

South Dakota Medicaid
Assisted Daily Living Services Waiver 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 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 | Modifier | Rate |
|-------------|--|-----------------|----------------|
| T1019 | Personal Care Services-Provider Managed, per 15 minutes | | \$10.88 |
| S5125 | Personal Care Services-Self Directed, per 15 minutes | | \$10.88 |
| S5115 | Consumer Prep, per 15 minutes | | \$12.17 |
| S5161 | Emergency Response System, service fee, per month | | \$45.00 |
| T1000 | Private Duty/Independent Nursing Service(s) - licensed, up to 15 minutes (RN) | TD | \$22.60 |
| T1000 | Private Duty/Independent Nursing Service(s) - licensed, up to 15 minutes (LPN) | TE | \$18.83 |
| T1005 | Respite, per 15 minutes | | \$10.53 |
| A9900 | Specialized Medical Equipment & Supplies | | Billed Charges |
| T2039 | Vehicle Modifications | | Billed Charges |
| S5165 | Environmental Accessibility Adaptations | | Billed Charges |