**Dietician and Nutritionist Services**

Effective December 1, 2018, South Dakota Medicaid covers medical nutrition therapy CPT codes 97802, 97803, and 97804 when provided by a licensed dietician or nutritionist that is enrolled with South Dakota Medicaid and billed by an eligible enrolled provider.

Service limitations include the following:

- Services must be provided by an enrolled dietician or nutritionist licensed under the provisions of SDCL Ch. 36-10B or licensed in another state with standards equivalent to or more stringent than South Dakota’s.

- Recipients are limited to 1 hour of services a day and 5 hours of services a year for any combination of CPT codes 97802, 97803, and 97804. Recipients under 21 may exceed these limits if approved as medically necessary through a prior authorization.

- Services must be ordered by a physician, physician assistant, nurse practitioner, or advanced practice nurse.

Additional limitations and a list of covered diagnosis codes are available on the division’s [website](dss.sd.gov/medicaid).

**New Independent Mental Health Practitioners**

The following independent mental health practitioners are able to enroll as South Dakota Medicaid providers effective December 1, 2018:

- Certified social worker – PIP candidates;
- Licensed professional counselor working toward a mental health designation; and
- Licensed marriage and family therapists.

The same requirements and coverage limitations for independent mental health practitioners apply to the newly eligible practitioners. Additional information regarding this change is available on the division’s [website](dss.sd.gov/medicaid).

**Billing Reminder**

An invalid NPI will result in a claim denial. To avoid this mistake make sure the NPI on the claim matches the NPI on the provider record in SDMEDX.

**TC and 26 Modifier Codes**

South Dakota Medicaid recognizes that the technical component is implied when billing Radiology Services in a Facility setting. The Physician may then bill the same code with a 26 modifier for the professional component, when applicable. South Dakota will be manually reviewing the physician claims to ensure proper coding when a facility claim has also been billed for the service.