



South Dakota  
Department of  
**Social Services**

**DEPARTMENT OF SOCIAL SERVICES**

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**ATTENTION:** Provider and Billing Professionals

**FROM:** South Dakota Medicaid

**RE:** November 2020 Updates to the COVID-19 FAQ: Telehealth and Ground Ambulance Transportation

South Dakota Medicaid continues evaluate and add flexibilities to the Medicaid program to allow providers to address the COVID-19 Public Health Emergency (PHE) and meet the needs of Medicaid recipients. South Dakota Medicaid has added the following information about coverage and flexibilities since the last release of the Provider FAQ:

**Medicare Telehealth Flexibilities**

In October 2020 CMS added twelve additional telehealth codes to be covered by Medicare in order to continue to improve recipient access to services during the COVID-19 PHE.

**Does South Dakota Medicaid's coverage for telehealth align with Medicare?**

Yes, South Dakota Medicaid expanded coverage during the public health emergency to include the same telehealth codes as Medicare with the exception of CPT codes 96138, 96139, 97535, 97761 99473, 99483, G0422, and G0423 which are not covered in any setting by SD Medicaid. A full list of covered CPT codes can be found in the [Telemedicine Billing and Policy Manual](#).

**Ground Ambulance Transportation**

**Will South Dakota Medicaid allow ground ambulance transportation from a hospital with a higher level of care to a hospital with a lower level of care?**

On a temporary basis during the declared COVID-19 Federal Public Health Emergency South Dakota Medicaid will allow ground ambulance transportation from a hospital with a higher level of care to a hospital with a lower level of care in the following circumstances:

- The transportation is not being done for the convenience of the recipient;
- The transportation to lower level of care is done by a stretcher van if available and ground ambulance transport is not indicated; and
- The transportation is to accommodate the care of additional patients with a COVID-19 diagnosis. This must be documented in the hospital's records and provided upon request.

When billing for a transfer under this flexibility, the ambulance provider should bill the applicable non-emergency base rate code (A0428, BLS non-emergency, or A0426, ALS non-emergency, (if recipient has an open running IV or needs medication during transport)). The provider must include the applicable origin/destination modifier and the CR modifier on the claim. This flexibility is allowable for dates of service of October 1, 2020 or later.