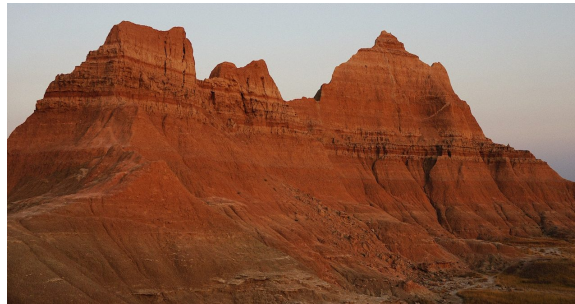


South Dakota



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: Yes
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: EMS, IMLC, NLC, OT, PTC
- Consent Requirements: Yes (RPM Medicaid)

FQHCs

- Originating sites explicitly allowed for Live Video: Yes
- Distant sites explicitly allowed for Live Video: Yes
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: Yes
- Allowed to collect PPS rate for telehealth: Yes

STATE RESOURCES

1. Medicaid Program: South Dakota Medicaid
2. Administrator: South Dakota Dept. of Social Services
3. Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

Private Payer

DEFINITIONS

Last updated 12/21/2023

“Telehealth,” the delivery of health care services through the use of HIPAA-compliant interactive audio-video. The term does not include the delivery of health care services through audio-only telephone, electronic mail message, text message, mail service, facsimile transmission, or any combination thereof.

SOURCE: SD Codified Laws Sec. 58-17-167. (Accessed Dec. 2023).

REQUIREMENTS

Last updated 12/21/2023

Health insurers are prohibited from excluding a service from coverage solely because it was provided through telehealth. Health care services delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided.

SOURCE: SD Codified Laws Ann. § 58-17-168. (Accessed Dec. 2023).

PARITY

Last updated 12/21/2023

SERVICE PARITY

A health insurance policy, contract, or plan providing for third-party payment may not discriminate between coverage benefits for health care services that are provided in person and the same health care services that are delivered through telehealth as long as the services are appropriate to be provided through telehealth. Nothing in §§ 58-17-167 to 58-17-170, inclusive, prohibits a health insurer and a health care professional from entering into a contract for telehealth with terms subject to negotiation.

Health insurers cannot exclude a service for coverage solely because the service is provided through telehealth and not provided through in-person consultation or contact between a health care professional and a patient.

Health insurers are not required to provide coverage for health care services that are not medically necessary.

Health insurers are NOT prohibited from:

- Establishing criteria that a health care professional must meet to demonstrate the safety and efficacy of delivering a particular health care service via telehealth that the health insurer does not already reimburse other health care professionals for delivering via telehealth so long as the criteria are not unduly burdensome or unreasonable for the particular services;
- Requiring a health care professional to agree to certain documentation or billing practices designed to protect the health insurer or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular services;
- Including a deductible, copayment, or coinsurance requirement for a health care service provided via telehealth, if the deductible, copayment, or coinsurance is not in addition to and does not exceed the deductible, copayment, or coinsurance applicable if the same services were provided through in-person contact.

SOURCE: SD Codified Laws Ann. § 58-17-168 & 58-17-169. (Accessed Dec. 2023).

PAYMENT PARITY

No Reference Found

Medicaid

OVERVIEW

Last updated 12/21/2023

South Dakota Medicaid provides reimbursement for live video services under some circumstances, and asynchronous teledentistry. Reimbursement is also available for audio-only behavioral health and Telephonic Evaluation and Management Services with certain conditions. In October 2023, South Dakota Medicaid added reimbursement for remote patient monitoring services for certain conditions and in certain circumstances.

DEFINITIONS

Last updated 12/21/2023

Telemedicine – The use of an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider and a Medicaid recipient across a distance

Telehealth – A method of delivering services, including interactive audio-visual or audio-only technology, in accordance with SDCL chapter 34-52;

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 10 (Jun. 2023), SD Regulations 67:16:44:01, SD Regulations 67:61:01(45), SD Regulations 67:62:01(35), & Community Health Worker, pg. 9 (Dec. 2023) [telemedicine definition only]. (Accessed Dec. 2023).

Office of Adult Services and Aging

“Telehealth services” is a home-based health monitoring system used to collect and transmit an individual’s clinical data for monitoring and interpretation.

SOURCE: SD Regulation 67:40:19:01(21) (Accessed Dec. 2023).

Teledentistry

“Teledentistry”, the delivery of dental care while the patient and the dentist are in different locations via synchronous telecommunication technology or the transmission and review of recorded health information collected by another oral health professional and transmitted via asynchronous communication to create a treatment plan.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 4, (Jun. 2023), (Accessed Dec. 2023).

LIVE VIDEO

Last updated 12/21/2023

POLICY

Services provided via telemedicine are subject to the same service requirements and limitations as in-person services.

These coverage requirements apply for telemedicine services in SD Medicaid:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

- Providers must bill for services at their usual and customary charge. Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate. Reimbursement for distant site telemedicine services is limited to the individual practitioner's professional fees or the encounter rate if the service qualifies as an FQHC/RHC or IHS/Tribal 638 clinic service. The maximum allowable amount for services provided via telemedicine is the same as services provided in-person. Facility related charges for distant site telemedicine providers are not reimbursable.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 3 & 9 (Dec. 2023) (Accessed Dec. 2023).

Services provided via teledentistry must meet the applicable standard of care. When reporting a service completed via teledentistry, providers are certifying the services rendered to the recipient were functionally equivalent to services provided through a face-to-face visit. Services provided via teledentistry must be provided in accordance with the coverage criteria in the adult and children dental provider manuals.

Synchronistic services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter. Services provided via teledentistry should include the following additional documentation in addition to the standard of service documentation:

- If synchronistic, the name of the platform used to complete the visit; and
- Detailed clinical notes of the visit including the name and credentials of individuals involved in the teledentistry visit and their role in the visit.

SOURCE: South Dakota Medicaid Billing and Policy Manual, Teledentistry Services, pg. 3 (Jun. 2023) (Accessed Dec. 2023).

ELIGIBLE SERVICES/SPECIALTIES

Only certain procedure codes may be provided via telemedicine. Refer to the Appendix for a list of procedure codes allowed to be provided via telemedicine.

Services not specifically listed as covered in the procedure code table in the Appendix are considered non-covered. Claims submitted by a non-eligible originating site will be denied. Birth to Three services do not qualify for an originating site reimbursement unless provided at an eligible originating site location. Distant sites located outside of the United States are not covered.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 4, 8, 13-21 (Dec. 2023) (Accessed Dec. 2023).

Applied Behavioral Analysis (ABA) Services – ABA services may be provided via telemedicine. The service must be provided by means of “real-time” interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter. Please refer to the Applied Behavioral Analysis (ABA) Services manual for additional coverage information.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 4 (Dec. 2023). (Accessed Dec. 2023).

Can ABA services be provided via telemedicine? Yes, South Dakota Medicaid allows ABA services to be provided via telemedicine. Refer to the Telemedicine manual for coverage details.

SOURCE: SD Medicaid Billing and Policy Manual: Applied Behavior Analysis, p. 7 (Dec. 2023). (Accessed Dec. 2023).

Audiology Services – Limited fitting and programming audiology services may be provided via telemedicine. The service must be provided by means of “real-time” interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter. The following services may be performed when the patient is in any setting, including the patient’s home:

- Cochlear Implant Follow-Up/Reprogramming (CPT codes 92601-92604);
- Hearing Aid Checks (CPT codes 92592-92593), and
- Auditory Function Evaluation (CPT codes 92620, 92621, 92626, and 92627).

In addition, the following services can be provided via telemedicine when the patient is located in a clinic or other setting with a qualified health professional present:

- Tympanometry (CPT code 92550 and 92567); and
- Evoked Auditory Tests (CPT codes 92585-92588).

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 4 (Dec. 2023). (Accessed Dec. 2023).

Speech language pathologist services can be provided via telemedicine if it meets the requirements in the in the Telemedicine manual.

SOURCE: SD Medicaid Billing and Policy Manual: Birth to Three Non-School District Providers, p. 3, (Sept. 2022), (Accessed Dec. 2023).

Refer to the Telemedicine manual regarding therapy services that may be provided via telemedicine.

Can speech therapy be provided via telemedicine? Yes, speech therapy services may be provided via telemedicine once an initial in-person contact has been completed. An in-person contact must occur every 90 days thereafter. The telemedicine service must be provided by means of “real-time” interactive telecommunications system.

Can therapy services be provided via telemedicine? Yes, refer to the Telemedicine manual regarding therapy services that may be provided via telemedicine.

SOURCE: Therapy Services pg. 4 & 7-8 (Dec. 2023). (Accessed Dec. 2023)

Teledentistry Services – Please refer to the Teledentistry Services manual for information regarding coverage of teledentistry services.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 4 (Dec. 2023). (Accessed Dec. 2023).

Services provided via teledentistry must meet the applicable standard of care. When reporting a service completed via teledentistry, providers are certifying the services rendered to the recipient were functionally equivalent to services provided through a face-to-face visit. Services provided via teledentistry must be provided in accordance with the coverage criteria in the adult and children dental provider manuals.

Synchronistic services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter.

See manual for list of codes.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 2, (Jun. 2023), (Accessed Dec. 2023).

Therapy Services – Physical therapy, occupational therapy, and speech language therapy services may be provided via telemedicine. The service must be provided by means of “real-time” interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter.

Telemedicine service for electric stimulation attended, code 97032, is limited to one unit. Providers must document any treatment modifications used to support delivering services via telemedicine. Please refer to the Therapy Services manual for additional coverage information.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 4 (Dec. 2023). (Accessed Dec. 2023).

School District Services – School district providers may provide physical and occupational therapy via telemedicine using CPT code 97799 for physical therapy and

CPT code 97139 for occupational therapy. Speech-language pathology services continue to be allowed when provided via telemedicine and should be billed using CPT code 92507. The service must be provided by means of “real-time” interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter.

Psychology services may also be provided via telemedicine or real time, two-way audio-only using CPT code 90899. Audio-only services must be provided in accordance with the IMHP coverage criteria stated in this manual. Please refer to the School District Services manual for additional coverage information.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 7-8 (Dec. 2023). (Accessed Dec. 2023).

Refer to the Telemedicine manual regarding speech language pathology, occupational therapy, physical therapy, and psychology services that may be provided via telemedicine.

SOURCE: SD Medicaid and Policy Manual: School Districts, pg. 5, (Nov. 2023), (Accessed Dec. 2023).

CHW Services must be related to an intervention outlined in the individual’s CHW Service Plan. Service may be provided face-to-face, via telemedicine, or via two-way audio-only when the recipient does not have access to audio/visual telemedicine technology. The limitation necessitating audio-only services must be documented in the recipient’s record. Up to five (5) units of individual services may be performed in a clinic setting in a plan year to allow for the initial establishment of CHW/recipient relationship after which services are only allowed to be provided in a home or community setting. A CHW may attend medical appointments with a recipient. Group services may take place in a meeting room of a medical setting. The CHW Service Plan must be finalized prior to CHW services being rendered. Covered services include:

Covered services include:

- Health system navigation and resource coordination including helping a recipient find Medicaid providers to receive a covered service, helping a recipient make an appointment for a Medicaid covered service, arranging transportation to a medical appointment, attending an appointment with the recipient for a covered medical service, helping a recipient find other relevant community resources and programs such as support groups, food pantries, or utilities assistance programs, and implementing a component of the CHW Service Plan addressing a Social Determinant of Health (SDoH). In order to attend an appointment with a recipient the CHW must have written consent from the recipient

- Health promotion and coaching including providing information or education to recipients that makes positive contributions to their health status such as cessation of tobacco use, reduction in the misuse of alcohol or drugs, improvement in nutrition, improvement of physical fitness, family planning, control of stress, pregnancy and infant care including prevention of fetal alcohol syndrome.
- Health education to teach or promote methods and measures that have been proven effective in avoiding illness and/or lessening its effects such as immunizations, control of high blood pressure, control of sexually transmittable disease, prevention and control of diabetes, control of toxic agents, occupational safety and health, and accident prevention. The content of the education must be consistent with established or recognized healthcare standards.

Services may be provided to the parent or legal guardian of a recipient 18 or younger if the service is for the direct benefit of the recipient, in accordance with the recipient's needs and CHW Service Plan objectives, and for the purpose of addressing the diagnosis identified in the CHW Service Plan

SOURCE: SD Medicaid Billing and Policy Manual: Community Health Worker, pg. 4, (Dec. 2023). (Accessed Dec. 2023).

May psychotherapy be provided via telehealth? Does telehealth meet the definition of face-to-face? Yes, telehealth services are considered face-to-face. Psychotherapy is allowed to be provided via telehealth. Please review the telehealth chapter for more information about telehealth requirements.

Non-covered service

- Mental health treatment provided without the recipient physically present in a face-to-face or telehealth session with the mental health provider except for telehealth treatment and collateral contacts.
- Mental health services provided after the third face-to-face or telehealth session with the recipient if a treatment plan has not been completed.

A provider may not submit a claim for mental health services provided after the third face-to-face or telehealth session with a recipient and before the effective date of the treatment plan.

SOURCE: SD Medicaid Billing and Policy Manual: Independent Mental Health Practitioners (Dec. 2023), (Accessed Dec. 2023).

An encounter for the initial ordering of durable medical equipment may occur through telehealth.

SOURCE: SD Medicaid Billing and Policy Manual: Durable Medical Equipment, Prosthetics, Orthotics and Supplies, pg. 2. Sept, 2023. (Accessed Dec. 2023).

A face-to-face encounter for physician recertification for hospice may occur via telemedicine.

SOURCE: SD Medicaid Billing and Policy Manual: Hospice, p. 2 (Jun. 2023), (Accessed Dec. 2023).

Telemedicine consultations are covered as outpatient hospital services.

SOURCE: SD Medicaid Billing and Policy Manual: Outpatient Hospital Services, p. 2 (Dec. 2023), (Accessed Dec. 2023).

Home Health

For the initial order for home health services, a physician or other licensed practitioner must document a face-to-face encounter related to the primary reason the beneficiary requires the services. The encounter may occur through telemedicine. The encounter must occur within the 90 days before or 30 days after the start of the services.

SOURCE: SD Medicaid Billing and Policy Manual: Home Health Agency Services, p. 2 (Nov. 2023). (Accessed Dec. 2023).

Physician Administered Drugs – Pediatric Vaccination Counseling

A total of six counseling sessions (three for each code) per recipient, per calendar, year are reimbursable. Counseling may be provided via telemedicine. Counseling may also be provided via audio only if the visit was initiated by the recipient and the recipient does not have access to face-to-face audio/visual telemedicine technology. Telemedicine and audio only services must be billed in accordance with the Telemedicine Services billing manual.

SOURCE: SD Medicaid Billing and Policy Manual: Physician Administered Drugs, p. 5 (Dec. 2023). (Accessed Dec. 2023).

Diabetes Self-Management Training

Refer to the Telemedicine manual for guidance regarding providing services via telemedicine.

SOURCE: SD Medicaid Billing and Policy Manual: Diabetes Self-Management Training, pg. 2, (Dec. 2023), (Accessed Dec. 2023).

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements.

The following providers can provide services via telemedicine at a distant site:

- Audiologists
- Certified Social Worker – PIP
- Certified Social Worker – PIP Candidate
- Clinical Nurse Specialists
- Community Health Worker (CHW)
- Community Mental Health Centers
- Dentists
- Diabetes Education Program
- Dietitians
- Federally Qualified Health Center (FQHC)
- Indian Health Services (IHS) Clinics
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor – MH
- Licensed Professional Counselor – working toward MH designation
- Nurse Practitioners
- Nutritionists
- Occupational Therapists
- Physical Therapists
- Physicians
- Physician Assistants
- Podiatrists
- Psychologist
- Rural Health Clinic (RHC)

- Speech Language Pathologists
- Substance Use Disorder Agencies
- Tribal 638 facilities

Distant site locations must be in the United States. Services should be provided at a location consistent with any applicable laws or regulations regarding where services may be provided. The distant site and the originating site cannot be the same clinic/facility location. Unless prohibited by law or regulation the distant site location may be a provider's home. South Dakota Medicaid does not require the distant site location be listed on their provider enrollment record. All services provided via telemedicine at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 1 – 4 (Dec. 2023). (Accessed Dec. 2023).

Can speech therapy be provided via telemedicine? Yes, speech therapy services may be provided via telemedicine once an initial in-person contact has been completed. An in-person contact must occur every 90 days thereafter. The telemedicine service must be provided by means of “real-time” interactive telecommunications system.

SOURCE: SD Medicaid Billing and Policy Manual: Therapy Services, pg. 8, (Dec. 2023), (Accessed Dec. 2023).

Indian Health Services and Tribal 638 Providers

IHS clinics are eligible to serve as an originating site for telemedicine services. IHS/Tribal 638s may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided. A distant site is the physical location of the practitioner providing the service via telemedicine. In order to bill an encounter, the practitioner or recipient should be located at the IHS/Tribal 638 clinic. Please refer to the Telemedicine Manual for additional information.

IHS is eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services.

- An originating site is the physical location of the Medicaid recipient at the time the service is provided.
- A distant site is the physical location of the practitioner providing the service via telemedicine.

Please refer to the Telemedicine manual for additional information.

Any services rendered by a contracted provider are reimbursed through their contract with IHS and may not be billed directly to Medicaid.

“Encounter,” a face-to-face or telemedicine contact between a health care professional and a Medicaid recipient for the provision of Medicaid or CHIP services through an IHS or Tribal 638 facility within a 24-hour period ending at midnight.

SOURCE: SD Medicaid Billing and Policy Manual: IHS and Tribal 638 Providers, p. 5 & 12-13 & 14, (Dec. 2023), (Accessed Dec. 2023).

FQHC/RHCs are eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided. A distant site is the physical location of the practitioner providing the service via telemedicine. Please refer to the Telemedicine manual for additional information.

SOURCE: SD Medicaid Billing and Policy Manual: FQHC and RHC Services, pg. 7, (Dec. 2023) (Accessed Dec. 2023).

ELIGIBLE SITES

South Dakota Medicaid covers telemedicine services even if the recipient and the provider are located in the same community. The decision of whether it is appropriate to deliver the service via telemedicine should be determined by the provider and the recipient.

Originating sites listed in the eligible provider section are eligible to receive a facility fee for each completed telemedicine transaction for a covered distant site telemedicine service. Sites not listed may also serve as an originating site but are not eligible for a facility fee reimbursement. Originating sites are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the telemedicine service.

Originating sites must be an enrolled provider to be reimbursed by South Dakota Medicaid. The following providers are eligible to be reimbursed a facility fee for serving as an originating site:

- Office of a physician or practitioner;
- Outpatient Hospital;

- Critical Access Hospital;
- Rural Health Clinic (RHC);
- Federally Qualified Health Center (FQHC);
- Indian Health Service Clinic;
- Community Mental Health Center (CMHC);
- Substance Use Disorder Agency;
- Nursing Facilities; and
- Schools

For distant site services billed on a CMS 1500 or 837P providers must bill;

- “02” for telemedicine services provided other than in patient’s home;
- “10” for telemedicine services provided in the patient’s home; or
- “77” for audio-only services.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Dec. 2023). (Accessed Dec. 2023).

FQHC/RHCs are eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided.

Reimbursement for the telemedicine facility fee is limited to the amount listed on the Physician Services fee schedule.

A claim for a telemedicine originating site fee should be billed under the FQHC/RHC’s NPI. As indicated above, payment is limited to the fee schedule amount.

SOURCE: SD Medicaid Billing and Policy Manual: FQHC and RHC Services, pg. 7, 8, 10, (Dec. 2023) (Accessed Dec. 2023).

Indian Health Services and Tribal 638 Providers

IHS clinics are eligible to serve as an originating site for telemedicine services. IHS/Tribal 638s may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided.

IHS is eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services.

- An originating site is the physical location of the Medicaid recipient at the time the service is provided.

- A distant site is the physical location of the practitioner providing the service via telemedicine.

Please refer to the Telemedicine manual for additional information.

Any services rendered by a contracted provider are reimbursed through their contract with IHS and may not be billed directly to Medicaid.

If IHS is an originating site for a telemedicine service, the originating site fee should be billed on the applicable claim form for the service. For services billed on a CMS 1500 or 837P, IHS should bill for the originating site fee using HCPCS code Q3014. For claims billed on a UB-04 or 837I, the following information should be entered in the applicable locator or its equivalent on an electronic claim:

- Locator 42 – Rev Code 780
- Locator 43 – Telemedicine
- Locator 44 – Q3014

SOURCE: SD Medicaid Billing and Policy Manual: IHS and Tribal 638 Providers, p. 5, 13 (Dec. 2023), (Accessed Dec. 2023).

GEOGRAPHIC LIMITS

South Dakota Medicaid covers telemedicine services even if the recipient and the provider are located in the same community. The decision of whether it is appropriate to deliver the service via telemedicine should be determined by the provider and the recipient.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 3 (Dec. 2023), (Accessed Dec. 2023).

FACILITY/TRANSMISSION FEE

Originating sites must be an enrolled provider to be reimbursed by South Dakota Medicaid. The following providers are eligible to be reimbursed a facility fee for serving as an originating site:

- Office of a physician or practitioner;
- Outpatient Hospital;

- Critical Access Hospital;
- Rural Health Clinic (RHC);
- Federally Qualified Health Center (FQHC);
- Indian Health Service Clinic;
- Community Mental Health Center (CMHC);
- Substance Use Disorder Agency;
- Nursing Facilities; and
- Schools

Originating sites listed in the eligible provider section are eligible to receive a facility fee for each completed telemedicine transaction for a covered distant site telemedicine service. Sites not listed may also serve as an originating site but are not eligible for a facility fee reimbursement. Originating sites are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the telemedicine service. The originating site fee is not reimbursable for audio-only services and should not be billed for these services. An originating site fee also is not reimbursable if the service could be provided onsite at the originating site, but the service is being provided via telemedicine solely due to patient preference to see a provider that is not located at the originating site.

During the public health emergency, South Dakota Medicaid followed Medicare's billing guidance allowing providers to bill the originating site fee if a hospital received approval to make a recipient's home a "hospital location" known to and approved by Medicare. Effective May 11, 2023, providers will no longer be allowed make a recipient's home a "hospital location" for the purpose of billing an originating site fee.

The maximum rate for originating site facility fee is listed on the physician fee schedule under procedure code Q3014. The facility fee is reimbursed on a fee for service basis for eligible encounter based providers. There is no additional reimbursement for equipment, technicians, technology, or personnel utilized in the performance of telemedicine services. The originating site fee is not reimbursable for audio-only services and should not be billed for these services.

An originating site eligible for reimbursement must bill for the service using the HCPCS code Q3014 for CMS 1500 Claims or Revenue code 780 for UB-04 Claims. For group services with multiple recipients in the same originating site location, only one originating site fee is billable per physical location of the recipients. For Division of Behavioral Health block grant contract providers, the originating site fee should only be

billed to Medicaid if the group includes both Medicaid recipients and individuals ineligible for Medicaid.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Dec. 2023). (Accessed Dec. 2023).

Skilled Nursing Facility and Nursing Facility Services

The telemedicine originating site fee is reimbursed at the lesser of the provider's usual and customary charge and the fee for HCPCS code Q3014 listed on the Physician Services Fee Schedule. The telemedicine originating site fee must be billed using revenue code 780. Refer to the Telemedicine manual for additional information regarding the telemedicine originating site fee.

SOURCE:SD Medicaid Billing and Policy Manual: Skilled Nursing Facility and Nursing Facility Services, p. 10-11, (Dec. 2023), (Accessed Dec. 2023).

Teledentistry

“Originating site”, physical location of the Medicaid recipient at the time the synchronous teledentistry service is provided.

An originating site is the physical location of the patient at the time a synchronous (live, two-way interaction between a patient and a provider using audiovisual telecommunications technology) teledentistry service is provided. A distant site is the physical location of the practitioner providing the service via synchronous teledentistry.

Enrolled dental providers, such as a dental office, FQHC/RHC, or IHS facility, are eligible to receive an originating site facility fee for acting as an originating site if the service being provided from the distant site is a covered teledentistry service. Other sites not listed may also serve as an originating site but are not eligible for an originating site facility fee reimbursement. Asynchronous services are not eligible for an originating site fee.

The maximum rate for originating site facility fee is listed on the physician fee schedule under procedure code Q3014. The facility fee is reimbursed on a fee for service basis for eligible encounter-based providers. There is no additional reimbursement for equipment, technicians, technology, or personnel utilized during services provided via teledentistry.

The originating site must submit a CMS 1500 or 837P claim to South Dakota Medicaid. For more information on originating sites please refer to the Telemedicine manual. Originating site are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the teledentistry

service. For more information on originating sites please refer to the Telemedicine manual.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 4-6, (Jun. 2023), (Accessed Dec. 2023).

FQHC/RHC

Reimbursement for the telemedicine facility fee is limited to the amount listed on the Physician Services fee schedule.

A claim for a telemedicine originating site fee should be billed under the FQHC/RHC's NPI. As indicated above, payment is limited to the fee schedule amount.

SOURCE: SD Medicaid Billing and Policy Manual: FQHC and RHC Services, p. 8 & 10 (Dec. 2023). (Accessed Dec. 2023).

STORE-AND-FORWARD

Last updated 12/21/2023

POLICY

Services provided via teledentistry must meet the applicable standard of care. When reporting a service completed via teledentistry, providers are certifying the services rendered to the recipient were functionally equivalent to services provided through a face-to-face visit. Services provided via teledentistry must be provided in accordance with the coverage criteria in the adult and children dental provider manuals.

Synchronistic services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter.

“Asynchronous (store and forward)”, transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a dentist, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

“Teledentistry”, the delivery of dental care while the patient and the dentist are in different locations via synchronous telecommunication technology or the transmission and review of recorded health information collected by another oral health professional and transmitted via asynchronous communication to create a treatment plan.

SOURCE: South Dakota Medicaid Billing and Policy Manual, Teledentistry Services, pg. 4. (Jun. 2023), (Accessed Dec. 2023).

ELIGIBLE SERVICES/SPECIALTIES

Services provided via teledentistry must meet the applicable standard of care. When reporting a service completed via teledentistry, providers are certifying the services rendered to the recipient were functionally equivalent to services provided through a face-to-face visit. Services provided via teledentistry must be provided in accordance with the coverage criteria in the adult and children dental provider manuals.

Synchronistic services must be of sufficient audio and visual fidelity and clarity to be functionally equivalent to a face-to-face encounter.

The following coverage limitations apply:

- Reimbursement is limited to only one reading or interpretation of diagnostic tests such as x-rays, lab tests and diagnostic assessment.
- Transmission of materials is not separately reimbursable.
- Only D0140, limited oral exam, is covered for providers that primarily or only see South Dakota Medicaid recipients via teledentistry.

CDT codes not included in this list may not be provided via teledentistry.

Reimbursement for services provided via teledentistry is the same as reimbursement for services provided at a face-to-face visit. When services are provided via teledentistry, CDT D9995 or D9996 must be reported with the CDT codes for the services provided on the date of service.

In addition to the applicable CDT code(s), a claim for services provided via teledentistry must include one of the following codes:

- D9995 – Teledentistry, synchronistic; real-time encounter; and
- D9996 – Teledentistry, asynchronistic; information stored and forwarded to dentist for subsequent review.

D9995 and D9996 should never be reported alone on a claim form. Services that are not covered when provided via teledentistry must not be reported on the same claim as D9995 or D9996.

See manual for a list of covered services.

SOURCE: South Dakota Medicaid Billing and Policy Manual, Teledentistry Services, pg. 2-4 (Jun. 2023) (Accessed Dec. 2023).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 12/21/2023

POLICY

Effective October 1, 2023, South Dakota Medicaid added permanent coverage of remote patient monitoring of physiologic functions when medically necessary for recipients with acute or chronic conditions when ordered and billed by providers who are eligible to bill Medicaid for E/M services.

See table on page 6-7 for eligible codes.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, pgs. 5 (Dec. 2023) (Accessed Dec. 2023).

The Office of Adult Services and Aging defines “telehealth services” as a home-based health monitoring system used to collect and transmit an individual’s clinical data for monitoring and interpretation.

SOURCE: SD Regulation 67:40:19:01(21) (Accessed Aug. 2022).

For the initial order for home health services, a physician or other licensed practitioner must document a face-to-face encounter related to the primary reason the beneficiary requires the services. The encounter may occur through telemedicine. The encounter must occur within the 90 days before or 30 days after the start of the services.

SOURCE: SD Medicaid Billing and Policy Manual: Home Health Services, p. 2 (Jun. 2023). (Accessed Aug. 2023).

SD Medicaid does not cover remote monitoring (CPT codes 99091, 99453, 99454, and 99457).

SOURCE: SD Medicaid Billing and Policy Manual: Physician Services, p. 11 (Aug. 2023), (Accessed Aug. 2023).

CONDITIONS

The recipient must be diagnosed with at least one of the following conditions:

- Asthma
- Congestive Heart Failure
- Cardiac monitoring
- Hypertension or Hypotension
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Gestational Diabetes
- COVID-19 post infection monitoring

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, pgs. 5 (Dec. 2023) (Accessed Dec. 2023).

PROVIDER LIMITATIONS

Only a physician, physician assistant, nurse practitioner, or certified nurse midwife are allowed to order RPM and bill for the services.

FQHC/RHC

FQHC/RHC providers may bill for these services on a fee for service basis using their non-PPS NPI if the service is ordered by one of the allowable practitioner types.

IHS and Tribal 638

IHS and Tribal 638 facilities can bill the encounter rate for remote patient monitoring CPT codes 99091, 99457, and 99458 as long as these services meet the definition of an encounter and are in accordance with the “Four Walls” requirement under 42 CFR 440.90 as provided in the IHS and Tribal 638 Facilities manual.

School District Services

School district providers may provide physical and occupational therapy via telemedicine using CPT code 97799 for physical therapy and CPT code 97139 for

occupational therapy. Speech-language pathology services continue to be allowed when provided via telemedicine and should be billed using CPT code 92507. The service must be provided by means of “real-time” interactive telecommunications system and the provider must have a face-to-face visit within the first 30 days and every 90 days thereafter.

Psychology services may also be provided via telemedicine or real time, two-way audio-only using CPT code 90899. Audio-only services must be provided in accordance with the IMHP coverage criteria stated in this manual.

Please refer to the School District Services manual for additional coverage information.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, pgs. 5 (Dec. 2023) (Accessed Dec. 2023).

OTHER RESTRICTIONS

The recipient must be cognitively capable of operating the remote monitoring equipment or must be assisted by a caregiver capable of operating the equipment.

The recipient’s condition must be unmanaged or require frequent and on-going monitoring during a period where:

- The recipient is newly diagnosed with the condition in the last 6 months and is learning to manage the condition;
- The recipient has a chronic condition that has become difficult to manage in the last 6 months; or
- The recipient has had 2 or more episodes that required either emergency department care, hospitalization, or emergency intervention in the last 6 months.

The medical device supplied to a patient as part of RPM services must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act, that the device must be reliable and valid, and that the data must be electronically (i.e., automatically) collected and transmitted rather than self-reported.

RPM is only allowed for established patients who are under the active care of a provider.

The provider must document the medical necessity of the service.

The provider must obtain consent from the recipient to furnish RPM services.

The physician must prescribe a care plan that denotes the need for remote monitoring and the impact on treatment and management of the patient. The care plan must also address actions taken by the provider and/or care team to improve or address the patient's ability to self-manage the condition including patient education.

Prior Authorization

The out-of-state prior authorization requirement does not apply if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State. If the service otherwise requires a prior authorization, the provider is still required to obtain prior authorization prior to providing the service.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, pgs. 5 (Dec. 2023) (Accessed Dec. 2023).

EMAIL, PHONE & FAX

Last updated 12/21/2023

Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

For distant site services billed on a CMS 1500 or 837P providers must bill;

- "02" for telemedicine services provided other than in patient's home;
- "10" for telemedicine services provided in the patient's home; or
- "77" for audio-only services.

Telemedicine Modifiers – Telemedicine provided at a distant site must be billed with the GT modifier in the first modifier position to indicate the service was provided via telemedicine/audio-only. Failure to comply with this requirement may lead to payment recoupment or other action as decided by South Dakota Medicaid.

Audio-Only Modifier

- CMHC and SUD Agencies: Bill modifier GT in addition to the POS code 77.
- All other providers allowed to bill audio only services: Bill modifier 93 in addition to the POS code 77.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Dec. 2023) (Accessed Dec. 2023).

Audio-Only Behavioral Health Services

South Dakota Medicaid covers real time, two-way audio-only behavioral health services delivered by a Substance Use Disorder (SUD) Agency or a Community Mental Health Center (CMHC) when the recipient does not have access to face-to-face audio/visual telemedicine technology.

South Dakota Medicaid covers real-time, two-way audio-only behavioral health services delivered by an Independent Mental Health Practitioner (IMHP) when the recipient does not have access to face-to-face audio/visual telemedicine technology.

SUD agencies and CMHCs, and IMHPs must utilize traditional audio/visual telemedicine technology when possible. Audio-only services are not covered when used for the convenience of the provider or recipient. The provider must document in the medical record that the use real time video/audio technology was not possible or was unsuccessful.

Covered Services – CMHCs may provide all covered services via audio-only technology when coverage requirements are met. SUD agencies may only provide covered SUD agency services listed in the Audio-Only Procedure Code table in the Appendix via audio-only technology when the coverage requirements are met. Contact the Division of Behavioral Health for questions regarding unlisted codes.

For the purpose of this manual, an IMHP includes mental health providers who meet the requirements in ARSD 67:16:41:03 and physicians that provide behavioral health services. IMHPs may provide applicable services listed in the Audio-Only Procedure Code table in the Appendix via audio-only technology when the coverage requirements are met. Services not listed in the table are not allowed to be provided via telemedicine or audio-only technology. An IMHP cannot bill the following CPT codes: 98966, 98967, and 98968.

FQHCs/RHCs and IHS/Tribal 638 Providers – SUD agency services may also be provided via audio-only if the provider is an accredited and enrolled agency. Audio-only behavioral health services are reimbursed at the encounter rate.

Non-covered Services – Services other than those specifically stated as covered when provided via an audio-only modality are considered non-covered if provided via an audio-only modality and must not be billed to South Dakota Medicaid.

Claim Instructions – Audio-only services will need the GT modifier and place of service 77. Any additional modifiers must be coded alphabetically as shown on the CMHC and SUD fee schedules.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 8-9 (Dec. 2023) (Accessed Dec. 2023).

Telephonic Evaluation and Management Services

Audio-only evaluation and management services are covered for established patients if the recipient does not have access to face-to-face audio/visual telemedicine technology. The provider must document in the medical record that the use real time video/audio technology was not possible or was unsuccessful.

The service must be initiated by the patient. The service should include patient history and/or assessment, and some degree of decision making. Telephonic evaluation and management services are only allowed to be provided by a physician, podiatrist, nurse practitioner, physician assistant, or optometrist. The service must be 5 minutes or longer. Services may be provided via telephone or via another device or service that allows real-time audio communication.

Audio-only evaluation and management services are not to be billed if clinical decision-making dictates a need to see the patient for an office visit, including a telemedicine office visit, within 24 hours or at the next available appointment time. In those circumstances, the telephone service is considered a part of the subsequent office visit. If the telephone call follows a billable office visit performed in the past seven calendar days for the same or a related diagnosis, then the telephone services are considered part of the previous office visit and are not separately billable. Telephone services provided by an RN or LPN are not billable.

Claim Instructions – Services must be billed using CPT codes 98966, 98967, and 98968. Providers should select the appropriate code based on the time associated with the service. Do not bill for these services using CPT codes 99441, 99442, or 99443 even if you believe the code description is more applicable. Billing with 99441, 99442, or 99443 will result in your claim being denied.

Reimbursement – Payment for services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's Physician Services fee schedule. FQHC/RHC and IHS/Tribal 638 providers may bill for audio-only evaluation and management services using codes 98966, 98967, and 98968 and be reimbursed at the fee schedule rate. These services must be submitted using the FQHC/RHCs non-PPS billing NPI. For more information regarding billing with a non-PPS NPI please refer to the FQHC/RHC Service Manual.

Billing a Recipient – There is no cost share for this service. Please refer to our Billing a Recipient Manual for additional requirements a provider must meet to bill a recipient.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 9-10 (Dec. 2023), (Accessed Dec. 2023).

Crisis assessment and intervention services are covered which includes an immediate therapeutic response available 24 hours a day 7 days a week that involves direct telephone or face-to-face contact with a recipient exhibiting acute psychiatric symptoms and/or inappropriate behavior that left untreated, presents an immediate threat to the recipient or others.

SOURCE: SD Medicaid Billing and Policy Manual: Community Mental Health Center Services, p. 5 (Dec. 2023), (Accessed Dec. 2023).

Collateral Contacts are telephone, telemedicine or face-to-face contact with an individual other than the recipient receiving treatment in an outpatient setting. The contact may be with a spouse, family member, guardian, friend, teacher, healthcare professional, or other individual who is knowledgeable of the recipient receiving treatment. Collateral must be for the direct benefit of the beneficiary.

SOURCE: SD Medicaid Billing and Policy Manual: Community Mental Health Center Services, p. 8 (Dec. 2023) & Substance Use Disorder Agency Services, p. 8 (Dec. 2023) (Accessed Dec. 2023).

SD Medicaid does not cover: Anticoagulant management (CPT codes 93792 and 93793), physician telephone patient services (CPT codes 99441-99443), online medical evaluation (CPT code 99444), interprofessional telephone/internet/electronic health record consultations (CPT codes 99446-99449 and 99451-99452), remote monitoring (CPT codes 99091, 99453, 99454, and 99457), disability evaluation services (CPT codes 99450, 99455, 99456), cognitive assessment and care plan services (CPT code 99483), care management services (CPT codes 99487-99496), and behavioral health integration care management (CPT code 99484)

SOURCE: SD Medicaid Billing and Policy Manual: Physician Services, p. 11 (Dec. 2023), (Accessed Dec. 2023).

Teledentistry

Synchronous teledentistry services may not be provided via email, audio-only, or facsimile transmissions.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 4, (Jun. 2023), (Accessed Dec. 2023).

CONSENT REQUIREMENTS

Last updated 12/21/2023

Remote Patient Monitoring

The provider must obtain consent from the recipient to furnish RPM services.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 5 (Dec. 2023), (Accessed Dec. 2023).

OUT OF STATE PROVIDERS

Last updated 12/21/2023

The out-of-state prior authorization requirement does not apply if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State. If the service otherwise requires a prior authorization, the provider is still required to obtain prior authorization prior to providing the service.

An originating site is located in South Dakota, but the distant site is an enrolled provider located out-of-state, does the distant site provider need an out of state prior authorization? No, the distant site provide does not need an out-of-state prior authorization for services delivered via telemedicine. If the service otherwise requires a prior authorization, the provider is still required to obtain prior authorization prior to providing the service.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 8 & 13 (Dec. 2023) & Out-of-State Providers [first paragraph], June 2023, p. 5, (Accessed Dec. 2023).

Indian Health Service (IHS) Servicing Providers Licensure and Referrals

Per 42 CFR 431.110, servicing providers who practice at an Indian Health Service (IHS) facility may do so with a South Dakota license or an equivalent license from another state as long as the individual otherwise meets South Dakota Medicaid's provider eligibility requirements.

Referrals made to non-IHS providers by IHS physicians and other licensed practitioners who are solely licensed out-of-state are considered valid referrals under federal regulation. Non-IHS providers should accept referrals by IHS providers on the same basis as they accept referrals from non-IHS providers.

Certain exceptions apply for Indian Health Service providers. See Medicaid Out of State section for details.

SOURCE: SD Department of Social Services, Indian Health Service (IHS) Servicing Providers Licensure and Referrals, May 25, 2022, (Accessed Dec. 2023).

MISCELLANEOUS

Last updated 12/21/2023

HIPAA Compliant Platform – South Dakota Medicaid requires telemedicine services are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations as enforced by The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS).

Prior Authorization – The out-of-state prior authorization requirement does not apply if the recipient is located in South Dakota at the time of the service and the provider is located outside of the State. If the service otherwise requires a prior authorization, the provider is still required to obtain prior authorization prior to providing the service.

See list of recipients in manual that are eligible for medically necessary services covered in accordance with the limitations of the telemedicine chapter.

See manual for documentation requirements.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, (Dec. 2023). (Accessed Dec. 2023).

Teledentistry

See manual for documentation, reimbursement and claim requirements.

SOURCE: SD Medicaid Billing and Policy Manual, Teledentistry Services, p. 3-4, (Jun. 2023) (Accessed Dec. 2023).

Professional Requirements

DEFINITIONS

Last updated 12/21/2023

“Telehealth,” the use of secure electronic information, imaging, and communication technologies by a health care professional to deliver health care services to a patient, including interactive audio-video, interactive audio with store and forward, store-and-forward technology, and remote patient monitoring. Telehealth does not include the

delivery of health care services through electronic means under the provisions of chapter 27A-10.

SOURCE: SD Codified Laws Sec. 34-52-1 (Accessed Dec. 2023).

“Telehealth services” is a home-based health monitoring system used to collect and transmit an individual’s clinical data for monitoring and interpretation.

SOURCE: SD Regulation 67:40:19:01(21) (Accessed Dec. 2023).

Mental Health Procedures in Criminal Justice

“Telehealth,” a mode of delivering healthcare services that utilizes information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers.

SOURCE: SD Codified Laws Ann. § 23A-50-1 (Accessed Dec. 2023).

CONSENT REQUIREMENTS

Last updated 12/21/2023

A health care professional using telehealth shall follow any applicable state or federal statute or rule for informed consent.

SOURCE: SD Codified Laws Sec. 34-52-7. (Accessed Dec. 2023).

ONLINE PRESCRIBING

Last updated 12/21/2023

Any health care professional who utilizes telehealth shall ensure that a proper health provider-patient relationship is established and includes:

- Verifying and authenticating the location and, to the extent reasonable, identifying the requesting patient;
- Disclosing and validating the health care professional’s identity and applicable credentials, as appropriate;
- Obtaining appropriate consent for treatment from a requesting patient after disclosure regarding the delivery models and treatment methods or limitations;
- Establishing a diagnosis through the use of acceptable medical practices, including patient history, mental status examination, physical examination, and appropriate diagnostic and laboratory testing;

- Discussing with the patient the diagnosis and its evidentiary basis and the risks and benefits of various treatment options;
- Ensuring appropriate follow-up care for the patient;
- Providing a visit summary to the patient or consult note; and
- Utilizing technology sufficient to evaluate or diagnose and appropriately treat a patient for the condition as presented in accordance with the applicable standard of care.

Exceptions to the requirements of this section include on-call, cross coverage situations, and consultation with another health care professional who has an ongoing health care provider relationship with the patient and agrees to supervise the patient's care and emergency treatment.

SOURCE: SD Codified Laws Sec. 34-52-3 (Accessed Dec. 2023).

A health care professional using telehealth to provide medical care to any patient located in the state shall provide an appropriate face-to-face examination using real-time audio and visual technology prior to diagnosis and treatment of the patient, if a face-to-face encounter would otherwise be required in the provision of the same service not delivered via telehealth.

SOURCE: SD Codified Laws Sec. 34-52-5. (Accessed Dec. 2023).

Without a proper provider-patient relationship, a health care professional using telehealth may not prescribe a controlled drug or substance, as defined by § 34-20B-3, solely in response to an internet questionnaire or consult, including any encounter via telephone.

SOURCE: SD Codified Laws Sec. 34-52-6. (Accessed Dec. 2023).

Recently Passed Legislation

Mifepristone and Misoprostol must be prescribed and dispensed by a licensed physician in a licensed abortion facility consistent with chapter 34-23A and in compliance with the applicable requirements in chapter 36-4.

SOURCE: SD Codified Laws Sec. 36-4-47. (Accessed Dec. 2023).

CROSS-STATE LICENSING

Last updated 12/21/2023

An applicant who holds a valid medical license issued by another state can be licensed through reciprocity in South Dakota if:

- The applicant completed a residency program in the US or Canada;
- Has passed one of the listed licensure examinations. (Please see rule for list);
- Is in good standing with their state's professional board; and
- Has completed a state and federal criminal background investigation.

SOURCE: SD Regulation 20:78:03:12. (Accessed Dec. 2023).

Any health care professional treating a patient in the state through telehealth shall be fully licensed to practice in the state or employed by a licensed health care facility, an accredited prevention or treatment facility, a community support provider, a nonprofit mental health center, or a licensed child welfare agency and subject to any rule adopted by the applicable South Dakota licensing body.

SOURCE: SD Codified Laws Sec. 34-52-2. (Accessed Dec. 2023).

LICENSURE COMPACTS

Last updated 12/21/2023

Member of Physical Therapy Compact.

SOURCE: PT Compact. (Accessed Dec. 2023).

Member of Interstate Medical Licensure Compact.

SOURCE: Interstate Medical Licensure Compact. (Accessed Dec. 2023).

Member of Nurse Licensure Compact.

SOURCE: Nurse Licensure Compact. (Accessed Dec. 2023).

Member of the EMS Compact.

SOURCE: EMS Compact Map. (Accessed Dec. 2023).

Member of Occupational Therapy Compact

SOURCE: Occupational Therapy Licensure Compact, Compact Map, (Accessed Dec. 2023).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 12/21/2023

Any person who is licensed pursuant to this chapter may provide speech-language pathology services via telehealth. Services delivered via telehealth must be equivalent to the quality of services delivered face-to-face.

For the purposes of this section, the term, telehealth, has the meaning provided in § 34-52-1.

SOURCE: SD Codified Laws Sec. 36-37-7, (Accessed Dec. 2023).

MISCELLANEOUS

Last updated 12/21/2023

A health care professional or the originating site treating a patient through telehealth shall:

- Maintain a complete record of the patient's care;
- Disclose the record to the patient consistent with state and federal laws; and
- Follow applicable state and federal statutes and regulations for medical record retention and confidentiality.

SOURCE: SD Codified Laws Sec. 34-52-8. (Accessed Dec. 2023).

Office of Adult Service and Aging

In-home services, which is defined as including “telehealth services”, may be provided to an individual who demonstrates a need for long-term supports and services through an assessment and the following criteria:

- The individual is residing at home;
- The individual is age 60 or older or is age 18 or older with a disability; and
- The individual is not eligible for other programs which provide the same type of service.

SOURCE: SD Regulation 67:40:19:04. (Accessed Dec. 2023).

Mental Health

Reimbursable services are limited to face-to-face and telehealth contacts for the purpose of providing comprehensive mental health treatment pursuant to § 67:62:10:02. (Outpatient)

SOURCE: SD Regulation 67:62:10:03. (Accessed Dec. 2023).

Substance Use Disorder

Telehealth interaction included in the definition for “family counseling,” “group counseling,” and “individual counseling.”

SOURCE: SD Regulation 67:61:01:01. (Accessed Dec. 2023).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 12/21/2023

A “visit” is a face-to-face encounter between a FQHC or RHC patient and a provider listed in the Eligible Provider section of this manual that can generate a PPS encounter.

Services must be provided under the medical direction of a physician.

“Visit,” a face-to-face or telehealth encounter between a federally qualified health center or rural health clinic patient and a physician, physician assistant, nurse practitioner, nurse midwife, visiting nurse, mental health provider listed in ARSD 67:16:41:03, dentist, or an accredited substance use disorder provider.

SOURCE: SD Medicaid Billing and Policy Manual, FQHC and RHC Services, Dec. 2023, pg. 3 & 11 (Accessed Dec. 2023).

MODALITIES ALLOWED

Last updated 12/21/2023

Live Video

According to the FQHC manual, there are no restrictions on distant sites, and live video is covered. Reimbursement for distant site telemedicine services is limited to the individual practitioner’s professional fees or the encounter rate if the service qualifies as an FQHC/RHC or IHS/Tribal 638 clinic service. The maximum allowable amount for services provided via telemedicine is the same as services provided in-person.

See: SD Medicaid Live Video.

Store and Forward

CCHP has not found an explicit reference in Medicaid manuals.

See: SD Medicaid Store and Forward.

Remote Patient Monitoring

FQHC/RHC providers may bill for these services on a fee for service basis using their non-PPS NPI if the service is ordered by one of the allowable practitioner types.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, pgs. 5 (Dec. 2023) (Accessed Dec. 2023).

See: SD Medicaid Remote Patient Monitoring.

Audio-Only

For FQHCs/RHCs and IHS/Tribal 638 Providers, SUD agency services may also be provided via audio-only if the provider is an accredited and enrolled agency. Audio-only behavioral health services are reimbursed at the encounter rate.

See: SD Medicaid Email, Phone and Fax.

SAME DAY ENCOUNTERS

Last updated 12/21/2023

Encounters with more than one health professional and multiple encounters with the same health professional which take place on the same day constitute a single visit. Payment is limited to two visits a day. A second visit is payable only under the following conditions:

- After the first visit, the patient suffers illness or injury which requires additional diagnosis or treatment.
- One of the services is a complete comprehensive EPSDT screening with the components required in 67:16:11:04.
- One of the visits is for behavioral health services covered under the provisions of 67:16:41 or 67:16:48.
- One of the visits is for dental services provided under the provisions of 67:16:06.

SOURCE: SD Medicaid Billing and Policy Manual, FQHC and RHC Services, Dec. 2023 pg. 7 (Accessed Dec. 2023).

ELIGIBLE ORIGINATING SITE

Last updated 12/21/2023

FQHC/RHCs are eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided. A distant site is the physical location of the practitioner providing the service via telemedicine. Please refer to the Telemedicine manual for additional information.

SOURCE: SD Medicaid Billing and Policy Manual, FQHC and RHC Services, Dec. 2023, (Accessed Dec. 2023).

The following providers are eligible to be reimbursed a facility fee for serving as an originating site:

- Federally Qualified Health Center (FQHC)

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 2 (Dec. 2023), (Accessed Dec. 2023),

See: SD Medicaid Live Video Originating Site

ELIGIBLE DISTANT SITE

Last updated 12/21/2023

FQHC/RHCs are eligible to serve as an originating site for telemedicine services and may also provide distant site telemedicine services. An originating site is the physical location of the Medicaid recipient at the time the service is provided. A distant site is the physical location of the practitioner providing the service via telemedicine. Please refer to the Telemedicine manual for additional information.

SOURCE: SD Medicaid Billing and Policy Manual, FQHC and RHC Services, Dec. 2023, (Accessed Dec. 2023).

The following providers can provide services via telemedicine at a distant site:

- Federally Qualified Health Center (FQHC)

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 1 (Dec. 2023), (Accessed Dec. 2023),

See: SD Medicaid Live Video Distant Site

FACILITY FEE

Last updated 12/21/2023

Telemedicine Originating Site Fee

Reimbursement for the telemedicine facility fee is limited to the amount listed on the Physician Services fee schedule.

SOURCE: SD Medicaid Billing and Policy Manual, FQHC and RHC Services, Dec. 2023, p. 8 (Accessed Dec. 2023).

The following providers are eligible to be reimbursed a facility fee for serving as an originating site:

- Federally Qualified Health Center (FQHC)

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 2 (Dec. 2023), (Accessed Dec. 2023),

See: SD Medicaid Live Video Facility/Transmission Fee

PPS RATE

Last updated 12/21/2023

Providers must bill for services at their usual and customary charge. Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate. Reimbursement for distant site telemedicine services is limited to the individual practitioner's professional fees or the encounter rate if the service qualifies as an FQHC/RHC or IHS/Tribal 638 clinic service. The maximum allowable reimbursement for distant site services is listed on the applicable fee schedule. The maximum allowable amount for services provided via telemedicine is the same as services provided in-person. Facility related charges for distant site telemedicine providers are not reimbursable.

SOURCE: SD Medicaid Billing and Policy Manual: Telemedicine, p. 11 (Dec. 2023), (Accessed Dec. 2023).

HOME ELIGIBLE

Last updated 12/21/2023

FQHC/RHC Services Locations

FQHC/RHC services must be provided at one of the following locations:

- The FQHC or RHC;
- The recipient's residence (including an assisted living facility);

- A skilled nursing facility; or
- The scene of an accident.

A visit may not take place in the following locations:

- An inpatient or outpatient department of a hospital, including a critical access hospital; or
- A facility which has specific requirements that preclude FQHC or RHC visits.

SOURCE: SD Medicaid Billing and Policy Manual, FQHC and RHC Services, Dec. 2023, pg. 7 (Accessed Dec. 2023).

PATIENT-PROVIDER RELATIONSHIP

Last updated 12/21/2023

No reference found