

South Dakota Medicaid
Home Health Services Fee Schedule
 Effective July 1, 2020

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
99501	Home Visit Postnatal	\$ 14.23
99503	Home Visit Resp Therapy	\$ 12.98
99506	Home Visit Im Injection	\$ 34.28
99509	Home Visit Day Life Activity	\$ 14.82
G0151	Home Health, Physical Therapy, 15 Min	\$ 15.95
G0152	Home Health, Occupational Therapy, 15 Min	\$ 15.95
G0153	Home Health, Speech And Language Therapy, 15 Min	\$ 13.99
G0155	Services Of Clinical Social Worker	\$ 27.48
G0156	Home Health, Home Health Aide Visit, 15 Min	\$ 7.09
G0299	Hhs/Hospice Of Rn Ea 15 Mins	\$ 15.20
G0300	Hhs/Hospice Of Lpn Ea 15 Min	\$ 10.87