direct, face-to-face, contact-care with the recipient;
- Services must be documented with a start and end time;
- Services may only be provided to recipients under 21 years of age;
- Services must be provided by the school district in which the recipient is enrolled;
- Services must be ordered by a physician, physician assistant, or nurse practitioner and all children need a referral even if they are not in the Primary Care Provider Program (PCP) or Health Home program. If a child is exempt from participating in the PCP or Health Home program, School district providers are still required to obtain a doctor's order/referral from an enrolled provider. Most children see a medical provider for the majority of their medical care, in most cases this particular medical provider may be willing to provide a doctor's order/referral as long as the results of an assessment are shared with the provider.

Services listed in the child's IEP must be provided by the school district or a contracted provider of the school district per ARSD 67:16:35:03. In the rare event a school district or contracted provider of the school district is unable to provide a service listed in the IEP, the school district must document the circumstances resulting in them not being able to provide a needed service to the child in order for the child to receive the service from another provider.

School districts are required to bill South Dakota Medicaid using the CPT codes listed below. No other codes are accepted. Services must be billed in 15-minute units. For these services, providers should follow the 8-minute rule for the 2nd consecutive unit of direct service and for any additional consecutive units of service. The 8-Minute rule states servicing providers must provide direct treatment for 15 minutes plus 8 minutes to bill for the 2nd unit. The 8-minute rule does not apply to the first unit.

CPT Code	School District CPT Descriptions
90899	Psychological Services (1) Integrated screening, assessment, and evaluation; (2) Individual therapy: (3) Group therapy; (4) Parent or guardian group therapy; and (5) Family education, support, and therapy
97799	Physical Therapy Services
97139	Occupational Therapy Services

92507	Speech Therapy Services
92700	Audiology Services
T1002	Nursing Services 1. Nursing evaluation or assessment, which includes observation of recipients with chronic medical illnesses in order to assure that medical needs are being appropriately identified addressed, and monitored; 2. Nursing treatment, which includes administration of medication: management and care of specialized feeding program, management and care of specialized medical equipment such as colostomy bags, nasogastric tubes, tracheostomy tubes; and 3. Extended nursing care for a technology-dependent child who relies on life sustaining medical technology to compensate for the loss of a vital body function and requires ongoing complex hospital-level nursing care to avert death or further disability. Extended nursing care is limited to services provided in the school during normal school hours or during transportation to and from school when the transportation is owned, operated, or contracted through the school district. Extended nursing services are only covered for time the nurse is in person with the recipient. Nursing services are limited to services provided to treat a chronic medical illness and identified on the child's Individualized Education Program (IEP)/Care plan.
Q3014	Telehealth Site Fee- For SLP telehealth services only

Evaluations

School Districts may bill South Dakota Medicaid for initial evaluations to determine health-related needs for the purpose of an IEP or IFSP if the assessment results in the need for services and it is conducted by a qualified (School Psychologist, PT, OT, Audiologist, or SLP) enrolled Medicaid provider. Only the face-to-face portion of the evaluation process is billable to South Dakota Medicaid. Additional evaluations are covered when medically necessary to determine the continuation of services.

Prolonged Assistance

Services become the responsibility of the School District in which the child is enrolled when:

1. The services are part of an IEP with a school district for a child age 3 to 21; or
2. The child, age 0 through 2, has been determined to be prolonged assistance by the South Dakota Department of Education and services are part of the Individual Family Service Plan (IFSP).

Per ARSD Ch. 67:16:37, when either situation exists, services become the responsibility of the School District in which the child is enrolled, and coverage falls under the school district.

Telemedicine
Refer to the Telemedicine manual regarding Speech Language therapy services that may be provided via telemedicine.

NON-COVERED SERVICES

General Non-Covered Services
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

School District Non-Covered Services
Routine nursing services which are provided to all students by a school nurse such as treatment of minor abrasions, cuts and contusions, recording of temperature or blood pressure, and evaluation or assessment of acute illness are not covered services.

DOCUMENTATION REQUIREMENTS

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Parental Consent (Medicaid Consent Form)
School districts are required to obtain a signed parental consent form prior to accessing Medicaid. Once the initial parental consent form as been signed, the school must provide annual written notification to the student's parents or guardian. The consent forms and written notification must be kept on file with the school district. The Medicaid Consent Form and Written Notification are available through the South Dakota Department of Education under Special Education Programs: IEP/School Based Medicaid Information/Medicaid Consent Form.

Care Plan Requirements
The school district must have a care plan for each individual receiving covered services billed to Medicaid. A care plan is a written plan for a particular individual outlining medically necessary health services and the duration of those services. Each care plan must meet all of the following requirements:

- A qualifying care plan must contain the individual's diagnosis, the scope and duration of the service to be provided, and evidence establishing medical necessity of the service according to ARSD 67:16:01:06.02. An IEP or Individual Family Service Plan (IFSP) or other qualifying plan (504 plan) prepared by school officials may be used as the care plan.
- A care plan may not be effective for more than one school year.
- The care plan must be amended as warranted by changes in the individual's medical condition.

South Dakota Medicaid accepts the services as medically necessary if the child is qualified under an IFSP for therapy services based on the results of a developmental test (BDI, Peabody, etc.). If all the

information from a formal therapy evaluation is on the IFSP then SD Medicaid would accept the IFSP/IEP as a replacement.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

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.

Reimbursement

Payment is limited to the federal share of a school district's established rate. The school district is responsible for the state share of the service.

Rate Setting

South Dakota Medicaid contacts enrolled school districts annually to establish rates. Rates are established for the period of July 1 to June 30. If a school district needs to set a new rate or revise a rate mid-year, they must contact South Dakota Medicaid. A school district's rate is based on the projected cost of the service or a contracted rate.

Cost Settlement

School district services are subject to cost settlement based on the school district's actual costs. The cost settlement will result in overpayments being returned to the state and school districts being reimbursed fully if the services costed more than the set rate.

Billing Requirements

Claims submitted by a school district must be at the provider's usual and customary charge for the service. Claims must be billed on a CMS 1500 claim form or electronically using an 837P. Detailed claim instructions are available on our website. Only claims for services listed in the individual's care plan or IEP and covered in the CPT table listed above may be submitted under this manual.

South Dakota Medicaid accepts developmental delay ICD-10 diagnosis codes.

Medicaid Administrative Claiming (MAC)

The MAC program, administered by the South Dakota Medicaid, allows school districts to be reimbursed for some of their costs associated with school-based health and outreach activities which are not claimable under the Medicaid Fee-For-Service (FFS) program. The school-based health and outreach activities funded under MAC include: referrals of students/families for Medicaid eligibility determinations; providing healthcare information; coordination and monitoring of health services for students; and interagency coordination of services.

School districts participating in the South Dakota MAC program must meet a specific set of requirements. The districts must have:

- A signed Intergovernmental Agreement with DSS,
- Time studies completed at prescribed time intervals, which become part of the statewide statistically valid time study,
- Cost determinations and allocations performed, and
- Quarterly Medicaid administrative claims prepared and submitted to DSS

All participating school districts will be included in the statewide sample for the administrative claiming program. Personnel and cost data will be compiled from each individual school district. Medicaid eligibility data will also be applied to each individual school district. Activity percentages derived from the statewide sample will be applied to each school district to determine the reimbursement amount.

DSS and the school districts share a common interest in ensuring more effective and timely access to care and the most appropriate utilization of Medicaid-covered services. Promoting activities and behaviors that reduce the risk of poor health and poor health outcomes for the state's most vulnerable populations is also a major consideration. The school setting provides opportunities to reach children and their families to encourage and assist them in enrolling in the Medicaid program. This setting also affords an opportunity for the school districts to deliver direct medical services to Medicaid-eligible members. School districts can create a framework within their own unique environments that allows a seamless health care delivery system for children and helps eliminate many of the barriers to access.

Monitoring of administrative claiming records is required by DSS and the Centers for Medicare and Medicaid Services (CMS). MAC payments are the Federal share of funds paid for administrative services provided on behalf of Medicaid-eligible school children and their families. School district personnel deliver these services and the school districts are responsible for payment for services rendered. The school districts payments to providers are inclusive of the state and Federal shares. The MAC claim identifies the Federal and state shares of the payment thus allowing the Federal share funds to be returned to the schools through the claiming process.

REFERENCES

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

QUICK ANSWERS

1. **Does South Dakota Medicaid accept developmental delay ICD-10 codes as a primary diagnosis?**

   Yes, South Dakota Medicaid covers development delay codes, i.e. R62.50

2. **Can a school district use diagnosis code F81.9 (developmental disorder of scholastic skills, unspecified) as a primary diagnosis?**

No, diagnosis code F81.9 can only be used as a secondary diagnosis. South Dakota Medicaid does not allow scholastic and/or educational diagnosis codes as a primary diagnosis.

3. **If the parents decline to sign the Medicaid Consent form can the school district still bill Medicaid?**

   No, per federal law if a parent declines to consent, the school district may not bill Medicaid.

4. **How often do parent authorization forms need to be signed?**

   Districts must obtain one-time written consent from the parent before accessing Medicaid for the first time. The school district must send the parent written notification annually thereafter that the district will bill South Dakota Medicaid.

5. **Why are we receiving a letter from a student's primary insurance regarding therapy the student is receiving in our school?**

   School districts are exempt from billing a student's primary insurance; however, South Dakota Medicaid will bill a student's primary insurance after the claim is submitted to Medicaid. Some major medical insurance will cover therapy or nursing services received in a school setting. An insurance company may outreach the school or the parents after they have received the claim from South Dakota Medicaid. The primary insurance may have questions regarding the service being provided before they will reimburse South Dakota Medicaid.

6. **Why did our reimbursement change mid-year?**

   South Dakota Medicaid remits the federal share of the claim to the school district. The state share is the responsibility of the school district. The amount paid by the federal government changes each year effective October 1. The federal share paid for Medicaid and CHIP recipients is different percentage. If a student switches between these two programs, the federal share will change.

7. **Can we bill for delegated nursing services?**

   No. Services must be provided by a professional nurse licensed under SDCL 36-9.

8. **Can parents be billed if their insurance company denies any reimbursement back to South Dakota Medicaid?**

   No. Parents will not be billed by South Dakota Medicaid for direct services received in the school district.

9. **A student receiving services no longer has a primary care provider (PCP), do we need to put a referring or ordering provider on the claim?**

Yes, all school district claims require an individual referring or ordering provider name and NPI on the claim. A facility is not considered an ordering or referring provider.

Example: A student had ABC Clinic as the PCP, but now is not in the PCP program. The school district now must obtain an order/referral from an individual provider. The ordering/referring information can no longer be ABC Clinic.