

**Remittance Advice Message
for
February 1 & 8, 2006**

Dear South Dakota Medical Assistance Provider:

Effective immediately, South Dakota Medical Assistance is implementing a paper claims imaging system.

We are recommending that the following fields are typed: Recipient ID #, Provider Number, and Dates Of Service. These fields are located in box 6, 51 and 60 on the UB - 92 HCFA-1450 claim form and box 1a, 24a and 33 on the HCFA-1500 claim form. For the Pharmacy claim form, the fields are the 'I.D. #', 'SERVICE PROVIDER I.D. #', and 'DATE OF SERVICE' locations.

If these fields are hand-written, you can expect a minimum 30-day wait before claims are entered into our system.

Also note that attachments and notes need to be on an 8-1/2 x 11 sheet of paper.

If you have any questions, please call the Telephone Service Unit at 1-800-452-7691. Out-of-state providers may call 605-773-3495 and ask for the Service Unit.

Thank you,
Division of Medical Services