

Manual Name	Date of Change	Description of Change
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.
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.

Manual Name	Date of Change	Description of Change
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.
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.

Manual Name	Date of Change	Description of Change
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.
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.

Manual Name	Date of Change	Description of Change
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-discination 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.
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.

Manual Name	Date of Change	Description of Change
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.
FQHC and RHC Services	06/30/2023	Updated stand-alone vaccine/administration visit reimbursement as eligible for the PPS encounter rate.
Physician Services	06/30/2023	Clarified covered services and removed and replaced obsolete CPT codes.
Recipient Eligibility	06/30/2023	Added instructions for using the Medicaid Portal to check recipient eligibility and care management providers.
All Provider Manuals	06/30/2023	Updated the Recipient Eligibility Table.
Hospice Services	06/14/2023	Clarified that hospice providers must be enrolled with Medicare.
Outpatient Hospital Services	06/14/2023	Added information regarding federal upper payment limits. Clarified out-of-state surgical reimbursement methodology.
Health Department Clinics	06/14/2023	Added information regarding federal upper payment limits.
Renal Dialysis Services	06/14/2023	Added information regarding federal upper payment limits. Clarified outpatient hospital reimbursement methodology.
Ambulatory Surgical Center Services	06/14/2023	Added information regarding federal upper payment limits.
Psychiatric Residential Treatment Facilities	06/12/2023	Added instructions for adolescent emergency admission without a prior authorization.
Substance Use Disorder Agency Services	06/12/2023	Added instructions for adolescent emergency admission without a prior authorization.
Documentation and Records	05/31/2023	Clarified Quick Answers #3 and #4.
Dental Adult Services Manual	05/31/2023	Corrected the unbundling example, which now read tooth 7.
Dental Children Services Manual	05/31/2023	Corrected the unbundling example, which now read tooth 7.
IHS And Tribal 638 Facilities	05/15/2023	Updated Public Health Nursing Services section and added a Discontinued COVID-19 Public Health Emergency section.

Manual Name	Date of Change	Description of Change
Physician Administered Drugs, Vaccines and Immunizations	05/10/2023	Revised pharmacy vaccine section to refer to the Pharmacy Services manual.
Pharmacy Services	05/10/2023	Added vaccine and vaccine counseling coverage information. Added a quick answer regarding reimbursement for administration of COVID 19 vaccine and testing.
Freestanding Birth Center Services	05/04/2023	New manual posted.
Telemedicine Services	05/01/2023	Updated covered services, clarified which temporarily allowed COVID Public Healthy Emergency telemedicine services are discontinued, and updated the code lists in the Appendix.
Ground Ambulance Manual	05/01/2023	Added the end date for COVID-19 Public Health Emergency transfer flexibilities.
Therapy Services	05/01/2023	Removed the temporarily allowed COVID Public Healthy Emergency telemedicine services.
Applied Behavior Analysis	05/01/2023	Removed the temporarily allowed COVID Public Healthy Emergency telemedicine services.
School District	05/01/2023	Removed the temporarily allowed COVID Public Healthy Emergency telemedicine services.
Physician Services	04/05/2023	Added Advance Care Planning (99497 and 99498) criteria and removed Advanced Care Planning from the Non-covered services section
General Claims Guidance	04/05/2023	Clarified guidelines for billing unlisted procedure codes and submitting printed claims and documentation.
UB04 Claim Instructions	04/05/2023	Clarified guidelines for submitting printed claims and documentation and clarified instructions for locator 46 (Units of Services) and locator 50 (Payer Identification).
UB04 Hospice	04/05/2023	Clarified guidelines for submitting printed claims and documentation and clarified instructions for locator 46 (Units of Services) and locator 50 (Payer Identification).
UB04 Long Term Care	04/05/2023	Clarified guidelines for submitting printed claims and documentation and clarified instructions for locator 46 (Units of Services) and locator 50 (Payer Identification).
UB05 Crossover	04/05/2023	Clarified guidelines for submitting printed claims and documentation and clarified instructions for locator 46 (Units of Services) and locator 50 (Payer Identification).
UB04 Third Party Liability	04/05/2023	Clarified guidelines for submitting printed claims and documentation and clarified instructions for locator 46 (Units of Services) and locator 50 (Payer Identification).
UB04 Void and Adjustment	04/05/2023	Clarified guidelines for submitting printed claims and documentation.
1500 Claim Instructions	04/05/2023	Clarified guidelines for submitting printed claims and documentation.
1500 Medicare Crossover	04/05/2023	Clarified guidelines for submitting printed claims and documentation.
1500 Third Party Liability	04/05/2023	Clarified guidelines for submitting printed claims and documentation.
1500 Void and Adjustment	04/05/2023	Clarified guidelines for submitting printed claims and documentation.
Telemedicine Manual	04/04/2023	Added Advanced Care Planning (99497 and 99498) to allowed telemedicine services .
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	03/31/2023	Clarified guidelines for billing unlisted procedure codes.
Dental Children Services Manual	03/29/2023	Updated the FQHC and IHS allowable unbundling reimbursement policy
Dental Adult Services Manual	03/29/2023	Updated the FQHC and IHS allowable unbundling reimbursement policy
Skilled Nursing Facility and Nursing Facility Services	03/28/2023	Clarified lost or damaged denture coverage and added Long Term Care (LTC) Insurance guidance.
Recipient Eligibility	03/24/2023	Added language regarding suspension of benefits, as well as updated the telephone service unit to Claims Advice Processing unit.
Obstetrical Services	03/21/2023	Added Pregnancy Loss coverage information.
Billing a Recipient	03/20/2023	Added private health insurance and Medicare cost share guidance.
Physician Administered Drugs, Vaccines and Immunizations	03/16/2023	Broken hyperlinks updated.
Inpatient Hospital Services	03/15/2023	Updated Quick Answer #1 to align with current practice.
FQHC and RHC Services	03/14/2023	Clarified obstetric services billing.
IHS And Tribal 638 Facilities	03/14/2023	Clarified obstetric services billing.

Manual Name	Date of Change	Description of Change
Independent Mental Health Providers	03/14/2023	Clarified referral requirements and collateral contacts criteria.
Pharmacy Services	03/09/2023	Clarified OTC drug coverage and added preferred drug list and recipient counseling information.
Telemedicine Manual	03/03/2023	Clarified that a distant sites cannot be located outside of the United States.
Prior Authorization Services	02/28/2023	Removed select codes from prior auth list.
Surgical Services	02/23/2023	Broken hyperlinks updated.
IHS And Tribal 638 Facilities	02/23/2023	Broken hyperlinks updated.
Audiology Services	02/23/2023	Broken hyperlinks updated.
Outpatient Hospital Services	02/23/2023	Broken hyperlinks updated.
Inpatient Hospital Services	02/23/2023	Broken hyperlinks updated.
Caring For Smiles	02/23/2023	Broken hyperlinks updated.
Access to Baby and Child Dentistry (ABCD)	02/23/2023	Broken hyperlinks updated.
Emergency Services	02/23/2023	Added urgent care exemption information
Physician Services	02/23/2023	Added urgent care exemption information
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	02/14/2023	Clarified age limitation for ear mold replacements.
Dental Children Services Manual	02/13/2023	Added criteria for fixed prosthodontics.
Dental Adult Services Manual	02/13/2023	Clarified replacement of removable prosthodontics due to damage. Added criteria for fixed prosthodontics.
Caring for Smiles	02/13/2023	Clarified dental services for developmentally delayed recipients.
CMS 1500 Medicare Crossover Claim Instructions	02/08/2023	Clarified claim instructions for blocks 10, 24, and 29.
UB04 Long Term Care	02/08/2023	Clarified claim instructions for Locators 17 (20), 38, and 47.
General Claim Guidance	02/08/2023	Clarified timely filing and updated the professional claims and institutional claims lists.
Inpatient Hospital Services	01/20/2023	Clarified the Medicaid Access Critical Hospitals Reimbursement.
Outpatient Hospital Services	01/20/2023	Clarified the Medicaid Access Critical Hospitals Reimbursement.
DMEPOS	01/19/2023	Updated DME education billing and the coverage criteria for continuous glucose monitors and broken hearing aids.
Pharmacy	01/19/2023	Clarified eligible recipients.
Renal Dialysis	01/19/2023	Clarified eligible recipients.
Nutritional Therapy Services	01/19/2023	Clarified eligible recipients.
Access to Baby and Child Dentistry (ABCD)	01/17/2023	Updated how to enroll as an ABCD provider.
Optometric and Optical Services	01/11/2023	Clarified replacement coverage
Secure Medical Transportation Services	01/09/2023	Clarified claim instructions.
Community Transportation Services	01/09/2023	Clarified claim instructions.
Ground Ambulance Manual	01/09/2023	Clarified covered services, reimbursement, and claim instructions.
Air Ambulance Services	01/09/2023	Clarified covered services and claim instructions.
Health Department Clinics	01/09/2023	Clarified coverage of non-physician services.
Home Health	01/09/2023	Clarified covered services, non-covered services, and reimbursement sections.
Recipient Eligibility	01/09/2023	Clarified the Limited Medicaid Coverage Programs section and updated the Eligibility Table.
Community Health Workers	01/01/2023	Updated the certification requirements and CHR acknowledgement.
Laboratory and Pathology Services	12/08/2022	Added prior authorization criteria for pharmacogenetic testing and psychotherapeutic multi-gene panels.
IHS and Tribal 638 Facilities	11/29/2022	Updated LARC FFS and encounters, as well as style and edits.
Family Planning and Sterilization	11/29/2022	Clarified LARC reimbursement. Incorporated the Sterilization manual into the Family Planning manual, as well as style and format edits.
Optometric and Optical Services	11/17/2022	Clarified lens replacement.
Therapy Services	11/16/2022	Updated the Eligible Recipients table.
General Claim Guidance	11/16/2022	Added Out-of-network provider information.
FQHC and RHC Services	11/15/2022	Style and format edits.
Chiropractic Services	11/15/2022	Updated the Evaluation and Management Services billing criteria.

Manual Name	Date of Change	Description of Change
Laboratory and Pathology Services	11/15/2022	Added a quick answer to address pathology coverage associated with a denied procedure.
Anesthesia Services	11/15/2022	Clarified non-covered services.
Out-of-State Providers	11/14/2022	Style and format edits.
Inpatient Hospital Services	11/10/2022	Clarified out-of-state reimbursement and pharmacy revenue code billing criteria.
Secure Medical Transportation Services	11/01/2022	Added inclement weather guidance, clarified non-covered services and claims guidance related to multiple trips per day, updated documentation requirements, and added a quick answer.
Community Transportation Services	11/01/2022	Added inclement weather guidance, clarified non-covered services and claims guidance related to multiple trips per day.
Prior Authorization Services	11/01/2022	Added CAR T Cell Therapy, Exondys 51, Spinraza, Tepezza and Zolgensma.
Pharmacy Services	10/22/2022	Added Recipient Counseling information.
Chiropractic Services	10/20/2022	Clarified pregnancy and post-partum coverage.
Physician Services	10/13/2022	Clarified the criteria for transcranial magnetic stimulation (TMS).
Podiatric Services	10/04/2022	Updated the covered and non-covered services related to routine footcare.
General Claim Guidance	09/30/2022	Clarified Locator 50 instructions.
UB04 Claims Instructions	09/30/2022	Clarified Locator 50 instructions.
School Districts	09/29/2022	Style and format edits.
Therapy Services	09/29/2022	Style and format edits.
Outpatient Hospital Services	09/20/2022	Added pharmacy revenue code billing instructions and clarified covered and non-covered procedures.
Telemedicine Manual	09/19/2022	Updated Covered Procedure Codes Tables with the pediatric vaccine counseling billing codes.
Well-Child, Well-Adult, and Other Preventative Services	09/19/2022	Updated non-covered preventative services.
Physician Administered Drugs, Vaccines and Immunizations	09/19/2022	Updated pediatric vaccine counseling billing codes.
Dental Adult and Children Services Manuals	09/16/2022	Updated manuals to reflect rules changes and clarified IHS, FQHC/RHC language.
Independent Mental Health Providers	09/16/2022	Clarified collateral contacts criteria, clarified that covered diagnosis codes are available through the diagnosis lookup tool, updated criteria for treatment during the 30-day diagnostic assessment period.
All Provider Manuals	09/12/2022	Broken hyperlinks updated.
Community Mental Health Center Services	09/09/2022	Clarified collateral contacts criteria.
Substance Use Disorder Agency Services	09/09/2022	Clarified collateral contacts criteria and updated definitions.
Diabetes Self-Management Training Services	09/08/2022	Updated Diabetes Education terminology and clarifies coverage criteria.
Therapy Services	09/08/2022	Added hyperlinks to the fee schedule for prior authorization requirements and clarified non-covered services.
County Claims Pricing	09/02/2022	Updated hyperlink.
IHS Care Coordination Referrals	08/29/2022	Clarified policies regarding referrals including referrals for individuals in the care management program.
UB04 Hospice	08/24/2022	Clarified room and board revenue code criteria.
Psychiatric Residential Treatment Facilities	08/18/2022	Updated hyperlink to the Continued Stay Form.
General Claim Guidance	08/16/2022	Clarified timely filing exceptions for claims with primary insurance.
UB04 Third-Party Payer Claim Instructions	08/16/2022	Clarified timely filing exceptions for claims with primary insurance.
CMS 1500 Third-Party Payer Claim Instructions	08/16/2022	Clarified timely filing exceptions for claims with primary insurance.
Well-Child, Well-Adult, and Other Preventative Services	08/15/2022	Corrected formatting.
Obstetrical Services	08/10/2022	Clarified prenatal billing instructions for FQHCs, RHCs, and IHS. Added information regarding initial prenatal visit reporting.
Hospice Services	08/10/2022	Clarified room and board reimbursement.
Pharmacy Services	07/26/2022	Added Opioid coverage information and limitations.

Manual Name	Date of Change	Description of Change
Therapy Services	07/22/2022	Updated the payment affect of the HM modifier to 90% for Assistants.
Physician Administered Drugs, Vaccines and Immunizations	07/22/2022	Clarified provider types authorized to bill pediatric vaccination counseling.
Personal Care Agency Services	07/22/2022	Clarified Needs Assessment areas encompassed.
Skilled Nursing Facility and Nursing Facility Services	07/20/2022	Clarified denture replacement for lost or damaged dentures in a facility.
DMEPOS	07/14/2022	Updated Cranial Remolding Orthosis DME Coverage Criteria to remove prior authorization.
Recipient Eligibility	07/13/2022	Corrected a spelling error.