



DEPARTMENT OF HUMAN SERVICES

Division of Long Term Services & Supports

Hillsview Plaza, 3800 East Highway 34

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Pierre, SD 57501

PHONE: 605-773-3656 or

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WEB: dhs.sd.gov

Resident's Name:

Resident's SD Medicaid Number:

Provider Name:

Provider's SD Medicaid Number:

Provider Contact Name & Phone Number for Clinical Information:

Please specify:

☐ Initial Add-Pay Request (Complete section A.)

☐ Add-Pay Renewal (Skip to section B.)

A. Total Parenteral Nutrition (TPN) Add-Pay Request

The purpose of the Add-Pay program is to provide nursing homes additional reimbursement for SD Medicaid eligible residents that meet Nursing Facility Care Classification (ARSD 67:45:01:03) and require extraordinary cares for services not otherwise covered under the routine Medicaid case mix reimbursement methodology. The Add-Pay team reserves the right to determine what services will be covered based upon Routine Services (ARSD 67:16:04:41).

TPN Add-Pay Criteria are defined below:

- Individual must be approved for Long Term Care Medicaid,
- Individual must meet the criteria for Nursing Facility Level of Care,
- Individual has an internal body organ or body function such as severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength commensurate with the individual's general condition,
- There is a physician's order or prescription for the therapy and medical documentation describing the diagnosis and the medical necessity for the therapy, and
- The therapy is the only means the individual has to receive nutrition.
- Add-Pay coverage is limited to the TPN solution and necessary supplies to administer the solution.

For each initial TPN Add-Pay request, please submit a *complete packet* including the required documentation listed below to [Krista and Michelle](#) via secure email. The subject line of the secure email must include the facility name and type of Add-Pay. For example, *ABC Nursing Home/Add-Pay Initial Request*.

- Total Parenteral Nutrition Add-Pay Request/Renewal Form,
- Signed consolidated physician orders (including TPN),
- Physician documentation describing the diagnosis and the medical necessity for the TPN, which includes documentation from the physician that supports TPN as the only means the individual has to receive nutrition,
- Most recent history and physical,
- Most recent physician progress note,

- Copy of applicable lab and x-ray reports,
- Documentation that the TPN is being administered and monitored,
- Documentation that indicates the exact date the TPN was started,
- Copy of nutrition assessment,
- Copy of the complete care plan that includes: 1) diagnosis associated with the need for TPN, and 2) an intervention of *Request Total Parenteral Nutrition Add-Pay, with goal target dates reaching through the next quarter (e.g., MDS coverage period)*. This is an important piece of documentation to support the need for add-pay over the next quarter.

After submitting the initial request and required documentation to [Krista and Michelle](#) via secure email, the Add-Pay team will review the information and be in contact with the nursing facility regarding a determination. If approved for Add-Pay, the effective date will be communicated through email.

B. TPN Add-Pay Renewal

TPN Add-Pay renewals must be submitted **monthly**. It is the responsibility of the nursing facility to track when their Add-Pay residents are due for renewal documentation to be submitted. **Renewal documentation must be received within 30 calendar days of the resident's last authorization expiration date, or the resident's Add-Pay will expire. The facility will be required to submit an initial request to resume Add-Pay.** If at any time the nursing facility no longer desires Add-Pay for a resident, please let [Krista and Michelle](#) know so the resident can be removed from the Add-Pay program.

For each TPN Add-Pay renewal, please submit a *complete packet* including the required documentation listed below to [Krista and Michelle](#) via secure email. The subject line of the secure email must include the facility name and type of Add-Pay. For example, *ABC Nursing Home/Add-Pay Renewal*.

1. TPN Add-Pay Request/Renewal Form,
2. Most recently signed physician consolidated orders,
3. Most recent physician dictation note,
4. Copy of applicable lab and x-ray reports,
5. Documentation for prior month on how the resident tolerated TPN,
6. Monthly TPN invoice including the resident's name and dates of services, and
7. Copy of the complete care plan that includes: 1) the diagnosis associated with the need for TPN, and 2) and intervention of *Request Total Parenteral Nutrition Add-Pay, with goal target dates reaching through the next quarter (e.g., MDS coverage period)*. This is an important piece of documentation to support the need for Add-Pay over the next quarter.

Please make sure to notify [Krista and Michelle](#) if an Add-Pay resident ever ends up being hospitalized, goes on a Medicare A/Medicare Advantage skilled stay, or is admitted to Hospice, as Add-Pay cannot cover in these situations and the authorization must be updated accordingly. It is the responsibility of the facility to notify [Krista and Michelle](#) when the resident returns to the facility after being hospitalized and becomes straight Medicaid so the resident can resume their Add-Pay.