



# Medicaid Billing

School Districts



# What can be billed to Medicaid?

- Direct Medicaid Services in School Districts are described in [ARSD § 67:16:37](#).
- Services are limited to:
  - Psychological Services
  - Physical Therapy Services
  - Occupational Therapy Services
  - Speech Therapy Services
  - Originating Site Facility Fee - Telemedicine
  - Audiology Services
  - Nursing Services
- All services must be within the provider's scope of practice and medically necessary.

# When can a district bill Medicaid?

- School districts can bill Medicaid anytime a Medicaid eligible service is provided to a Medicaid eligible child. To be a Medicaid eligible service, the service must be:
  - Medically necessary according to [ARSD § 67:16:01:06.02](#);
  - Documented on the child's care plan/IEP;
  - Ordered by the child's primary care provider;
  - Provided by an eligible practitioner; and
  - The child's parents have given parental consent to bill Medicaid.

# Parental Consent

- How should school districts obtain parental consent?



- Parental consent to access Medicaid is required by 34 CFR 300.154(d).
- Consent must:
  - Be obtained prior to accessing Medicaid.
  - Occur after written notification to a student's parents.
  - Be kept on file in the district.
- The SD Dept. of Education has developed a Medicaid Consent Form and Written Notification that meet state and federal requirements for consent and notification. The forms are available on the DOE website:  
<http://doe.sd.gov/sped/IEP.aspx>


# Parental Consent

- If the parents decline to sign the Medicaid Consent Form can the school district still bill Medicaid?
  - No. By federal law, if a parent declines to consent, the district may not bill Medicaid.
- 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.
  - Written notification must occur annually thereafter.

# Provider Enrollment – General Information

- Must be a recognized school district by the Department of Education
- Must have school district addendum to enroll. (Link on webpage)
- New enrollments and updates to existing enrollment records are initiated online in the Provider Enrollment (PE) Portal.
- Providers are required to maintain their online enrollment records to accurately reflect business operations and eligibility to render and bill for services.
- For online manuals and information please see the provider enrollment webpage at:
  - <https://dss.sd.gov/medicaid/providers/enrollment/enrollment.aspx>
- Any additional questions can be emailed to:
  - [SDMedicaidPE@state.sd.us](mailto:SDMedicaidPE@state.sd.us)
  - 1-866-718-0084

# Provider Enrollment Portal



Provider Enrollment

You are logged in as State Admin

[User Guide](#) | Corinna ▾

Administration

Enrollment

**Provider Enrollment List**

Providers must populate at least one of the following for each search: BNPI, SNPI or Tax Identifier. The provider may then choose additional search options as desired. Click Search when search option selection is done. Click Reset to clear search options and results. Click Export to Excel to send search results to Excel.

Billing NPI

Servicing NPI

Submit Date 📅

Business Status ▾

Taxonomy Code

Provider First Name

Provider Last Name

Modifications ▾

Start Date 📅

End Date 📅

Location City

Organization DBA Name

Tax Identifier

PE System ID

🔍 Search
🔄 Reset
📄 Export To Excel

**NPI List**

	Billing NPI	Servicing NPI	Submit Date	Organization DBA Name	First Name	Last Name	Tax ID	End Date	New App	Business Status	Action
+		1437840675	08/16/2023		Jennifer	Mayforth	[REDACTED]	12/31/2999	Yes	Submitted	<span style="background-color: #1a3d4d; color: white; padding: 2px 5px; border-radius: 3px;">✎ Update</span>

# CPT Codes

What CPT codes should I use on the claim form?

- School districts must use specific CPT codes designated by South Dakota Medicaid. Other CPT codes will not be accepted. The CPT codes are found in South Dakota Medicaid's School District Services Billing Manual, available online: <http://dss.sd.gov/medicaid/providers/billingmanuals/>
- These codes include:
  - Psychology Services: 90899
  - Physical Therapy Services: 97799
  - Occupational Therapy Services: 97139
  - Speech Therapy Services: 92507
  - Audiology Services: 92700
  - Nursing Services: T1002
  - Originating Site Facility Fee (SLP 92507 services only): Q3014

All services, except Q3014, must be billed in 15 minute units of time spent face-to-face with the child.



# Diagnosis Codes

## What is a diagnosis code?

- International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) is a collection of codes produced by the World Health Organization (WHO) that classified and describes (1) diseases and disorders and (2) signs, symptoms and conditions.

## What diagnosis codes should providers use?

- Providers must use ICD-10 diagnosis codes. The diagnosis code should match the diagnosis used on the students IEP and the diagnosis used in the written order from the referring provider.

## Where can a provider find ICD-10 diagnosis codes?

- Providers who give written orders for the service may diagnose the child and provide the ICD-10 code for that diagnosis. South Dakota Medicaid encourages you to contact the referring provider for the diagnosis code.
- Medical professionals (i.e. OT, PT, or SLP) may also assign an appropriate diagnosis code for the claim.
- Diagnosis codes should always be as specific as possible:
  - Example: M24.5 Contracture, Unspecified Joint does not meet federal standards for specificity. Instead, use a diagnosis code that names the specific joint, M24.511 Contracture, Right Shoulder

## Providers may look up codes using the online Diagnosis Look Up Tool

- <https://dss.sd.gov/medicaid/providers/diagnostool.aspx>

# Online Portal

The Online Portal is a new tool that South Dakota Medicaid is using to make reports available to providers electronically.

The Online Portal has five key components:

- Administration Reports
  - The Portal allows an organization to create and establish appropriate account access and permissions to their providers and staff.
- Reports
  - Ability to view and download copies of Remittance Advices (RAs).
- Communications
- Eligibility
- Claims Submission

# Claim Submission

Claim Submission via online portal is a tool that allows the provider to submit a claim and attachments electronically to South Dakota Medicaid. It is preferred for providers to submit claims electronically via the portal. Claims submitted via the portal tend to have a quicker turnaround time than paper claims. The Portal CMS-1500 Claim Submission Guide can be found:

<https://dss.sd.gov/medicaid/portal.aspx#:~:text=Portal%20CMS%2D1500%20Claim%20Submission%20Guide>

Permissions:

A Provider Administrator has the ability to add Claim Submission and/or Claim Submission View to the appropriate Provider User staff. Open User Maintenance, under the Administration tab. It is important to check who has permission to submit claims and each individual submitting claims has their own log in.

The screenshot displays a permissions management interface with two main columns: 'Permissions Available' and 'Permissions Selected'. In the 'Permissions Available' column, there is a checked 'Select All' checkbox and two checked items: 'Claim Submission' and 'Claim Submission View'. In the 'Permissions Selected' column, there is an unchecked 'Select All' checkbox and a list of other permissions, all of which are currently unchecked: 'H.Home - Core Services', 'H.Home - RA', 'Negative Balance Report', 'PCP - Case Load', 'PCP - Claims Paid', and 'PCP - RA'. Between the two columns are two blue arrows: a right-pointing arrow and a left-pointing arrow, used for moving permissions between the two lists.

# Claim Submission

- To submit a claim, click claims on the portal main page, then select “Submit New CMS-1500”



- This will open the recipient and billing provider information. Fill out each section as applicable.  
\* denotes required fields. If fields are not filled out, you will not be able to move forward from the page.

**Submit New CMS - 1500**

The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at [dss.sd.gov/medicaid/providers](https://dss.sd.gov/medicaid/providers) for additional information about billing requirements.

\* Denotes required field. A record can only be saved if all required fields have been completed.

1. SELECT CLAIM TYPE *	<input type="text" value="Select Type"/>	33. BILLING PROVIDER ZIP CODE *	<input type="text"/>
1a. INSURED'S I.D. NUMBER *	<input type="text" value="Select Type"/> <input type="button" value="Verify"/>	33a. BILLING PROVIDER NPI *	<input type="text"/>
2. PATIENT'S NAME	<input type="text" value="Medicaid"/>	33b. BILLING PROVIDER TAXONOMY *	<input type="text"/>
3. PATIENT'S BIRTH DATE	<input type="text" value="Medicare Xover"/>	PATIENT'S SEX	<input type="text"/>
5. PATIENT'S ADDRESS	<input type="text"/>		
9. OTHER INSURED'S NAME	<input type="text"/>	10. IS PATIENT'S CONDITION RELATED TO:	
9a. OTHER INSURED'S POLICY OR GROUP NUMBER	<input type="text"/>	a. EMPLOYMENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME	<input type="text"/>	b. AUTO ACCIDENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *	<input type="radio"/> YES <input checked="" type="radio"/> NO	c. OTHER ACCIDENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO

# Claim Submission

- Providers are able to verify recipients Medicaid ID numbers, name, sex and address by selecting the "Verify" button

The screenshot shows a web interface for submitting a CMS-1500 claim. At the top, there are navigation tabs: Administration (orange), Eligibility (blue), Reports (green), Communications (orange), and Claims (blue). Below the tabs is a green bar with the text "Submit New CMS - 1500".

The main content area contains the following text: "The numbering system of this submission form relates to the CMS-1500 claim form. Please refer to the billing manual found at [dss.sd.gov](http://dss.sd.gov) for additional information and billing requirements."

A red asterisk followed by the text "\* Denotes required field. A record can only be saved if all required fields have been completed." is displayed.

The form fields are as follows:

1. SELECT CLAIM TYPE *	Medicaid	33. BILLING PROVIDER ZIP CODE *	57501-1234
1a. INSURED'S I.D. NUMBER *	000000123	33a. BILLING PROVIDER NPI *	1234567890
2. PATIENT'S NAME	DOE, JACK	33b. BILLING PROVIDER TAXONOMY *	123x12345x
3. PATIENT'S BIRTH DATE	07/01/1944	PATIENT'S SEX	M
5. PATIENT'S ADDRESS	700 GOVERNORS DR PIERRE SD 575011234		
9. OTHER INSURED'S NAME		10. IS PATIENT'S CONDITION RELATED TO:	
9a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO
9d. OTHER INSURED PLAN NAME OR PROGRAM NAME		b. AUTO ACCIDENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO
11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? *	<input type="radio"/> YES <input checked="" type="radio"/> NO	c. OTHER ACCIDENT?	<input type="radio"/> YES <input checked="" type="radio"/> NO

The "Verify" button is located between the "1a. INSURED'S I.D. NUMBER" field and the "33. BILLING PROVIDER ZIP CODE" field. The "Save" button is located at the bottom right of the form.

# Claims Submission

Providers are able to enter referrals, notes, diagnosis codes and PA information. The Claims Submission application will only allow ICD – 10 diagnosis codes. Do not enter any decimal points.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	<input type="text" value="Dr. Jane Smith"/>	17b. REFERRING, ORDERING, OR PRESCRIBING NPI	<input type="text" value="1234567890"/>			
19. ADDITIONAL CLAIM INFORMATION	<input type="text" value="80 Character Limitation"/>					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY *	A <input type="text" value="F809"/> <input type="button" value="x"/> *	B <input type="text"/>	C <input type="text"/>	D <input type="text"/>	E <input type="text"/>	F <input type="text"/>
	G <input type="text"/>	H <input type="text"/>	I <input type="text"/>	J <input type="text"/>	K <input type="text"/>	L <input type="text"/>
22. RESUBMISSION CODE	<input type="text" value="For Future Development"/> ▼	ORIGINAL REFERENCE NO	<input type="text" value="For Future Development"/>			
23. PRIOR AUTHORIZATION NUMBER	<input type="text"/>	<input type="button" value="Save"/>				

Remember to always hit “save”

# Referrals

## What is a referral?

- Referrals are an authorization or direction of care from a provider for a Medicaid recipient to receive services from another medical provider.

## Why do services need a referral?

- New federal regulations require that **ALL** claims for services that require an order have the referring provider's information on the claim form.
  - When a child has a primary care provider (PCP) or a Health Home, the referral should come from the student's PCP or Health Home. Information about how to contact the child's physician is available through Online Portal (recommended) or SD Medicaid's Toll free line at 1-800-452-7691. When you call, you will need your NPI number and the student's Medicaid ID number. Calls take approximately 1 minute to complete.
  - Children without a PCP or Health Home also need a referral from a physician.

## How long are referrals valid?

- Written orders must be obtained prior to start of services. The physician may specify the time referral is valid, up to 1 year. Your agency should retain the order for the service with the medical records in case of audit or review for a period of 6 years.

# Claims Submission

- Enter each procedure code as applicable. You can find rates by referring to the physician's fee schedules located online at <https://dss.sd.gov/medicaid/providers/feeschedules/default.aspx>
- Like a paper claim, you will only be able to submit 6 lines. Please remember to enter any applicable information if you are entering a TPL or Medicare crossover claim.

	1 *	2	3	4	5	6
<b>A. FROM DOS *</b>	5/1/2019					
<b>TO DOS *</b>	5/1/2019					
<b>B. PLACE OF SERVICE *</b>	11					
<b>C. EMERGENCY</b>	Select	Select	Select	Select	Select	Select
<b>D. PROCEDURES, SERVICES, OR SUPPLIES (CPT or HCPC) *</b>	99213					
<b>PROCEDURE MODIFIER</b>						
<b>NDC</b>						
<b>NDC QUANTITY</b>	0.000					
<b>NDC UNIT OF MEASURE</b>	Select	Select	Select	Select	Select	Select
<b>E. DIAGNOSIS POINTER *</b>	A	A	A	A	A	A
<b>F. \$ CHARGES *</b>	150.00					
<b>\$ CONTRACTUAL (CTR)</b>						
<b>\$ OTHER PAID</b>	0.00					
<b>\$ DED/COINS</b>	100.00					
<b>G. DAYS OR UNITS OF SERVICE *</b>	1					
<b>H. EPSDT/FAMILY PLANNING</b>	Select	Select	Select	Select	Select	Select
<b>J. RENDERING PROVIDER NPI</b>	1234567819					
<b>RENDERING TAXONOMY</b>	213E00000X					



# Claims Submission

The \$ Total Charges will be totaled from the amounts entered into 24F. If there is TPL please enter the sum of all payment amounts identified in 24F \$ Other Paid.

You may add up to 2 attachments in either a PDF, JPEG and/or GIF formats. These attachments could be primary EOBs, notes, invoices, or documentation supporting your claim. Each attachment can be a max 10 mb.

Please review your attachments. If you are not able to clearly read the document attached, SD Medicaid may not be able to process claim.

25. FEDERAL TAX I.D.	<input type="text"/>	26. PATIENT'S ACCOUNT NO.	<input type="text"/>
28. \$ TOTAL CHARGE *	<input type="text" value="150.00"/>	29. \$ TOTAL AMOUNT PAID	<input type="text"/>
32. SERVICE FACILITY LOCATION ZIP CODE *	<input type="text" value="57123-1234"/> X		

[Save](#)

Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.

[+ Add Attachment](#)

[X Cancel](#)

[✓ Submit](#)

# Claim Submission

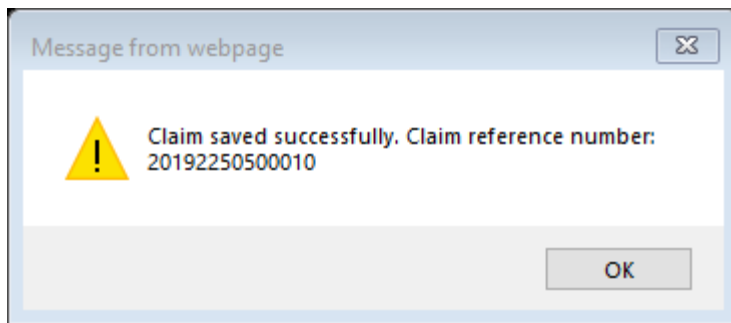
Upon hitting Submit there will be a declaration box to “OK”. This declaration takes place of the “Signature Box” on a paper claim.

I declare and affirm under the penalties of perjury that any claim submitted will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

OK

Cancel

Once you hit “OK” the program will give you a claim number.



# Claims Submission

Items needing documentation attached

- If the claim is past timely filing (6 months) or has TPL indicated, an attachment will be necessary in order to submit.

25. FEDERAL TAX I.D.	<input type="text"/>	26. PATIENT'S ACCOUNT NO.	<input type="text"/>
28. \$ TOTAL CHARGE *	<input type="text" value="150.00"/>	29. \$ TOTAL AMOUNT PAID	<input type="text" value="15.00"/>
32. SERVICE FACILITY LOCATION ZIP CODE *	<input type="text" value="57501"/>		

[Update](#)

Up to 2 attachments with a max of 10 mb each can be uploaded with the following formats. PDF, JPEG and GIF.

[+ Add Attachment](#)

**Attachment is required when Total Amount Paid entered**

[X Cancel](#)

[✓ Submit](#)

# Documentation Requirements

- [ARSD § 67:16:34:03](#) contains the requirements for medical records.
- Services that are not documented in a recipient's medical record are non-covered services.
- Documentation must:
  - Identify the recipient receiving the service on each page of the record;
  - Be signed and dated by the individual providing the care;
  - Start and Stop time of each therapy or nursing services; and
  - Include the following:
    1. Diagnoses, assessments, & evaluations;
    2. Case History;
    3. Plan of Treatment, Care Plan, or IEP;
    4. Quantities and dosages of drugs prescribed or administered;
    5. Results of diagnostic tests & examinations;
    6. Progress notes detailing the recipients treatment responses, changes in treatment, and changes in diagnosis; and
    7. Written orders for the service.

# Claims Submission

## Submission List

- The Submission List will show the last 7 days of claims that have been saved and submitted. You may search up to the last 30 days for a submitted claim. As a Provider Administrator you will be able to see all claims saved and submitted for the billing NPIs associated with your account. As a Provider User you will only be able to see claims you have worked on.
- If a claim has not been submitted, you will have the option to Update the claim or Delete the claim. Once the claim is submitted the user may View the submitted claim within the portal. Another option is for the user to download and/or print the submitted claim with the PDF icon.

### Claim Submission List

Search results are within last 30 days. A Billing NPI is required for the search.

Billing NPI

Select One

1234567890

1555566667

Servicing NPI

Select All

**Status Information:**

**In Process** - Claim has not been submitted by the provider.

**Submitted** - Claim has been sent to SD Medicaid.

**Rejected** - Claim was rejected electronically by SD Medicaid, please resubmit a new claim.

**Accepted** - Claim is currently being processed by SD Medicaid.

Claim Ref #	Billing NPI	Servicing NPI	Recip ID	Patient Account #	Submitter ID	Status	Action
+ 20192200500010	1234567890	1223344555	123000123	123123123123	Jackson.McJohn@provider.com	Accepted	<a href="#">View</a>
+ 20192250500020	1234567890	1223344555	231000123	123123123123	Jane.Doe@provider.com	Accepted	<a href="#">View</a>
+ 20192250500010	1555566667	1333455577	555111555		Jackson.McJohn@provider.com	Submitted	<a href="#">View</a>
+ 20192280500010	1555566667	1333455577	123000312	1234567789	Jane.Doe@provider.com	Rejected	<a href="#">View</a>
	1555566667	1333455577	222115555		Jane.Doe@provider.com	In Process	<a href="#">Update</a>
	1234567890	1223344555	311200123	123123123123	Jackson.McJohn@provider.com	In Process	<a href="#">Update</a>

<< < 1 > >> Go to page:  Row count:

Showing 1-6 of 6

# Claims Submission

## Status Information

- In Process
  - This is a partial entered claim that has not been submitted to SD Medicaid. A claim in this status can be updated or deleted. Note, at minimum Section 1 must be saved in order to have the claim on this list.
- Submitted
  - This is a completed claim and has been submitted to SD Medicaid. Note, if the claim is submitted after 4:30pm CST, it will not be picked up by our system until after 7:30am CST the next business day. A claim in this status can only be viewed.
- Accepted
  - This claim has been accepted by SD Medicaid and will be processed. A claim in this status can only be viewed.
    - Claims submitted via the Provider Portal are considered electronic claims. If you have an EDI provider and you submit a claim on the portal that claim will also show up on your 837p.
- Rejected
  - This claim was not able to be accepted by SD Medicaid. This may happen if there is a server issue or other web related issue. A claim in this status can only be viewed. A brand-new claim will need to be submitted.

# Common Error Reasons

- Exact Duplicate of Another Claim
  - A claim with the same information exists in the SD Medicaid system. Check to see if you submitted the same claim twice or if you submitted two claims with overlapping date spans.
- Recipient Not Eligible on Date of Service
  - Check to see if the child is Medicaid eligible by using the Online Portal, SD Medicaid IVR or contacting the TSU at 1-800-452-7691.
- Diagnosis Code Not on File
  - The diagnosis Code is not on file with SD Medicaid. Check to see if the diagnosis code is valid.
- PCP/HHP NPI Number Incorrect
  - Verify that you have the child's correct PCP or Health Home NPI information. This information can be obtained via the Online Portal SD or Medicaid IVR at 1-800-452-7691. If unsure of referring provider, refer to the Online Portal.
    - If a child does not have a PCP or HHP, the referring provider cannot be a facility, it must a medical provider at a facility.
    - Example: You cannot use Falls Community Health as the referring provider, you must specify a specific provider at Falls Community Health.
- Recipient has Private Health Insurance
  - Remember that Medicaid is the payer of last resort. You must submit to private health insurance prior to submitting claims to Medicaid.

# Records Retention

- South Dakota Medicaid requires that all medical and financial records be retained for at least six years after the last claim is paid or denied per [ARSD § 67:16:34:05](#).
- There are no exceptions to records retention. Records must be retained even if:
  - The agency closes or combines with another agency; or
  - The therapist leaves employment with the agency.
- Remember that as the enrolled provider, you are responsible for services provided by your practice, including record retention. Even if the provider works with a 3<sup>rd</sup> party, the provider is ultimately responsible for the records and record retention.



# Other ways to submit claims

- Providers may work with a third party, including a contractor or clearinghouse, to submit claims to Medicaid.
  - Even if a provider works a third party to submit claims to Medicaid, the provider is still responsible for the information on the claim, including:
    - Ensuring all services are medically necessary and appropriate;
    - Ensuring all services are documented;
    - Verifying all providers are eligible to bill Medicaid;
    - Ensuring all claims are true and accurate; and
    - Retaining all necessary records and documentation.
- Claims may be submitted on paper using a CMS-1500 form. Please refer to the General Claim Guidance manual online for more information
  - [https://dss.sd.gov/docs/medicaid/providers/billingmanuals/General/General\\_Claim\\_Guidance.pdf](https://dss.sd.gov/docs/medicaid/providers/billingmanuals/General/General_Claim_Guidance.pdf)

# Online Portal Eligibility

- South Dakota Medicaid recommends using the [online portal](https://dss.sd.gov/medicaid/portal.aspx) to verify Medicaid eligibility. Information about how to sign-up or login to the online portal is available here: <https://dss.sd.gov/medicaid/portal.aspx>

The screenshot shows the 'Online Portal' interface. At the top left is the 'Online Portal' logo. To the right are links for 'User Guide | FAQ' and a user profile dropdown. Below this is a navigation bar with four tabs: 'Administration', 'Eligibility' (which is highlighted in blue), 'Reports', and 'Communications'. The main content area is titled 'Eligibility Inquiry'. It contains the following elements:

- A note: "Searches are limited to 1 month at a time when Health Benefit Plan Coverage is selected. All other searches are limited up to 6 months at a time. Search spans can be up to 3 years in the past. If no date is selected, results will be displayed for the current date through the end of the current month."
- A note: "Note: Up to 5 recipients can be searched at a time."
- A 'Cost Share Type' dropdown menu with 'Select' as the current value.
- 'Dates of Service' fields: 'From' and 'To', each with a calendar icon.
- 'Search Option # 1': A text input field containing 'Recipient ID' and a green '+ Add' button.
- 'Search Option # 2': Two text input fields for 'Recipient First Name' and 'Recipient Last Name'.
- '3 out of 4 are required for a search.': A text input field for 'Last 4 of SSN', a 'Date of Birth' field with a calendar icon, a green '+ Add' button, and a red 'Reset' button.

# Online Portal Eligibility

- The recipient/recipients will appear below the search options. Select View on the recipient you wish to verify.

Administration
Eligibility
Reports
Communications

**Eligibility Inquiry**

Searches are limited to 1 month at a time when Health Benefit Plan Coverage is selected. All other searches are limited up to 6 months at a time. Search spans can be up to 3 years in the past. If no date is selected, results will be displayed for the current date through the end of the current month.

Note: Up to 5 recipients can be searched at a time.

Cost Share Type

Dates of Service

---

Search Option # 1 :  + Add

---

Search Option # 2 :

3 out of 4 are required for a search.   + Add Reset

Recipient Eligibility Inquiry										
IHS	Eligibility	AID	Recipient ID	First Name	Last Name	SSN	Birth Date	From Date	To Date	Action
N	ACTIVE	37	012345678	JOHN S	DOE		08/31/1988	01/01/2019	01/31/2019	<span style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">View</span>

This is not a guarantee of benefits or payment. The data shown is the latest information available. All payments are subject to any limitation or exclusions that are in effect at the time the patient receives services.

Check Eligibility

# Online Portal Eligibility

Recipient eligibility inquiry screen showing dental cost share.

02/28/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
Page 1 of 1		
<b>Insured Information</b>		
Recipient ID: 123456789	Recipient Name: Jane S Doe	
Gender: F	1212 E Happy Trail	
Date of Birth: 09/02/1992	Happy Town SD 12345	
<b>Eligibility</b>		Dates are valid for current query.
<b>40-Active Coverage: Medicaid - Full Coverage</b>		
Eligibility : 2/1/2019 - 2/28/2019		
<b>Primary Care Provider/Health Home Provider</b>		
<b>Primary Care Provider</b>		<b>Eligibility : 2/1/2019 - 2/28/2019</b>
HAPPY TOWN HOSPITAL 123 SMILE COURT HAPPY TOWN SD 12345  605-999-9999	APPLE, EADA	Primary Care Co-pay: \$0.00
* Cost share amounts exceeding \$0.00 apply to non-PCP/HH provider visits only.		
<b>Cost Share</b>		
<b>Dates</b>	<b>Service Type</b>	<b>Amount</b>
2/1/2019 - 2/28/2019	Dental Care	\$3.00 per procedure
* Non-covered charges are patient's responsibility.		

## Other Ways to Verify Eligibility

- Interactive Voice Response / Telephone Service Unit
  - Providers may call South Dakota Medicaid's telephone service unit at 1-800-452-7691 to verify eligibility through the Interactive Voice Response System (IVR). Your provider NPI number and the recipient's Medicaid ID number are required to check eligibility using the IVR. Each call takes approximately one minute to complete.
- Medicaid Eligibility Verification System
  - South Dakota Medicaid also provides the option of verifying eligibility through the Medicaid Eligibility Verification System (MEVS). All three MEVS options provide prompt response times, printable receipts, and can verify eligibility status for prior dates of service. There is a nominal fee for verifications obtained through these Emdeon products.

For eligibility details refer to the Recipient Eligibility Manual

- <https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Recipient%20Eligibility.pdf>