



South Dakota Medicaid & CHIP



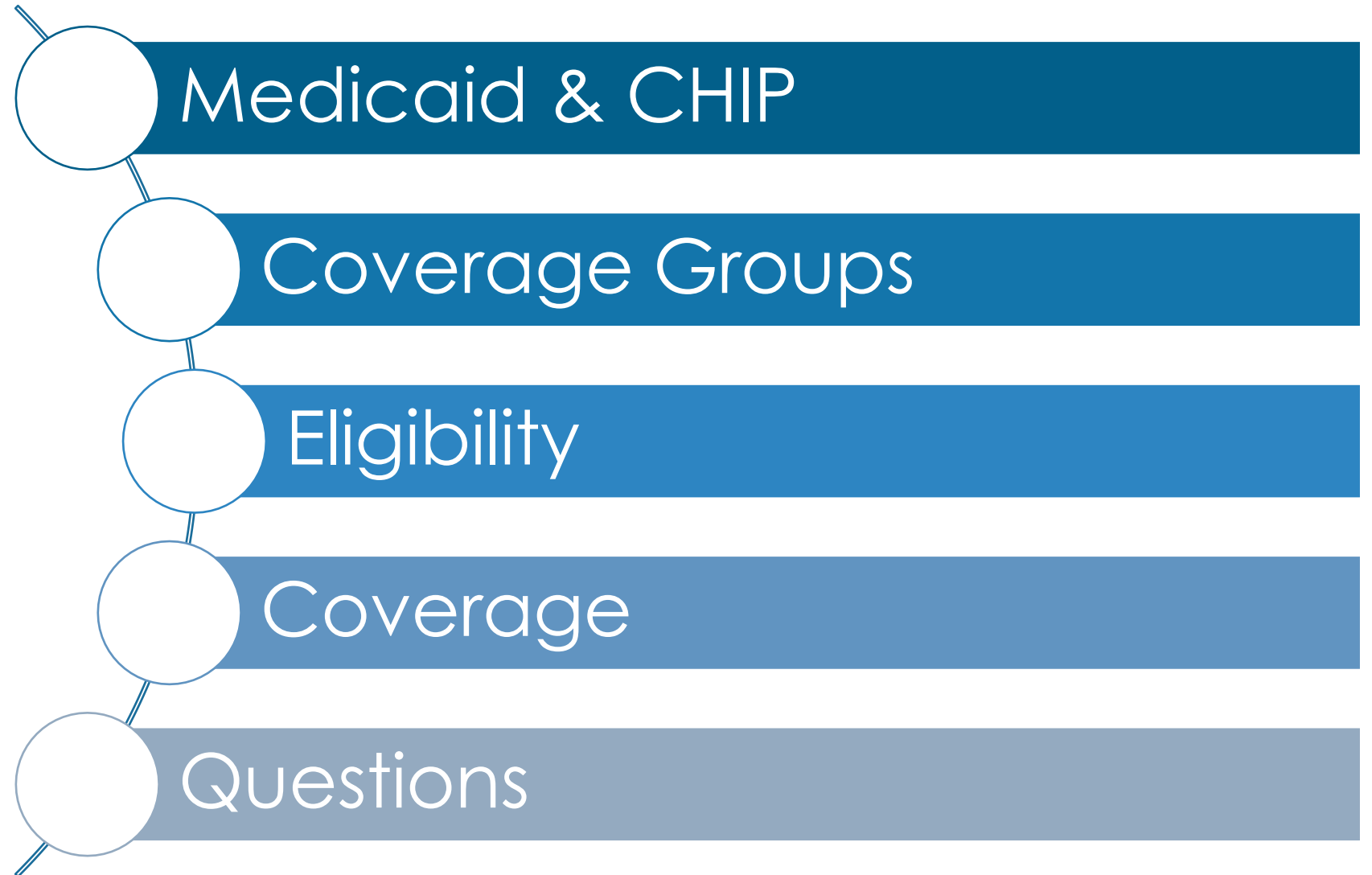


Our Vision and Mission

Strong families – South Dakota's foundation and our future

The South Dakota Department of Social Services is dedicated to strengthening families to foster health, wellbeing, and independence.

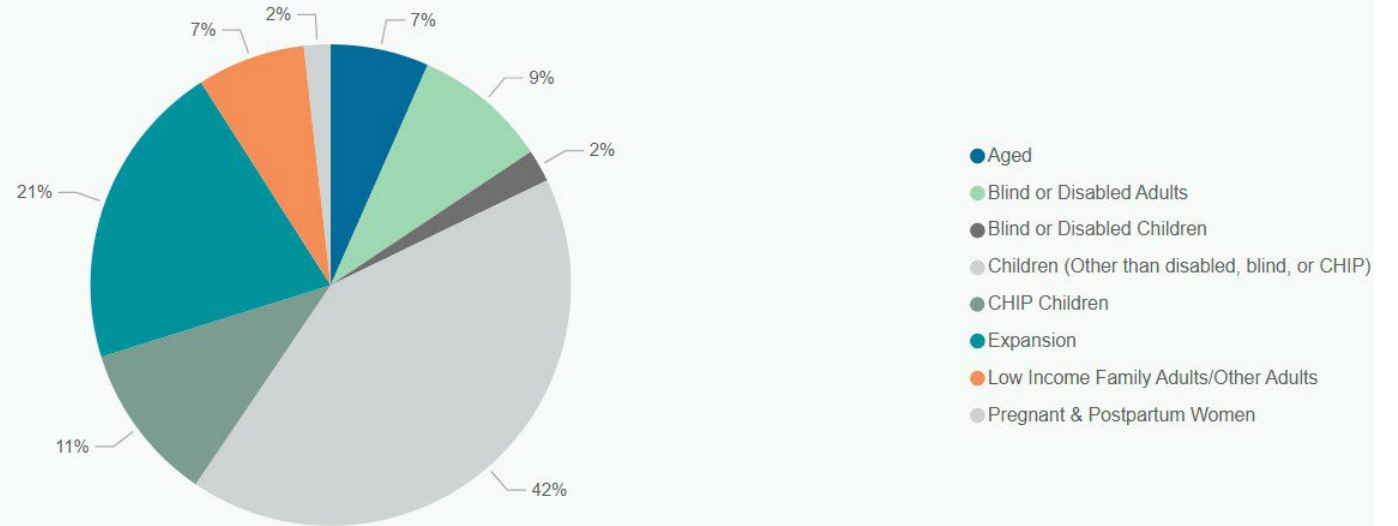
Agenda



Medicaid & CHIP



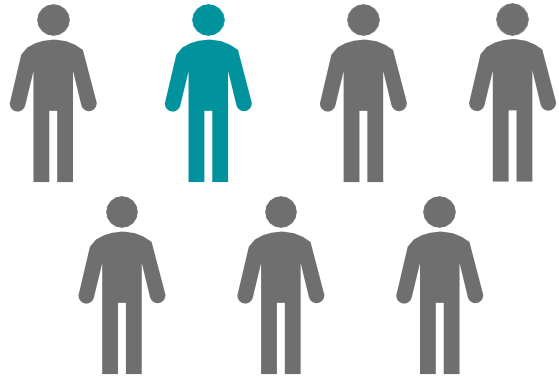
Who is covered by Medicaid?



Medicaid and CHIP provide access to health care to 147,234 (April 2025) South Dakotans through partnerships with nearly 16,000 enrolled Medicaid providers.

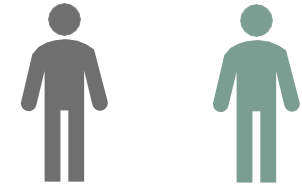
See more statistics at
<https://dss.sd.gov/keyresources/statistics.aspx#fmap>.

Who We Serve



Over 1 in 7 South Dakotans in any given month will have health coverage through Medicaid or CHIP

More than 1 of every 3 children under the age of 19 in South Dakota has health coverage through Medicaid or CHIP and 40% of children born in South Dakota will be on Medicaid or CHIP during their first year of life



55% of all nursing home residents receive long-term care coverage through Medicaid

Points of Contact

Regions

There are eight (8) regions across the state for Medicaid. Workers in any region can assist in processing cases for other regions.

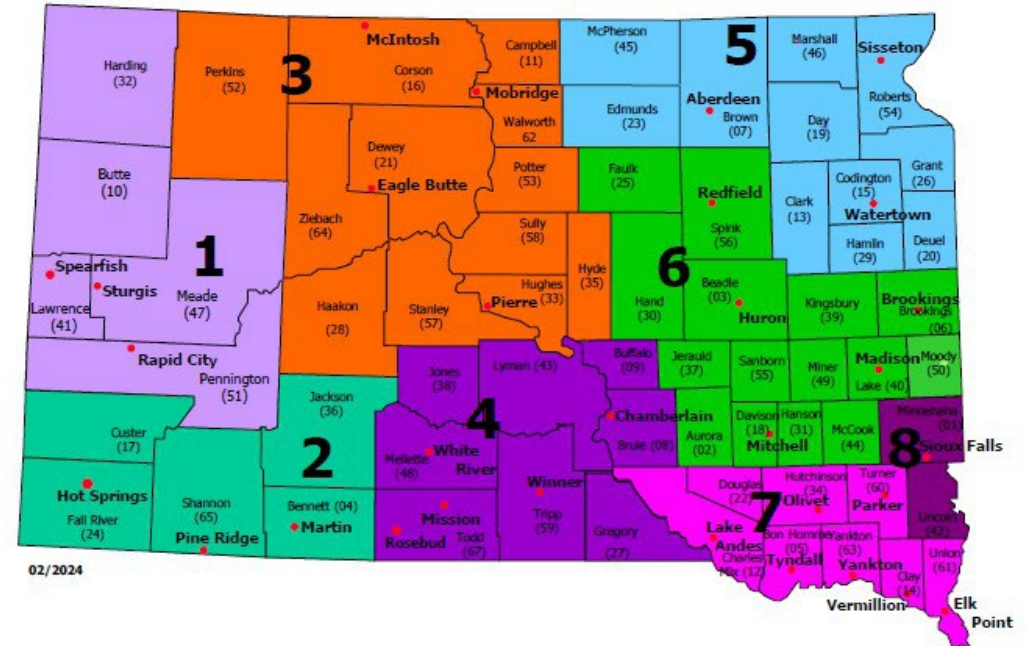
Economic Assistance Benefits Specialists

Cases are assigned to benefits specialists or a team of benefits specialists based on the county their application falls into.

Customers and providers may also use the general Medicaid email inbox for their region.

Medical Program Staff

Customers, providers, or stakeholders with concerns they feel have not been addressed by the benefits specialist or supervisor can contact Medical Program Staff by calling 605-773-4678.



Offices

Region 1 – Rapid City/Spearfish/Sturgis

Region 2 – Pine Ridge/Hot Springs/Martin

Region 3 – Pierre/Eagle Butte/Mobridge

Region 4 – Chamberlain/Mission/Winner/Rosebud/White River

Region 5 – Aberdeen/Sisseton/Watertown

Region 6 – Brookings/Huron/Mitchell

Region 7 – (Vermillion/Elk Point) / (Lake Andes/Olivet/Tyndall) / (Yankton/Parker)

Region 8 – Sioux Falls

Regional Email Inbox

RCMedTeam@state.sd.us

DSSEARegion2Med@state.sd.us

DSSEARegion3EA@state.sd.us

DSSRegion4EA@state.sd.us

DSSRegion5EA@state.sd.us

DSSHUMEDLTC@state.sd.us

DSSEAVermillion@state.sd.us / DSSEALakeAndes@state.sd.us / DSSYanktonEA@state.sd.us

SFMEd@state.sd.us

Points of Contact

Regions

There are three (3) Long Term Care regions with nine (9) specialists in each region. Regions are divided by counties.

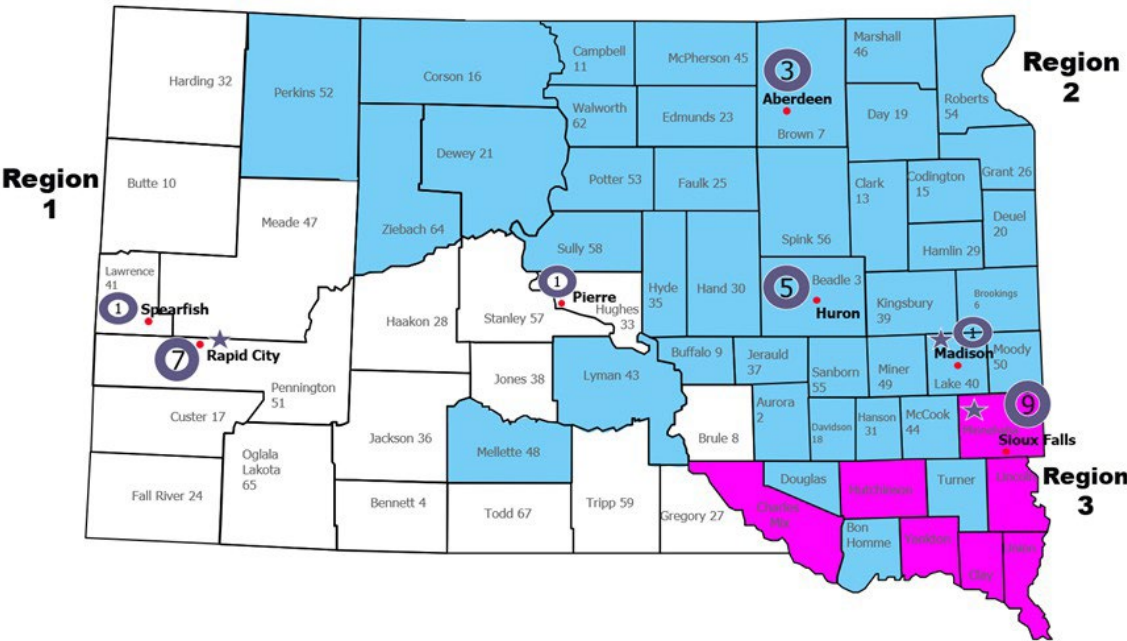
Long Term Care Benefits Specialists

Each provider is assigned a specific Long Term Care Benefits Specialist as their point of contact.

Customers and providers may also use the general LTC email inbox for their region or contact the supervisor in their region.

Medical Program Staff

Customers, providers, or stakeholders with concerns they feel have not been addressed by the benefits specialist or supervisor can contact Medical Program Staff by calling 605-773-4678.



Supervisor	Regional Inbox	Phone	Supervisor Email
Region 1 – Angie Reichert	LTCMedRegion1@state.sd.us	394-2525 x106	Angie.Reichert@state.sd.us
Region 2 - Tammy Olson	LTCMedRegion2@state.sd.us	256-5683 x4300208	Tammy.Olson@state.sd.us
Region 3 - Amber Devries	LTCMedRegion3@state.sd.us	367-5444 x1000436	Amber.Devries@state.sd.us

Coverage Groups

Children, Family, & Adult Programs

Medicaid Expansion – Adult Group

Coverage for adults aged 19 to 64 with income up to 138% FPL who are not entitled to or enrolled in Medicare and not eligible for another mandatory coverage group.

Parents & Other Caretaker Relatives

Coverage for parents or other caretaker relatives (grandparent, brother, sister, stepparent, etc.) with a dependent child(ren).

Pregnant & Postpartum Women

Coverage for pregnant individuals with income up to 138% FPL (includes 12 months postpartum).

Medicaid & CHIP for Children Under 19

Coverage for insured children (187% FPL) & uninsured children (209% FPL).

Newborns

Coverage for child(ren) born to a woman enrolled in SD Medicaid at birth.

Former Foster Care Youth

Coverage for youth aged 18 up to 26 that are leaving State or Tribal foster care after their 18th birthday.

Refugee Medical Assistance

A short-term wholly federally funded transitional program available to ensure refugees receive medical care needed while they transition to living in the U.S.



Aged, Blind, & Disabled Programs

Adults Currently & Formerly Receiving Supplemental Security Income (SSI)

Individuals currently receiving SSI are automatically eligible for full coverage Medicaid.

Some individuals who formerly received SSI may still be eligible for full coverage Medicaid if they currently receive Title II benefits and meet other financial and non-financial criteria.

Breast & Cervical Cancer Program

The Breast and Cervical Cancer Program is full coverage for uninsured South Dakota women who need treatment for breast or cervical cancer, including pre-cancerous conditions and early-stage cancer. The Department of Health determines eligibility for this program.



Disabled Children's Program

This program provides full coverage for children under 19 with disabilities who have medically fragile conditions requiring skilled nursing care in a medical facility if they were not being cared for at home. Only the child's income and resources are considered when determining eligibility.

Medicaid for Workers with Disabilities

This full coverage program is for individuals with income below 250% FPL and resources under \$8,000 who have disabilities and are working.

Chronic Renal Disease

This state-funded limited-coverage program is for individuals without a third-party payer who are experiencing chronic renal failure with income less than 150% FPL.

Long-Term Care Coverage Groups

These coverage groups for the aged, blind, and disabled require individuals to meet a nursing facility level of care. They provide institutional and home and community-based services (HCBS).

Long Term Care

- Skilled nursing facility, swing bed, & hospice
- Intermediate Care for the Intellectually Disabled (ICF)

State-Funded Programs

- Adult Foster Care (AFC)
- Regular Assisted Living (ASL)

HCBS Waivers

- CHOICES Waiver
- Family Support 360 Waiver (FSW)
- Assistive Daily Living Services (ADLS) Waiver
- HOPE Waiver: In-Home, Structured Family Caregiving, Assisted Living, & Community Living Homes



Medicare Savings Programs

Resource Limits

QMB, SLMB, & QI have a 2025 resource limit of \$9,660 for an individual and \$14,470 for a couple.

Qualified Medicare Beneficiary (QMB)

- Income Limit 2025: \$1,325 for an individual and \$1,783 for a couple
- Coverage: Part A & B premiums; deductibles, coinsurance, and copayments (for services/items Medicare covers).
- *Coverage cannot be backdated*

Specified Low-Income Medicare Beneficiary (SLMB)

- Income Limit 2025: \$1,585 for an individual and \$2,135 for a couple
- Coverage: Part B premiums (must have both Part A and Part B to qualify.)
- Coverage can be backdated up to 3 months if eligible

Qualified Individual (QI-1)

- Income Limit 2025: \$1,781 for an individual and \$2,400 for a couple
- Coverage: Part B premiums (must have both Part A and Part B to qualify.)
- Coverage can be backdated up to 3 months if eligible
- *Cannot be eligible for QI if eligible for Medicaid*

Qualified Disabled & Working Individual (QDWI)

- Income limit 2025: \$5,032 for an individual and \$7,135 for a couple
- Coverage: Part A premiums only
- Resource limit is \$4,000 for an individual and \$6,000 for a couple

Eligibility

Eligibility Criteria

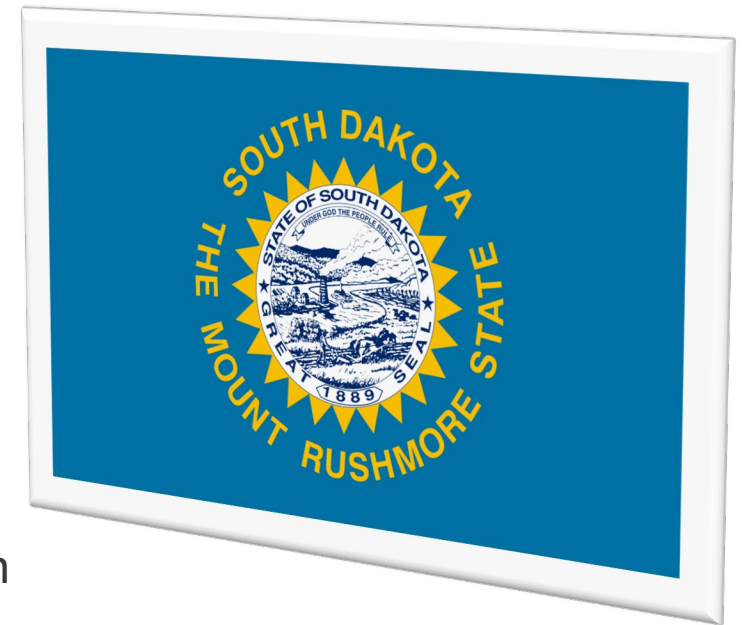
The eligibility requirements for Medicaid can be split into two basic categories:

Non-Financial and Financial

Non-financial requirements are those that are not related to the income or resources of an applicant.

Non-Financial Requirements Include:

- Must be a resident of South Dakota;
- Must be a U.S. citizen or qualified alien;
- Must provide a Social Security Number;
- Must assign rights for medical support and payment; and
- For certain groups individuals must have medical needs that are such that they require a level of care provided in a long-term care facility.
- Financial requirements are related to the income and resources of an applicant.



Eligibility Methodology

Most eligibility determinations are made using the following methodologies:

- Modified Adjusted Gross Income (MAGI)
- Non-Modified Adjust Gross Income (Non-MAGI)

MAGI

MAGI only considers taxable income and does not have any resource test. Individuals determined eligible under this methodology are typically children and families (e.g., pregnant women, parents of dependent children, adults between the ages of 19-64).



Non-MAGI

Non-MAGI is based on gross income and includes a resource test. Individuals determined eligible under this methodology are typically aged, blind or disabled and require an institutional level of care (e.g., nursing home, assisted living or home and community-based services).

MSP is based on Supplemental Security Income methods and includes a resource test. You must be entitled to, but not necessarily enrolled, in Medicare to be eligible.

**SD BEHAVIORAL
HEALTH**

Department of Social Services

Find your
local office



Forms and
Publications



News

Start Here

Contact
us



It's easy to apply! Applications are available:

1. **Online:** <http://dss.sd.gov/applyonline>
2. **DSS website:** <http://dss.sd.gov/formsandpubs/>
3. **All Department of Social Services offices**
4. **Most South Dakota Medicaid providers**

Where to Apply

The application process for Medicaid can be done entirely by mail or online. No interview is required.

An application for one Medicaid program is considered an application for all programs.

There's no wrong way to apply.

SSI recipients are automatically eligible for the South Dakota Medicaid program and do not need to apply.

Individuals can reapply at any time.

Application Process

Once the Department receives the signed application, they begin working on it promptly. The applicant will be sent a “Request for Information” if items are needed from them. Once a determination of eligibility is made, the applicant is notified. In most cases, applicants must receive a determination within 45 days of applying. The average response time is usually two weeks.

Applicants who have a Customer Portal account can opt to receive notifications by text or email when a notice is issued to them. They can use the portal to view those notices and upload documents.

Eligibility Start Date

Eligibility will begin on the first day of the month in which the application was received.

Eligibility may also begin up to 3 months prior to application if the recipient met the eligibility criteria in those months *and* received covered services.

Medicaid applications ask the question “Do you have medical bills from the past 3 months?” If an applicant answers “yes”, we will review eligibility in the prior 3 months. Applicants do not have to be eligible in all 3 months. They could just be eligible in one of the three months and receive coverage.

Approvals

South Dakota Medicaid Card

If an applicant is approved for any Medicaid or CHIP coverage group, they receive a South Dakota Medicaid card.



Primary Care Provider (PCP) Program

Individuals approved for expansion coverage are required to participate in the PCP program. This program is designed to improve access to medical care as well as improve the quality of care they receive by giving them a medical home.

Medicaid recipients are required to receive non-emergent primary care provider services from their PCP. A referral (permission) is required for non-emergent specialty and hospital services. Some services are exempt from a referral and are outlined in the [Medicaid Recipient Handbook](#).

Choosing a Primary Care Provider (PCP)

Shortly after approval, Medicaid recipients should receive a letter with instructions on how to choose a PCP online using the [Online Provider Selection Tool](#). If a PCP is not chosen, DSS will choose one for the recipient.

Federal Health Insurance Marketplace

Denials and Losses of Coverage

If an individual is found ineligible for Medicaid or CHIP, their information is automatically transferred to the Marketplace, which sends a [letter](#) with application directions. They can create or start an account with the Marketplace at [Healthcare.gov](https://www.healthcare.gov) to start or complete an application for Marketplace plans and help with costs.

The Marketplace will send reminder letters 30 to 45 days after their initial letter to those who have not signed up for coverage. They may also be assigned to a local assistor, or navigator, who will outreach the individual.

Marketplace Savings

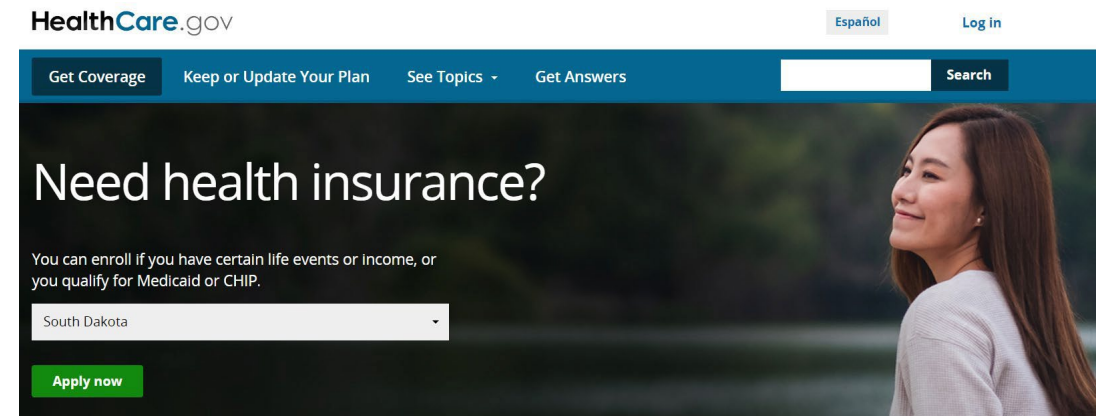
The American Rescue Plan Act of 2021 expanded financial assistance for coverage through the Marketplace and now 4 out of 5 individuals locate health care coverage for **\$10 or less after subsidies**.

Special Enrollment Period (SEP)

Individuals who are disenrolled from Medicaid are eligible for an SEP and do not need to wait until Open Enrollment.

Marketplace Questions

Visit [Healthcare.gov](https://www.healthcare.gov) or contact the Marketplace directly at 800.318.2596 (TTY 855.889.4325).



Renewals & Redeterminations of Eligibility

Annual Renewal

Medicaid recipients are subject to an annual review of their eligibility. Renewal dates are set one year from the first day of the month in which DSS received the application that resulted in approval.

DSS attempts to renew eligibility based on available information and electronic sources prior to requesting information from the recipient. These are called *ex parte* or administrative reviews. If eligibility cannot continue, the recipient is sent a renewal form and additional information may be requested.

Changes in Circumstances

Recipients are required to report any changes in their circumstances (e.g., income, resources, private health insurance, address, household composition, etc.) once they become aware of the change.

Redeterminations

The Division of Economic Assistance will re-evaluate eligibility for Medicaid at renewal or when there is a change of circumstance. If a recipient is no longer eligible, their coverage will be terminated at the end of the first month the Department is able to provide 10-day advance notice.

A recipient whose eligibility is terminated can reapply at any time and may also appeal any decision with which they do not agree.

Coverage

Provider Information



Verifying Eligibility

Providers can verify eligibility in a variety of methods:

- Electronic data exchange with South Dakota Medicaid
- Medicaid Online Portal Recipient Eligibility Inquiry
- Interactive Voice Response / Claims Unit: 1-800-452-7691
- Medicaid Eligibility Verification System

Claims Assistance

South Dakota Medicaid publishes provider manuals that provide in-depth coverage information and requirements for coverage and billing on the DSS website. All provider manuals are available on the website at:

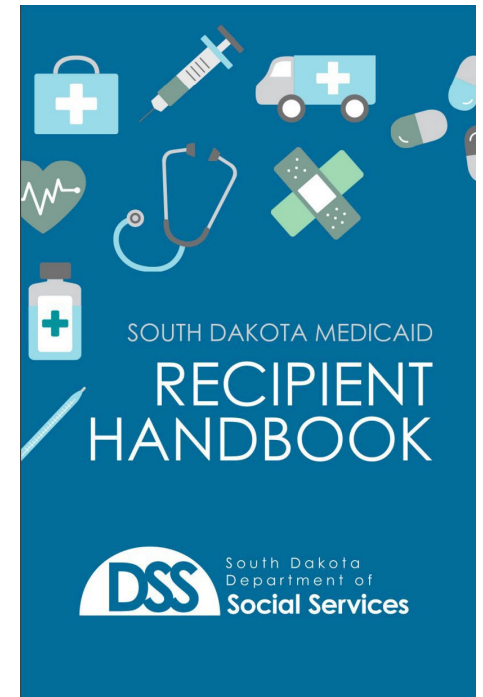
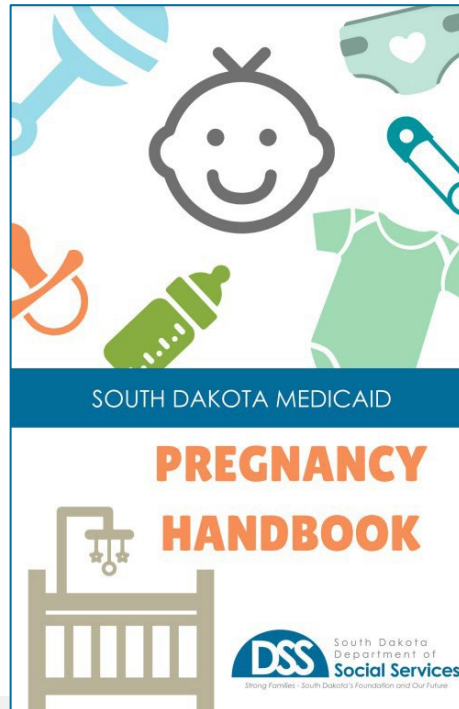
<https://dss.sd.gov/medicaid/providers/billingmanuals/>

Medicaid Coverage



Medicaid Recipient Handbook

Handbooks are also available at every local DSS office. Individuals can also view the handbook online or order a copy of the handbook for free online.



Medicaid Pregnancy Handbook

The Medicaid Pregnancy Handbook explains Medicaid coverage, prenatal care basics, an appointment checklist, helpful resources, warnings signs, well-child visits and immunizations, and more.

Care Management



Primary Care Case Management: PCP Program

The Primary Care Provider (PCP) Program is designed to improve access to medical care by connecting individuals to a primary care provider. Primary care providers are required to deliver primary care services to the recipient and are responsible for coordinating and referring other care to Medicaid providers.

Health Home Program

South Dakota's health home program offers enhanced health care services to Medicaid recipients with chronic medical or behavioral health conditions. The Health Home Program provides 6 core services designed to reduce hospitalization and ER visits, increase integration between primary care and behavioral health services, and enhance transitional care between institutions and community-based care.

BabyReady: Medicaid Whole Pregnancy Care

BabyReady is a program covering all checkups, labor, and delivery from the start of pregnancy, with coverage continuing through Medicaid until 12 months after baby is born. With BabyReady, individuals receive a mom-centered personalized care team to help answer questions, connect families to resources, and provide confidence and assurance throughout pregnancy.



Questions?

dss.sd.gov



877-999-5612



DSS.MedElig@state.sd.us





Care Coordination and IPA Nurses

2025



Care Coordination

- In 2016, Health and Human Services changed national Medicaid funding policy to cover more services for IHS and Medicaid eligible American Indians with 100% federal funds when going outside of IHS for services
- This was to allow for a wider range of services to be provided
- For the services to be reimbursed with 100% federal funds specific criteria have to be met
 - Care Coordination Agreement
 - Referral for outside services by the IHS provider
 - Medical record sharing
- IHS must maintain responsibility for the patient's care by reviewing the outside records and taking any necessary action if needed
- Savings are used to accomplish the following:
 - Address service gaps in Medicaid primarily focusing on American Indians as discussed at South Dakota Healthcare Solutions Coalition
 - Increase rates for Medicaid providers
 - Shared Savings with participating providers

Care Coordination Investments

- Increase use of telehealth services to support emergency departments and support increased access to primary and specialty care consultation and treatment in through Indian Health Service and Tribal Programs
- Develop a formal Community Health Worker/Community Health Representative program under the Medicaid State Plan.
- Expand support for prenatal and postpartum care to support healthy birth outcomes
- Expand capacity for mental health and chemical dependency services through Indian Health Service and Tribal Programs.
- Expand Medicaid eligible providers of behavioral health and substance use disorder (SUD) treatment services.
- Add evidence-based behavioral health services and supports for children and families, including supporting the provision of functional family therapy as a Medicaid state plan service.
- Embed nurses and mid-level practitioner within I.H.S. to help support care coordination efforts and connections back to communities as a way to fully use funding I.H.S. cannot receive directly
- Funds being reinvested by enrolled providers that receive shared savings payments

Care Coordination Agreements

- Current agreements in place in SD and some additional are pending.
 - Avera
 - Sanford
 - Monument
 - Dialysis Management Group
 - Bennett County Hospital
 - Mobridge Regional Hospital
 - Black Hills Surgical Hospital
 - Children's Home Society
 - Brookings Health System
 - Abbott House
 - Aurora Plains Academy
 - Lutheran Social Services
 - Our Home
 - Avantara Nursing Facilities

Intergovernmental Personnel Act (IPA) Agreements

- IPA Agreements create a partnership between the State of South Dakota and Indian Health Service facilities to increase access to care, strengthen continuity of care and care coordination to improve the health of Medicaid-eligible American Indians.
- Goals include:
 - Reducing the cost to IHS for completing care coordination and enhancing IHS case management resources;
 - Reducing the State's general fund expenditures for Medicaid-eligible American Indians; and
 - Coordinating access to specialty and long-term care services
 - Assist IHS in other case management duties

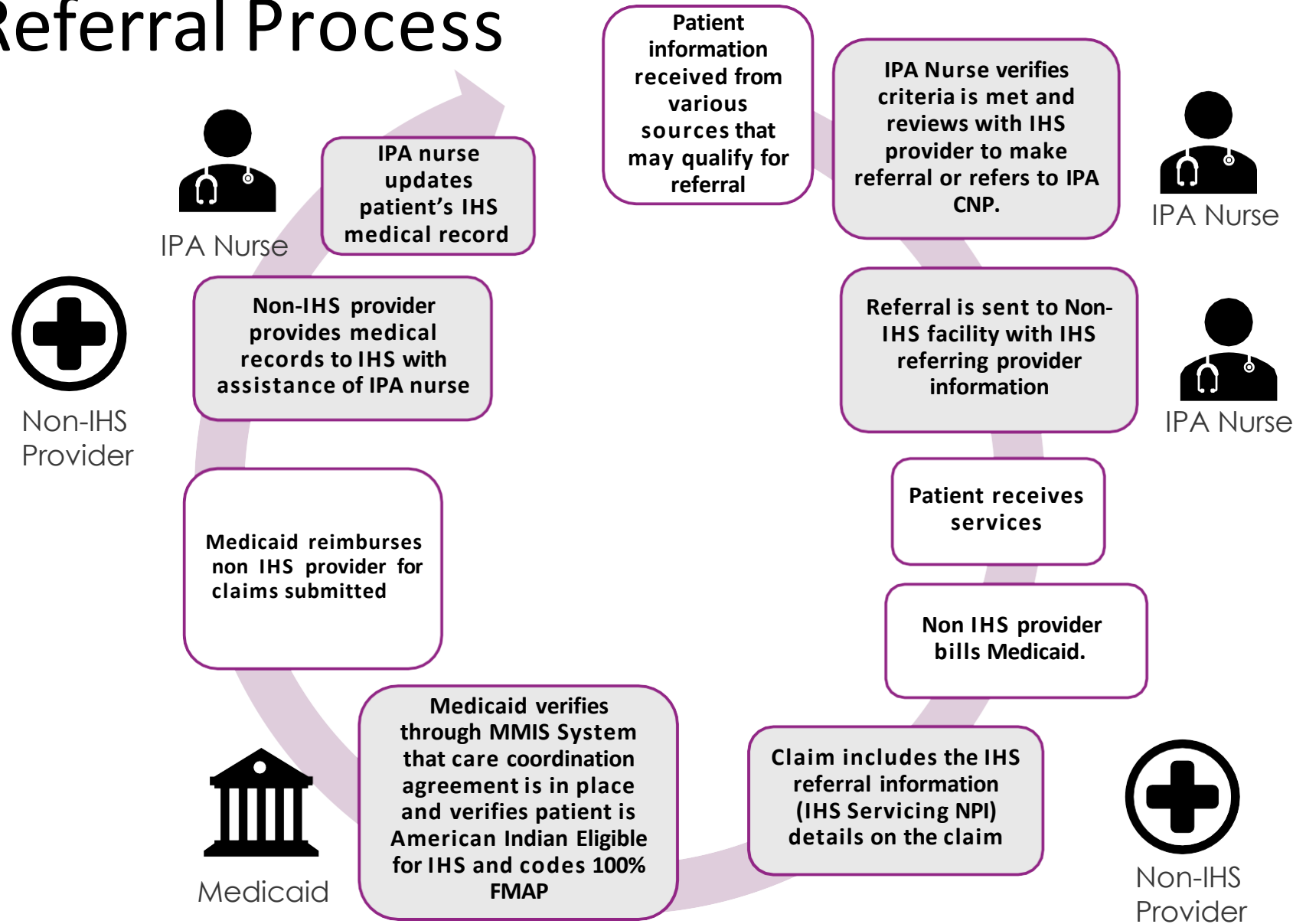
Intergovernmental Personnel Act (IPA) Agreements

- IPA Agreements create a partnership between the State of South Dakota and Indian Health Service facilities to increase access to care, strengthen continuity of care and care coordination to improve the health of Medicaid-eligible American Indians.
- Goals include:
 - Reducing the cost to IHS for completing care coordination and enhancing IHS case management resources
 - Coordinating patient care and managing medical records between outside facilities and IHS
 - Reducing the State's general fund expenditures for Medicaid-eligible American Indians
 - Coordinating access to and ensuring follow-up to specialty services, PCP, and long-term care services
 - Assist IHS in other case management duties to enhance patient outcomes

IPA Nurses

- As suggested through the coalition and the Intergovernmental Personnel Agreement, the State of South Dakota has been able to hire nursing staff to work in and assist IHS facilities with care coordination and case management for these referrals as well as other duties as assigned.
- Three nurse staff work in high referral service units and assist at all units
 - Samantha Hall, RN - Pine Ridge IHS and assists Fort Thompson and Fort Yates
 - Cassie Long, RN - Rosebud IHS and assists Lower Brule and McLaughlin
 - Lillian Jefferson, RN - Cheyenne River IHS and assists Sisseton and Wagner
- IPA Nurse Practitioner, Leslie Wilson, CNP, to assess patients and provide IHS referrals for those that have not been evaluated at an IHS recently or to establish care with NICU babies
 - Establish (reestablish) care with patients in person and via telemedicine
- General email set up to contact the IPA team at CCAReferral@state.sd.us

IPA Nurse Referral Process



IPA Nurse Duties

Samantha Hall, RN

- **Pine Ridge**
 - Referrals
 - Maintain IHS EHR with new progress notes, immunizations, and procedures
 - Monitor monthly billing
 - Care Coordination
 - Health Homes
 - STI tracking
 - Review and assist with correction of missed savings monthly
- **Ft Thompson**
 - Referrals
 - Maintain IHS EHR with new progress notes, immunizations, and procedures
 - Monitor monthly billing
 - Care Coordination
 - Review and assist with correction of missed savings monthly
- **Fort Yates**
 - Referrals
 - Maintain IHS EHR with new progress notes, immunizations, and procedures
 - Monitor monthly billing
 - Care Coordination
 - Review and assist with correction of missed savings monthly

Lillian Jefferson, RN

- **Eagle Butte**
 - Health Homes
 - Contact patients-schedule follow ups
 - Referrals
 - Maintain and update the EHR with progress notes
 - Care Coordination Referrals
 - Case Management
 - Immunizations
 - update EHR thru SDIIS
- **Sisseton**
 - Referrals
 - Maintain IHS EHR with new progress notes, immunizations, procedures, etc.
 - Care Coordination
- **Wagner**
 - Referrals
 - Maintain IHS EHR with new progress notes, immunizations, procedures, etc.
 - Care Coordination

IPA Nurse Duties

Cassie Long, RN

- **Rosebud**
 - Health Homes
 - Contacting patients, scheduling, follow up, chart reviews
 - Case Management
 - ER transfers, receiving discharge summaries, contacting patient's for follow up, scheduling, scanning records
 - Referrals
 - Medicaid Referrals for outside facilities
 - Care Coordination Referrals - documenting in EHR, record scanning
 - Monitor and review Medicaid billing claims
 - STI Tracking - assisting with Maven information, tracking, contact information
 - Childhood immunizations - coordinating events, assisting with chart reviews from SDIIS to EHR
- **Lower Brule**
 - Referrals
 - Maintain IHS EHR with new progress notes, immunizations, procedures, etc.
 - Care Coordination
- **Mclaughlin**
 - Referrals
 - Maintain IHS EHR with new progress notes, immunizations, procedures, etc.
 - Care Coordination

Leslie Wilson, CNP

- Document non-billable visits with the patients at the outside facilities
- NICU Referrals
 - Baby is seen while at the NICU and new patient paperwork is filled out by the parent(s)/guardian
 - Discuss needs or assistance that could be available through State of SD (DOH, DHS, DSS- Medicaid, Economic Assistance etc.)
 - Offer additional information on substance use disorders if applicable
 - Public Health Nurse Consults
 - Follow post discharge to ensure follow-up appt attended and all other specialty follow-ups
- Psychiatric Residential Facilities and Substance Use Disorder Facilities
 - Care coordination agreements are with facilities that treat children
 - Available to assist with care coordination at discharge
- Long Term Care
 - Assist with any needs at discharge for shorter term stays
 - Keep them connected with their primary IHS



Questions?

dss.sd.gov





Website Resources



dss.sd.gov/Medicaid

Offers comprehensive resources for both providers and recipients including:

- Eligibility information
- Provider enrollment access
- Medicaid portal for eligibility verification, claims submission, and remittance advices.
- Contact information for local DSS offices.
- Forms and publications for provider and recipient use.
- Over 100 provider billing and policy manuals.

The screenshot shows the homepage of the South Dakota Department of Social Services (DSS) Medicaid website. The header features the DSS logo, the text "South Dakota Department of Social Services", and the tagline "Strong Families - South Dakota's Foundation and Our Future". There are social media icons for Facebook, Twitter, YouTube, Instagram, and LinkedIn, along with a "We're Hiring" button. A "Cabinet Secretary Matt Althoff" button is also present. A search bar and a "Select Language" dropdown menu are located in the top right. The main navigation bar includes links for Home, How Do I..., Behavioral Health, Child Care, Child Protection, Child Support, Economic Assistance, Medicaid, and Licensing Boards. Below the navigation bar, there are six colored buttons: General Information, Eligibility, Recipients, Providers, Provider Enrollment Portal, and Medicaid Portal. The "Medicaid General Information" section is highlighted, featuring a "Choose Your Provider" button. The text describes the South Dakota Medicaid program, its purpose, and how it provides health coverage. It also includes sections for Recipients, Providers, and Report Fraud. A sidebar on the right contains a "General Information" list with links to DSS Statistical Information, Frequently Asked Questions, HomeAgainSD, Join our Listserv, Medicaid Advisory Committee, Medicaid Beneficiary Advisory Council, Medicaid Eligibility, Medicaid State Plan, Phone List, Reports, Tribal Consultation, and 1115 Demonstrations. Below this is an "Other Resources" section with links to Administrative Rules of South Dakota, HIPAA, Report Medicaid Fraud, and South Dakota Codified Law. The footer contains a navigation bar with icons for "Find your local office", "Forms and Publications", "News", "Contact us", and "Apply Online".

South Dakota Department of Social Services
Strong Families - South Dakota's Foundation and Our Future

ENHANCED BY | Powered by Google Translate

Select Language

Home How Do I... Behavioral Health Child Care Child Protection Child Support Economic Assistance Medicaid Licensing Boards

General Information Eligibility Recipients Providers Provider Enrollment Portal Medicaid Portal

Medicaid General Information

Choose Your Provider

South Dakota Medicaid is a federal and state-funded program providing health coverage for people who meet certain eligibility standards. Medicaid acts as an insurance company for individuals and pays for medically necessary services.

Medicaid provides health coverage to help pay for necessary medical expenses individuals need to stay healthy such as hospital stays, doctor visits, prescriptions, and other health care needs. [Apply](#) to find out if you are eligible.

Recipients
Individuals who apply and are determined eligible for South Dakota Medicaid are referred to as recipients. Recipients should visit the [recipient](#) page for important information about their coverage.

Providers
Healthcare professionals and facilities enrolled to provide services or interested in becoming enrolled should refer to the [provider](#) page for billing and policy guidance.

Report Fraud
Provider fraud, waste and abuse can be reported by emailing ProgramIntegrity@state.sd.us.

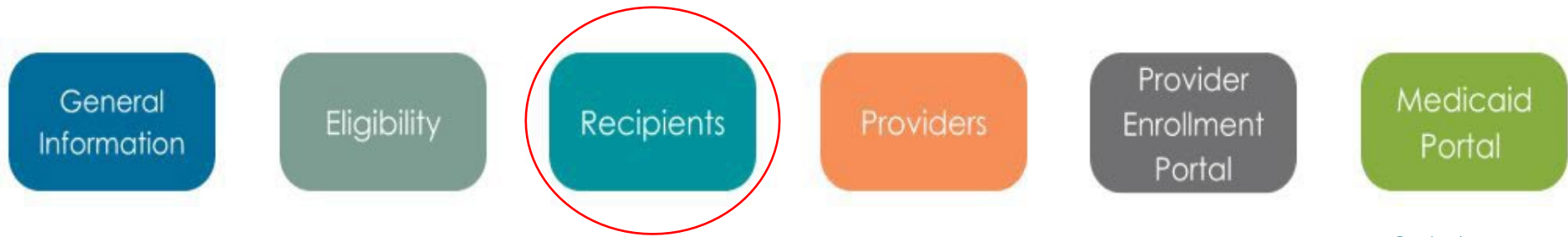
General Information

- [DSS Statistical Information](#)
- [Frequently Asked Questions](#)
- [HomeAgainSD](#)
- [Join our Listserv](#)
- [Medicaid Advisory Committee](#)
- [Medicaid Beneficiary Advisory Council](#)
- [Medicaid Eligibility](#)
- [Medicaid State Plan](#)
- [Phone List](#)
- [Reports](#)
- [Tribal Consultation](#)
- [1115 Demonstrations](#)

Other Resources

- [Administrative Rules of South Dakota](#)
- [HIPAA](#)
- [Report Medicaid Fraud](#)
- [South Dakota Codified Law](#)

Find your local office Forms and Publications News Contact us Apply Online



Medicaid Recipients

South Dakota Medicaid covers most medical services that are necessary to keep you and your family healthy. These include physical and behavioral health, dental, vision and transportation services.

Recipient Handbook

Pregnancy Handbook

Transportation

Choose Your Provider

Care Management

BabyReady Program

Recipient Communication

Well-Child

Well-Adult

Constituent Liaison

Recipients
[Cost Sharing](#)
[Dental Services](#)
[Frequently Asked Questions](#)
[HomeAgainSD](#)
[Home and Community Based Services](#)
[Phone List](#)
[Recipient Publications](#)
[Rights & Responsibilities](#)

Other Resources
[HIPAA](#)
[Medicare](#)
[Report Medicaid Fraud](#)
[South Dakota WIC](#)

Find your local office

Forms and Publications

News

Contact us

Apply Online

Provider Portal

Care Management Provider Selection/ Change

Select one of the following options:
☐ Select New Provider ?
☐ Change Current Provider ?

Recipient Verification:
You must provide the following recipient information:

Recipient ID *

Recipient DOB *

and

Case # *

☐ This is a future case number

or

Last 4 SSN *

To continue, select "Verify" button below.

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View this handbook online at dss.sd.gov/medicaid/recipients

General Information


Eligibility

Recipients

Providers

Provider Enrollment Portal

Medicaid Portal

Diagnosis Code		Mental Health	SUD	Chiropractic		Community Health Worker			Reset Filters	Last Refresh Date	
All		All	All	All		All				5/13/2025	
Diagnosis Code	Diagnosis Description	Billing Status	Requires Review	Minimum Age	Maximum Age	Mental Health	SUD	Chiropractic	Community Health Worker	Start Date	End Date
A00	Cholera	Not Covered		N/A	N/A	No	No	No	No	10/01/2015	
A000	Cholera Due To Vibrio Cholerae 01, Biovar Cholerae	Primary		0	999	No	No	No	No	10/01/2015	
A001	Cholera Due To Vibrio Cholerae 01, Biovar Eltor	Primary		0	0	No	No	No	No	10/01/2015	
A009	Cholera, Unspecified	Primary		0	999	No	No	No	No	10/01/2015	
A01	Typhoid And Paratyphoid Fevers	Not Covered		N/A	N/A	No	No	No	No	10/01/2015	
A010	Typhoid Fever	Not Covered		N/A	N/A	No	No	No	No	10/01/2015	
A0100	Typhoid Fever, Unspecified	Primary		0	999	No	No	No	No	10/01/2015	
A0101	Typhoid Meningitis	Primary		0	999	No	No	No	No	10/01/2015	
A0102	Typhoid Fever With Heart Involvement	Primary		0	999	No	No	No	No	10/01/2015	
A0103	Typhoid Pneumonia	Primary		0	999	No	No	No	No	10/01/2015	
A0104	Typhoid Arthritis	Primary		0	999	No	No	No	No	10/01/2015	
A0105	Typhoid Osteomyelitis	Primary		0	999	No	No	No	No	10/01/2015	
A0109	Typhoid Fever With	Primary		0	999	No	No	No	No	10/01/2015	

Procedure Code	Procedure Name	Prior Auth Required	Coverage Status	Allowable via Telemedicine	Min Age	Max Age	Fee	Fee Effective Date
All	All	All	All	All				5/13/2025
Procedure Code	Procedure Name	Prior Auth Required	Coverage Status	Allowable via Telemedicine	Min Age	Max Age	Fee	Fee Effective Date
00820	Anesth Abdominal Wall Surg	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
0082U	Rx Test Def 90+ Rx/Subst Ur		Not Covered					
00830	Anesth Repair Of Hernia	No	Covered	No	1	No Max Age	\$19.10	1/1/2025
00832	Anesth Repair Of Hernia	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
00834	Anesth Hernia Repair < 1 Yr	No	Covered	No	0	00	\$19.10	1/1/2025
00836	Anesth Hernia Repair Premie	No	Covered	No	0	00	\$19.10	1/1/2025
0083U	Onc Rpsse Chemo Cntrst Tomog		Not Covered					
00840	Anesth Surg Lower Abdomen	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
00842	Anesth Amniocentesis	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
00844	Anesth Pelvis Surgery	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
00846	Anesth Hysterectomy	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
00848	Anesth Pelvic Organ Surg	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
0084U	Rbc Dna Gnotyp 10 Bld Groups		Not Covered					
00851	Anesth Tubal Ligation	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
00860	Anesth Surgery Of Abdomen	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
00862	Anesth Kidney/Ureter Surg	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
00864	Anesth Removal Of Bladder	No	Covered	No	0	No Max Age	\$19.10	1/1/2025
00865	Anesth Removal Of Prostate	No	Covered	No	0	No Max Age	\$19.10	1/1/2025

Medicaid Provider Toolkit

Medicaid Portal

Forms & Publications

Communication and Training

Provider Manuals

Provider Enrollment

Prior Authorization

Diagnosis Look-up Tool

Procedure Code Look-up Tool

Provider Fee Schedules

Recipient Eligibility

Recipient Transportation

Tribal Consultation

Care Management

Claims Status and Other Questions

Providers can check the status of claims and inquire about claims payment calculation and other related questions by contacting the Claims Advice Processing unit:

- In-state: 800.452.7691
- Out-of-state: 605.945.5006
- Dental: 877.841.1478

Key Resources

- [Diagnosis Look-up Tool](#)
- [Fee Schedules](#)
- [Prior Authorizations](#)
- [Procedure Code Look-up Tool](#)
- [Provider Manuals](#)
- [Provider Enrollment](#)

Other Information

- [Cost Reports](#)
- [Frequently Asked Questions](#)
- [HomeAgainSD](#)
- [Care Management](#)
- [Home and Community Based Services](#)
- [Join our Listserv](#)
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