



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

Division of Medical Services

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Attention: South Dakota Medicaid Providers

From: South Dakota Medicaid

RE: Pregnancy Related Coverage, Reimbursement, and Billing Updates

In conjunction with the implementation of the new Medicaid [Pregnancy Program](#), South Dakota Medicaid is announcing several changes related to pregnancy-related coverage, reimbursement, and billing that are intended to improve access to care and Medicaid data quality. This bulletin includes information relevant to professionals providing pregnancy-related services, hospitals, FQHCs, RHCs, IHS, Tribal 638 providers, billing professionals, and pharmacies. The changes described below are effective April 1, 2024.

Pregnancy Professional Service Rate Rebase

Effective April 1, 2024, South Dakota Medicaid is rebasing reimbursement rates for the pregnancy-related services listed below to 100 percent of Medicare. This will result in an aggregate increase in reimbursement for these services. The updated rates are listed below.

Code	CPT Code Description	Rate
59400	Routine obstetric care including antepartum care, vaginal delivery and postpartum care	\$2,183.92
59409	Vaginal delivery only	\$707.07
59410	Vaginal delivery only; including postpartum care	\$960.30
59412	External cephalic version, with or without tocolysis	\$90.66
59414	Delivery of placenta (separate procedure)	\$79.15
59425	Antepartum care only Predelivery care, 4 to 6 visits	\$513.14
59426	Antepartum care only Predelivery care, 7 or more visits	\$937.81
59430	Care after delivery	\$243.41
59510	Cesarean delivery with care before and after delivery	\$2,405.10
59514	Cesarean delivery only	\$794.90
59515	Cesarean delivery with care after delivery	\$1,182.46
59525	Subtotal or total hysterectomy after cesarean delivery	\$419.81
59610	Routine obstetric care including antepartum care, vaginal delivery and postpartum care, after previous cesarean delivery	\$2,265.11
59612	Vaginal delivery only, after previous cesarean delivery	\$791.41
59614	Vaginal delivery only, after previous cesarean delivery; including postpartum care	\$1,024.08

59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	\$2,427.72
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	\$819.65
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	\$1,225.25

Please refer to the applicable [fee schedule](#) or the [Procedure Look-up Tool](#) on our website for additional reimbursement information.

Iron Supplements

South Dakota Medicaid is implementing coverage of prescribed over-the-counter iron supplements for pregnant women effective April 1, 2024. The iron supplements will be covered through the pharmacy benefit.

FQHC, RHC, IHS, Tribal 638 Prenatal and Postpartum Billing

FQHC, RHC, IHS, and Tribal 638 providers should continue to use the applicable EM code and pregnancy-related diagnosis code when billing for prenatal care services. Effective April 1, 2024, these provider types must append the TH modifier when billing for prenatal care to facilitate identification of prenatal services in Medicaid claims data. The modifier should not be applied to the initial confirmatory visit.

In addition, FQHC, RHC, IHS, and Tribal 638 providers should bill for comprehensive postpartum visits using 59430. Comprehensive postpartum visits should not be billed for using an EM code.

Newborn Birthweight

Effective April 1, 2024 newborn birth weight in grams is required to be entered on the hospital delivery claim in locator 39-41 by entering value code "54" and the newborn's actual birth weight or weight at time of admission for an extramural birth in the corresponding amount field.

Initial Prenatal Visit Reporting

As a reminder, South Dakota Medicaid reimburses the reporting of the initial prenatal visit for pregnant recipients. Reporting should be billed to Medicaid within 15 days of the initial prenatal visit using CPT code 0500F which is reimbursable once per pregnancy.

Please refer to the [Obstetrical Services](#) manual for additional billing guidance.

Sincerely,

South Dakota Medicaid

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).