

Manual Name	Date of Change	Description of Change
Ground Ambulance	12/01/2024	Added covered services including Advanced Life Support Level 2 and Specialty Care Transport. Removed oxygen, IV, intubation, and defibrillation supplies and extra ambulance attendant from covered services. Removed obsolete COVID-19 guidance.
Referrals	11/22/2024	Updated to include Baby Ready as a Care Management Program, added Doula Services to the list of services requiring a referral for care management recipients, and clarified IHS/Tribal 638 facility guidance for referrals.
General Claims Guidance	11/18/2024	Added guidance for providers accepting discount medical plans.
Telemedicine Services	11/07/2024	Updated the distant site criteria which now requires that the distant site location be included on the provider enrollment record.
Optometric and Optical Services	11/05/2024	Added claims instructions for billing High Index Lenses.
Well Child, Well Adult and Other Preventative Services	10/31/2024	Updated the USPSTF periodicity table regarding interventions for high body mass and cardiovascular disease risk factors, ages for breast screening, screening for hypertensive and anxiety disorders, and screening for gestational diabetes.
Dental Claims Instructions, Explanation of Benefits, Predeterminations, and Appeals	10/23/2024	Combined content from the dental claims instructions, explanation of benefits, predeterminations, and grievances and appeals manuals into one comprehensive manual. Updated the dental claim and predetermination voucher samples.
Birth To Three	10/23/2024	Clarified covered services and telemedicine services face-to-face requirements.
Community Health Workers	10/15/2024	Adjusted the group size for HCPC 98962 to now cover groups 5-15. Updated language around covered services.
Child Advocacy Program	10/01/2024	Added clarification on appropriate use of the Q4 modifier.
Applied Behavior Analysis	10/01/2024	Clarified face-to-face requirements
Physician Administered Drugs, Vaccines and Immunizations	10/01/2024	Removed obsolete criteria related vaccine counseling that was specific to COVID-19.
General Claims Guidance	09/30/2024	Added National Correct Coding Initiative (NCCI) guidelines.
Inpatient Hospital Services	09/27/2024	Reflects clarifications of current coverage throughout, including updated condition code billing requirements for induction and cesarean section deliveries.
Home Infusion Therapy Services	09/27/2024	New manual posted.
Hospice Services	09/12/2024	Clarified conditions of participation, core services and non-core services, coverage of DME and drugs and biologicals, and levels of hospice care to align with federal guidance.
340B Drugs	09/10/2024	Removed manual from website as the information is available in the Pharmacy Services and Physician Administered Drugs, Vaccines, and Immunizations manuals.
Pharmacy Services	09/10/2024	Included additional information regarding 340B Drugs. Clarified that the requirement to include the prescriber's name and NPI number on the CMS 1500 claim form for non-flu vaccines will resume after December 31, 2024.
Physician Administered Drugs, Vaccines and Immunizations	09/10/2024	Included additional information regarding 340B Drugs. Clarified that the SL modifier should not be added to a vaccine administration code, regardless of the vaccine being administered and that HCPC 90461 is considered an integral component of the initial immunization administration code and pays at \$0.
Laboratory and Pathology Services	08/29/2024	Added new criteria for whole genome/whole exome sequencing testing
Obstetrical Services	08/21/2024	Clarified the Initial Prenatal Visit Reporting (0500F) allowable billing timelines.
Physician Services	08/19/2024	Updated Split/Shared EM visit billing guidance.
Pregnancy Program	08/05/2024	Clarified claims instructions for enhanced payments.
School District Services	08/02/2024	Clarified definition of an eligible school district.
Swing Bed Services	07/28/2024	Added link to the Preadmission Screening and Resident Review (PASRR) manual and website.
Skilled Nursing Facility and Nursing Facility Services	07/28/2024	Updated to reflect that the Department of Human Services assigns the level of care classifications. Updated Preadmission Screening and Resident Review (PASRR) purpose and regulation sources. Clarified transportation and respiratory services that are considered routine services. Updated the list of extraordinary care recipients to align with the State Plan
Audiology Services	07/18/2024	Clarified guidance on cerumen removal.

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Telemedicine Services	07/10/2024	Added Community Health Worker Services as allowable via audio-only with specific claim instructions. Removed the Discontinued COVID-19 Temporarily Covered Procedure Codes list from the manual.
UB-04 Medicare Crossover Claim Instructions	07/02/2024	Removed the mandatory requirement for Locator 48.
UB-04 Third Party Liability Claim Instructions	07/02/2024	Added guidance to Locator 50 to address when TPL denies any or all of a claim.
Dental Explanation of Benefits	07/02/2024	Removed references to recipient cost sharing and updated the annual maximum benefit amount.
Outpatient Hospital Services	06/27/2024	Updated the Medicare Prospective Payment System Hospitals Reimbursement section to reflect that the ratio of cost to charge (RCC) aligns with Medicare and is updated each January and July.
Secure Transportation Services	06/27/2024	Clarified that both IHS and Tribal 638 providers may restrict services to people eligible for IHS or Tribal 638 health care services.
Community Transportation Services	06/27/2024	Clarified that both IHS and Tribal 638 providers may restrict services to people eligible for IHS or Tribal 638 health care services.
General Coverage Principles	06/27/2024	Clarified that in addition to IHS, Tribal 638s are also not considered to be in conflict with the non-disclination policy.
Recipient Eligibility	06/24/2024	Removed references to recipient cost sharing as obsolete beginning July 1, 2024.
Pharmacy Services	06/24/2024	Removed references to recipient cost sharing as obsolete beginning July 1, 2024.
Billing a Recipient	06/24/2024	Removed references to recipient cost sharing as obsolete beginning July 1, 2024.
Anesthesia Services	06/24/2024	Updated the conversion factor reimbursement methodology and added the modifier payment effects.
Child Dental Services	06/21/2024	Added the coverage policy for scaling in the presence of generalized or moderate gingival inflation. Effective July 1, 2024.
Adult Dental Services	06/21/2024	Added the coverage policy for scaling in the presence of generalized or moderate gingival inflation. Effective July 1, 2024.
Secure Transportation Services	06/21/2024	Clarified requirements for trips to pick up prescriptions, durable medical equipment, and eyeglasses.
Community Transportation Services	06/21/2024	Clarified requirements for trips to pick up prescriptions, durable medical equipment, and eyeglasses.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	06/13/2024	Clarified requirements and instructions when there is a break in continuous rental payments for a CPAP machine
Nutritional Therapy Services	06/13/2024	Corrected link error.
Pregnancy Program	06/12/2024	Added recipient dismissal language, clarified appropriate billing for 0500F, and added a Q&A.
Primary Care Provider Program	06/11/2024	Added clarifying language regarding recipient dismissal.
FQHC and RHC Services	06/04/2024	Added the pregnancy program HCPCs to the list of PPS Fee For Service Codes.
Health Home Program	05/31/2024	Clarified reporting requirements for core services and performance measures to include consequence for not meeting these requirements. Added Grounds for Dismissal of a Health Home section to the manual.
FQHC and RHC Services	05/21/2024	Added guidance regarding billing for an EM encounter visit and a psychotherapy encounter visit occurring on the same day.
IHS And Tribal 638 Facilities	05/21/2024	Added guidance regarding billing for an EM encounter visit and a psychotherapy encounter visit occurring on the same day. Also added guidance for billing inpatient substance use disorder treatment.
Pregnancy Program	05/15/2024	Added link to the Pregnancy Program Opt-in & Selection form. Added clarifying language to the Routine Prenatal Care Requirements. Added language regarding Recipient Dismissal.
Podiatric Services	05/15/2024	Clarified that durable medical equipment such as crutches or pneumatic compressors are covered when furnished incident to a podiatrist's service.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	05/15/2024	Clarified that medical equipment and supplies may also be furnished incident to a physician's service and added Safety Bed (Cubby Bed) coverage criteria and billing guidance.
Intermediate Care Facilities	05/08/2024	New manual posted.

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IHS And Tribal 638 Facilities	05/03/2024	Clarified Telemedicine Services Outside the Four Walls section and added H0015 to the list of SUD services reimbursed at the encounter rate.
Institutions for Mental Diseases	05/02/2024	Clarified instructions for determining an IMD.
Health Home Program	05/02/2024	Clarified claim instructions for type two providers when billing for dual eligible recipients in the Health Home program.
Referrals	05/02/2024	Clarified claim instructions for type two providers when billing for dual eligible recipients in the Health Home program.
CMS 1500 Medicare Crossover Claim Instructions	05/02/2024	Clarified claim instructions for type two providers when billing for dual eligible recipients in the Health Home program.
UB-04 Crossover Claim Instructions	05/02/2024	Clarified claim instructions for type two providers when billing for dual eligible recipients in the Health Home program.
Well-Child, Well-Adult, and Other Preventative Services	04/22/2024	Clarified billing guidance for behavioral/social/emotional screenings.
Pregnancy Program	04/22/2024	Clarified claim instructions.
Obstetrical Services	04/18/2024	Corrected a link error.
Children Dental Services	04/15/2024	Clarified the criteria for fixed prosthodontics.
Adult Dental Services	04/15/2024	Corrected tooth numbers that fixed prosthodontics may be applied to. Clarified the criteria for fixed prosthodontics.
Community Transportation Services	04/10/2024	Added clarification that providers may bill for an accompanying adult under the child's Medicaid number.
Secure Transportation Services	04/15/2024	Added clarification that providers may bill for an accompanying adult under the child's Medicaid number.
Surgical Services	04/10/2024	Added new criteria for vagus nerve stimulators and deep brain stimulators.
Telemedicine Services	04/10/2024	Revised the list of providers that can provide services via telemedicine at a distant site to include Behavior Analyst, Board-Certified Assistant Behavior Analyst (BCaBA), and Registered Behavior Technician (RBT).
Physician Services	04/05/2024	Clarified coverage criteria and CPT codes for prolonged services.
Community Mental Health Center Services	04/05/2024	Added quick answer to clarify non-coverage of equine psychotherapy as a stand-alone service.
Independent Mental Health Providers	04/05/2024	Added quick answer to clarify non-coverage of equine psychotherapy as a stand-alone service.
Physician Administered Drugs, Vaccines and Immunizations	03/22/2024	Updated the discarded portion of administered drugs billing guidance to reflect mandatory use of JZ and JW modifiers.
CMS 1500 Medicare Crossover Claim Instructions	03/22/2024	Added that Block 19 is mandatory for Not Otherwise Classified (NOC) Codes and clarified instructions for Block 24J.
CMS 1500 Claim Instructions	03/22/2024	Added that Block 19 is mandatory for Not Otherwise Classified (NOC) Codes and clarified instructions for Block 24J.
CMS 1500 Third-Party Payer Claim Instructions	03/22/2024	Added that Block 19 is mandatory for Not Otherwise Classified (NOC) Codes and clarified instructions for Block 24J.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	03/22/2024	Updated the refill policy to include shipping guidance and documentation requirements.
FQHC and RHC Services	03/21/2024	Added that effective April 1, 2024, South Dakota Medicaid requires FQHCs and Rural RHCs to append the TH modifier when billing prenatal care EM codes.
Obstetrical Services	03/21/2024	Added that effective April 1, 2024, South Dakota Medicaid requires FQHCs, RHCs, IHS, and Tribal 638 providers to append the TH modifier when billing prenatal care EM codes and that Iron Supplements will be covered under the pharmacy benefit for pregnant women.
Laboratory and Pathology Services	03/20/2024	Added prior authorization information under the Claim Instructions section.
UB-04 Third Party Liability Claim Instructions	03/19/2024	Updated Locator 39-41 as conditionally mandatory for newborn birth weight.
UB-04 Claim Instructions	03/19/2024	Updated Locator 39-41 as conditionally mandatory for newborn birth weight.
Pregnancy Program	03/15/2024	Added clarifying language regarding recipient eligibility and attribution.
Community Mental Health Center Services	03/14/2024	Updated the Practitioner Qualifications table to reflect that collateral contacts, care coordination, symptom assessment and management, family education and support, recovery support, and psychosocial rehabilitation services allow for a minimum of a high school diploma or equivalent when supervised by a clinical supervisor.

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Community Transportation Services	03/13/2024	Added accompanying adults section with associated coverage criteria. Removed trips to pharmacy or eyeglasses pick-up from non-covered services list.
Secure Transportation Services	03/13/2024	Added accompanying adults section with associated coverage criteria. Removed trips to pharmacy or eyeglasses pick-up from non-covered services list.
Ambulatory Surgical Center Services	03/07/2024	Updated the Quick Answer to reflect recently revised grouper numbers.
Outpatient Hospital Services	03/07/2024	Updated the outpatient surgical services reimbursement section to reflect revised group numbers.
Laboratory and Pathology Services	03/01/2024	Added Rapid Whole Genome Sequencing (rWGS) as a covered service with a prior authorization when a recipient admitted to the NICU or PICU meets the certain criteria.
Billing a Recipient	02/29/2024	Clarified that Medicaid recipients cannot be billed for a co-pay amount that exceeds the Medicaid cost-share amount referenced in the manual.
Prior Authorization Services	02/26/2024	Updated guidance directing providers to check the Procedure Look-Up Tool for services requiring a prior authorization at the HCPCs level.
Electronic Visit Verification (EVV)	02/26/2024	New manual posted.
Orthodontic Coverage for Children	02/26/2024	Clarified the in-state and out-of-state transfer of orthodontic care in progress policies.
Adult Dental Services	02/23/2024	Clarified the service limitation of once per day, per recipient for a hospital call.
Children Dental Services	02/23/2024	Clarified the service limitation of once per day, per recipient for a hospital call.
Surgical Services	02/16/2024	Updated criteria for spinal cord stimulators and sacral nerve stimulators. Added new criteria for hypoglossal nerve stimulators.
Telemedicine Services	02/16/2024	Added that the originating site may include a person's home. Clarified that the physician or practitioner at the distant site must be licensed to provide the service in the state(s) for both the originating site and distant site. Added coverage limitations for Diabetes Self-Management Training, End-Stage Renal Disease services, Emergency Department or Initial Inpatient Consultation, and Inpatient and Nursing Facility Telemedicine.
UB-04 Hospice Claim Instructions	02/12/2024	Clarified the description for code 01 in the Locator 17 instructions, clarified that Locator 45 is conditionally mandatory, and clarified that the total in Locator 48 should include all other non-Medicaid payers.
UB-04 Crossover Claim Instructions	02/12/2024	Clarified the description for code 01 in the Locator 17 instructions, and clarified that the total in Locator 48 should include all other non-Medicaid payers.
Dietician and Nutritionist Services	02/08/2024	Clarified covered services and added N18.30-N18.32 as allowable co-morbid conditions required for select obesity diagnosis, and added definitions.
IHS Care Coordination Agreements and Referrals	02/02/2024	Provided clarification for Care Coordination requirements and added information regarding IPA agreements.
Obstetrical Services	02/02/2024	Updated to reflect coverage of up to six depression screenings (CPT code 96127) during a 12 month period.
Well Child, Well Adult and Other Preventative Services	02/02/2024	Updated the USPSTF periodicity for depression screenings to annually in conjunction with a well-child visit
Pregnancy Program	02/01/2024	New manual posted.
Institutions for Mental Diseases	01/26/2024	Clarified instructions for IMD determination.
UB-04 Void and Adjustment Requests	01/26/2024	Clarified paper claims instructions throughout, and that denied claims cannot be adjusted. Added information providing that voids and adjustments result in future payments being reduced by the amount of the void/adjustment.
Billing a Recipient	01/22/2024	Added Sales Tax section to the manual. Added a Quick Answer to clarify provider obligation to provide language services to recipients with Limited English Proficiency.
General Coverage Principles	01/22/2024	Clarified the provider obligation to provide language services to recipients with Limited English Proficiency.
Adult Dental Services	01/18/2024	Clarified that dental case management is not a covered benefit and not billable to the recipient.
Children Dental Services	01/18/2024	Clarified that dental case management is not a covered benefit and not billable to the recipient.

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Dental Care Coordination Services	01/18/2024	Clarified that dental case management is not a covered benefit and not billable to the recipient.
Home Health	01/17/2024	Added criteria and billing guidance for services provided by physical therapy assistants and occupational therapy assistants.
Optometric and Optical Services	01/11/2024	Revised the claims instructions in Quick Answer #5.
Hospice Services	01/10/2024	Clarified that when hospice is elected by a recipient age 21 and over, the recipient is no longer eligible for any Medicaid services related to the treatment of the terminal condition.
FQHC and RHC Services	01/09/2024	Clarified instructions for billing multiple evaluation and management or an evaluation and management and a preventative visit on the same day.
Physician Services	01/09/2024	Updated non-covered preventative services and added Cognitive Assessment and Care Planning as a covered service.
Telemedicine Services	01/09/2024	Added G0316, G0317, and G0318 to the Telemed manual Appendix: Covered Telemedicine Procedure Codes.
Institutions for Mental Diseases	01/04/2024	New manual posted.
Chiropractic Services	01/04/2024	Clarified the covered services and non-covered services sections and pregnancy coverage limitations.
Pre-Admission Screening and Resident Review	12/28/2023	Clarified the Level I Screening Outcome timeframe. Clarified the Level II evaluation process. Clarified the Level of Care dual process. Clarified the nursing facilities responsibilities related to short term/categorical renewals.
Physician Services	12/21/2023	Added coverage criteria for Ambulatory Continuous Glucose Monitoring.
Anesthesia Services	12/19/2023	Clarified PA requirement on the Q & A
Outpatient Hospital Services	12/06/2023	Added a Quick Answer to clarify D&C coverage criteria for women in the Unborn Children Prenatal Care Program.
Substance Use Disorder Agency Services	12/01/2023	Added Medication Assisted Treatment (MAT) section to the manual with methadone treatment and billing criteria.
Community Health Workers	12/01/2023	Removed PCP/HH referral requirements, updated billing directions for z-codes related to SDoH.
Home Health Agency Services	11/30/2023	Added Electronic Visit Verification (EVV) Requirements
Private Duty Nursing	11/30/2023	Added Electronic Visit Verification (EVV) Requirements
Obstetrical Services	11/30/2023	Added a Quick Answer to clarify D&C coverage criteria for women in the Unborn Children Prenatal Care Program.
School District Services	11/29/2023	Clarified billing guidance for time based units and added documentation requirements for therapy services.
General Claims Guidance	11/29/2023	Clarified that when Medicare pays a portion of a claim, South Dakota Medicaid is billed for any remaining deductible, copay, and/or coinsurance.
CMS 1500 Medicare Crossover Claim Instructions	11/29/2023	Clarified that when Medicare pays a portion of a claim, South Dakota Medicaid is billed for any remaining deductible, copay, and/or coinsurance.
UB-04 Medicare Crossover Claim Instructions	11/29/2023	Clarified that when Medicare pays a portion of a claim, South Dakota Medicaid is billed for any remaining deductible, copay, and/or coinsurance.
Telemedicine Services	11/28/2023	Added 99473 and 99474 as covered remote patient monitoring codes with billing guidance.
Skilled Nursing Facility and Nursing Facility Services	11/28/2023	Added clarifying language to the Case Mix Validation section.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	11/28/2023	Updated Continuous Glucose Monitor coverage criteria and the service limit dollar amount for incontinence supplies.
Pharmacy Services	11/20/2023	Added Continuous Glucose Monitors (CGM) as covered under the pharmacy benefit for non-dual eligibles. Updated COVID-19 billing guidance.
Dietician and Nutritionist Services	11/17/2023	Removed Certificate of Medical Necessity (CMN) requirements.
Podiatric Services	11/17/2023	Removed Certificate of Medical Necessity (CMN) requirements.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	11/17/2023	Removed Certificate of Medical Necessity (CMN) requirements and updated the covered services section to reflect that breast pumps may be billed under the mother's recipient ID as early as 28 weeks gestation.
Documentation and Records	11/17/2023	Added criteria used to determine signature validity and format. Also added documentation requirements when billing for physician administered drugs.

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Physician Administered Drugs, Vaccines and Immunizations	11/17/2023	Replaced specific physician administered drug criteria for drugs that require prior authorization with a link to the Physician Administered Drugs, Vaccines, and Immunizations webpage that contains corresponding forms for the individualized products. Also, clarified that additional documentation is required when billing for medications.
Prior Authorization Services	11/17/2023	Added and updated the individual prior authorization request form links, clarified list of services requiring prior authorization, and added a link directing providers to the applicable fee schedule to review prior authorization requirements at the HCPCs level.
Independent Mental Health Providers	11/17/2023	Clarified that the treatment plan is required to be complete within 30 days of intake and that Collateral Contacts are telephone, telemedicine, or face-to-face contact with an individual other than the recipient receiving treatment in an outpatient setting.
Community Mental Health Center Services	11/17/2023	Clarified that Collateral Contacts are telephone, telemedicine, or face-to-face contact with an individual other than the recipient receiving treatment in an outpatient setting.
Telemedicine Services	11/17/2023	Updated the Appendix list of covered telemedicine procedure codes.
FQHC and RHC Services	11/17/2023	Specified covered non-PPS services include ultrasounds and clarified FAQ regarding separately reimbursable services in addition to the PPS rate.
Physician Administered Drugs, Vaccines and Immunizations	11/10/2023	Removed obsolete criteria related to pregnancy and postpartum limited aid category coverage.
Outpatient Hospital Services	11/10/2023	Added claims documentation criteria.
FQHC and RHC Services	10/27/2023	Added Community Health Center Agency enrollment and billing requirements.
General Coverage Principles	10/10/2023	Clarified that the IHS provision of care is not considered to be in conflict with the non-discipline policy.
Secure Medical Transportation Services	10/10/2023	Clarified that IHS providers may restrict services to individuals eligible for IHS health care services.
Community Transportation Services	10/10/2023	Clarified that IHS providers may restrict services to individuals eligible for IHS health care services.
Optometric and Optical Services	10/05/2023	Added refractions criteria and billing instructions and clarified stolen eyeglasses billing procedure.
Community Health Workers	10/01/2023	Updated allowed list of z-codes, changed the reference to a care plan to a "service plan", and added clarifications around Health Homes and CHWs.
CMS 1500 Third-Party Payer Claim Instructions	10/01/2023	Added Place of Service Code 27 - Outreach Site/Street
CMS 1500 Medicare Crossover Claim Instructions	10/01/2023	Added Place of Service Code 27 - Outreach Site/Street
CMS 1500 Claim Instructions	10/01/2023	Added Place of Service Code 27 - Outreach Site/Street
Telemedicine Manual	10/01/2023	Added coverage criteria and billing guidance for remote patient monitoring.
Adult Dental Services	10/01/2023	Added coverage criteria for topical fluoride application for adults.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	10/01/2023	Added coverage criteria for blood pressure home monitoring devices.
FQHC and RHC Services	10/01/2023	Updated the FQHC/RHC Non-PPS Services to include remote patient monitoring.
Billing a Recipient	09/26/2023	Updated cost-share exemptions list to include vaccines and their administration and individuals enrolled in the Primary Care Program (PCP) or Health Home (HH) Program.
Inpatient Hospital Services	09/14/2023	Added inpatient hospital LARC reimbursement billing instructions.
Obstetrical Services	09/13/2023	Updated Aspirin as a covered with a prescription under the pharmacy benefit as recommended by the USPSTF.
Family Planning and Sterilization	09/13/2023	Clarified inpatient hospital LARC reimbursement billing instructions.
Orthodontic Coverage for Children	09/12/2023	Removed the prognosis requirement for prior authorization. Removed the either or statement pertaining to a recipient qualifying for services with an HLD score 30+ or a handicapping malocclusion. Clarified limited and comprehensive orthodontic services to align with CDT terminology. Clarified retainer replacement, repair, re-cement, and re-bonding limit. Added radiograph documentation requirement.

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Children Dental Services	09/12/2023	Clarified the hospital or ambulatory surgical center call language. Added radiograph documentation requirement. Removed maxillofacial prosthetics under fee for service in an HIS/Tribal 638, FQHC. Reinforced billing a recipient policy in Quick Answers #2.
Adult Dental Services	09/12/2023	Clarified the hospital or ambulatory surgical center call language. Added radiograph documentation requirement. Removed maxillofacial prosthetics under fee for service in an HIS/Tribal 638, FQHC. Reinforced billing a recipient policy in Quick Answers #3.
IHS And Tribal 638 Facilities	09/12/2023	Updated to reflect CMS's extension of the "Four Walls" flexibility to February 11, 2025.
Applied Behavior Analysis	09/05/2023	Clarified that autism spectrum disorder diagnosis may be made by a psychologist for purposes of the prior authorization request.
Inpatient Hospital Services	09/01/2023	Clarified non-covered services.
Recipient Eligibility	08/30/2023	Updated the Recipient Eligibility Table to include aid categories 86-87 & 92-95.
Physician Administered Drugs Vaccines and Immunizations	08/28/2023	Updated Synagis section to state SD Medicaid will not cover if Beyfortus has been received in the same season and removal of Respigam.
Audiology Services	08/23/2023	Updated Children Hearings Screenings regarding newborn screenings completed at a local Community Health Office.
Health Department Clinics	08/23/2023	Added newborn hearing screenings to Health Department Clinics Covered Services
Remittance Advice	08/23/2023	Updated Remittance Advice Portal Instructions Steps and Hyperlinks to manuals in the Frequently Asked Questions.
Well Child, Well Adult and Other Preventative Services	08/23/2023	Updated Well Visit & Immunization Road Map, Recommended Immunization Schedule and the USPSTF A and B Grade table.
Recipient Eligibility	08/07/2023	Clarified information regarding incarcerated recipient eligibility.
Physician Services	08/04/2023	Clarified requirements and instructions for submitting clinical trial attestation form.
Physician Services	07/31/2023	Clarified services that are non-covered.
Referrals	07/17/2023	Added instructions for using the Medicaid Portal to check recipient eligibility and care management providers, clarified services requiring a referral, clarified the IHS referral flow chart.
Primary Care Provider Program	07/17/2023	Clarified documentation requirements when changing a PCP, updated Medicaid Online Portal instructions and added Quick Answer numbers 7, 8, and 9.
Health Home Program	07/17/2023	Revised the Comprehensive Transitional Care activity list, clarified recipient tiering process, updated Medicaid Online Portal instructions, added Re-Tiering section, and added Quick Answer numbers 7 and 8.
Community Health Workers	07/14/2023	Updated billing requirements to address Social Determinants of Health diagnosis codes.
Dietician and Nutritionist Services	07/14/2023	Added low and excessive weight gain in pregnancy as allowable covered primary diagnoses for dietician and nutritionist services.
Physician Services	07/13/2023	Clarified the qualifications for billing a second E/M service by the same physician on the same day.
IHS And Tribal 638 Facilities	07/11/2023	Clarified "Four Walls" flexibility location criteria.

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