

**South Dakota Medicaid  
Family Support 360 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.

<b>Code</b>	<b>Description</b>	<b>Fee</b>	<b>Monthly Maximum Limitation</b>
A9900	Specialized Medical Equipment, not otherwise specified, waiver	Billed Charges	\$10,000.00
B4222	Nutritional Supplements	Billed Charges	\$1,000.00
S5125	Personal Care Services 15 minutes	Billed Charges	\$3,500.00
S5165	Home Modifications, per service	Billed Charges	\$15,000.00
T1005	Respite Care Services 15 minutes	Billed Charges	\$2,500.00
T1016	Service Coordination 15 minutes	\$21.44	n/a
T1019	Personal Care 2 Services 15 minutes	Billed Charges	\$1,500.00
T1020	Companion Care, adult 15 minutes	Billed Charges	\$3,500.00
T2018	Habilitation, supported employment, waiver; 15 minutes	Billed Charges	\$2,000.00
T2039	Vehicle modifications, waiver; per service	Billed Charges	\$25,000.00

<b>Code</b>	<b>Description</b>	<b>Fee</b>	<b>Annual Maximum Limitation</b>
G0176	Specialized Therapies	Billed Charges	\$1,500.00