

South Dakota Medicaid
CHOICES Waiver Fee Schedule
 Effective July 1, 2022

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	Duration of Units	Rate
T1016	Conflict-free Case Management	15 minutes	\$ 15.06

Payment Category	Daily Payment Amount
1	\$ 1.79
2	\$ 3.59
3	\$ 5.36
4	\$ 7.21
5	\$ 8.97
6	\$ 10.76
7	\$ 12.58
8	\$ 14.36
9	\$ 16.13
10	\$ 19.74
11	\$ 26.90
12	\$ 35.87
13	\$ 45.17
14	\$ 53.83
15	\$ 62.80
16	\$ 71.73
17	\$ 80.72
18	\$ 89.70
19	\$ 107.65
20	\$ 125.55
21	\$ 143.52
22	\$ 161.45
23	\$ 179.37
24	\$ 197.30
25	\$ 215.23
26	\$ 233.24

27	\$	251.16
28	\$	269.06
29	\$	287.02
30	\$	304.94
31	\$	322.91
32	\$	340.80
33	\$	358.75
34	\$	376.69
35	\$	394.67
36	\$	412.56
37	\$	430.53
38	\$	448.44
39	\$	466.35
40	\$	484.28