

South Dakota Medicaid Independent Mental Health Practitioners Services Fee Schedule

Effective July 1, 2024

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at:

<https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <https://dss.sd.gov/medicaid/providers/billingmanuals/>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

Code	Description	Fee
90791	Psychiatric diagnostic evaluation	\$ 153.04
90832	Psychotherapy, 30 Minutes	\$ 69.48
90834	Psychotherapy, 45 Minutes	\$ 91.76
90837	Psychotherapy, 60 Minutes	\$ 135.24
90839	Psychotherapy for crisis, first 60 Minutes	\$ 129.97
90840	Psychotherapy for crisis, each additional 30 minutes	\$ 63.83
90847	Family psychotherapy including patient, 50 minutes	\$ 90.68
90849	Multiple family group psychotherapy with patient present	\$ 37.20
90853	Group psychotherapy (other than of a multiple-family group)	\$ 27.22
90899	Diagnostic Evaluation - contacts with the recipient's relatives and significant others (not billable w/ 90791)	\$ 33.69
96116	Neurobehavioral status examination by QHP, first 60 minutes	\$ 90.23
96130	Psychological testing evaluation by QHP, first 60 minutes	\$ 117.37
96131	Psychological testing evaluation by QHP, additional 60 minutes	\$ 84.52
96132	Neuropsychological testing evaluation by QHP, first 60 minutes	\$ 126.31
96133	Neuropsychological testing evaluation by QHP, first 60 minutes	\$ 96.17
96136	Psychological/Neuropsychological Test Administration and Scoring, first 30 minutes	\$ 41.20
96137	Psychological/Neuropsychological Test Administration and Scoring, additional 30 minutes	\$ 37.41
96138	Administration of psychological or neuropsychological test by technician, first 30 minutes	\$ 30.10
96139	Administration of psychological or neuropsychological test by technician, each additional 30 minutes	\$ 30.10
H0046	Collateral Contacts	\$ 38.94